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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

Quarterly Report - Implementation Plan for SBH Health System

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
<u>2.a.i</u>	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
<u>2.a.iii</u>	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Completed
<u>2.b.iii</u>	ED care triage for at-risk populations	Completed
<u>2.b.iv</u>	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
<u>3.a.i</u>	Integration of primary care and behavioral health services	Completed
<u>3.b.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed
<u>3.c.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
<u>3.d.ii</u>	Expansion of asthma home-based self-management program	Completed
<u>4.a.iii</u>	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed
4.c.ii	Increase early access to, and retention in, HIV care	Completed



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	26,930,696	28,699,271	46,410,322	41,096,163	26,930,696	170,067,148
Cost of Project Implementation & Administration	12,926,734	13,775,650	22,276,955	19,726,158	12,926,734	81,632,231
Administration	10,876,612	7,060,285	6,279,660	6,468,050	6,662,091	37,346,698
Project Implementation	2,050,122	6,715,365	15,997,295	13,258,108	6,264,643	44,285,533
Revenue Loss	4,039,604	4,304,891	6,961,548	6,164,425	4,039,604	25,510,072
Internal PPS Provider Bonus Payments	5,924,753	6,313,840	10,210,271	9,041,156	5,924,753	37,414,773
Cost of non-covered services	1,346,535	1,434,964	2,320,516	2,054,808	1,346,535	8,503,358
Other	2,693,070	2,869,927	4,641,032	4,109,616	2,693,070	17,006,715
Contingency	2,693,070	2,869,927	4,641,032	4,109,616	2,693,070	17,006,715
Total Expenditures	26,930,696	28,699,272	46,410,322	41,096,163	26,930,696	170,067,149
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

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User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text:

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	Total Waiver	Undistributed	Undistributed	
Revenue DY2	Revenue	Revenue YTD	Revenue Total	
28,699,271	170,067,148	4,342,614	133,137,185	

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	6,328,351	32,929,963	-6,581,007	-47.77%	48,702,268	59.66%
Administration	1,422,533					
Project Implementation	4,905,818					
Revenue Loss	0	4,000,000	304,891	7.08%	21,510,072	84.32%
Internal PPS Provider Bonus Payments	0	0	6,313,840	100.00%	37,414,773	100.00%
Cost of non-covered services	0	0	1,434,964	100.00%	8,503,358	100.00%
Other	0	0	2,869,927	100.00%	17,006,715	100.00%
Contingency	0					
Total Expenditures	6,328,351	36,929,963			_	

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Narrative Text:

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



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SBH Health System (PPS ID:36)

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	26,930,696	28,699,271	46,410,322	41,096,163	26,930,696	170,067,148
Practitioner - Primary Care Provider (PCP)	1,553,901	1,607,159	3,420,441	2,784,265	1,386,931	10,752,697
Practitioner - Non-Primary Care Provider (PCP)	675,960	717,482	1,327,335	1,160,967	693,465	4,575,209
Hospital	4,263,129	5,639,407	9,690,475	10,541,166	9,594,060	39,728,237
Clinic	1,553,901	2,673,226	4,873,850	2,977,914	1,386,931	13,465,822
Case Management / Health Home	2,738,852	5,083,903	8,312,658	4,845,979	2,433,862	23,415,254
Mental Health	810,614	1,408,217	2,982,505	2,065,860	1,151,287	8,418,483
Substance Abuse	371,105	347,262	936,560	918,499	528,515	3,101,941
Nursing Home	1,268,436	1,334,516	2,441,183	2,321,933	1,528,317	8,894,385
Pharmacy	202,519	198,025	539,288	663,703	504,951	2,108,486
Hospice	1,012,594	932,726	1,675,413	1,469,188	693,465	5,783,386
Community Based Organizations	1,621,228	1,678,908	3,930,954	3,400,707	1,844,753	12,476,550
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	10,858,457	7,078,440	6,279,660	7,945,982	5,184,159	37,346,698
Total Funds Distributed	26,930,696	28,699,271	46,410,322	41,096,163	26,930,696	170,067,148
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

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No Records Found

Narrative Text:



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Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	Total Waiver	Undistributed	Undistributed
Revenue DY2	Revenue	Revenue YTD	Revenue Total
28,699,271.00	170,067,148.00	10,670,449.00	

		Percentage of Safety Net		Safety Net					I	Percent	Spent By	y Projec	i				
Funds Flow Items	DY2 Q4 Quarterly Amount -	Funds - DY2 Q4	Funds - DY2 Safety Net		Total Amount Disbursed to Date (DY1-	Disbursed to Projects Selected By PPS					DY Adjusted	Cumulative Difference					
	Update	Amount -			DY5)	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	1,607,159	10,752,697
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	717,482	4,575,209
Hospital	0	0.00%	7,564,392	100.00%	13,465,898	0	0	0	0	0	0	0	0	0	0	0	26,262,339
Clinic	0	0.00%	3,102,480	100.00%	3,443,616	0	0	0	0	0	0	0	0	0	0	0	10,022,206
Case Management / Health Home	0	0.00%	0	0.00%	69,432	0	0	0	0	0	0	0	0	0	0	5,014,471	23,345,822
Mental Health	0	0.00%	315,437	100.00%	504,043	0	0	0	0	0	0	0	0	0	0	1,092,780	7,914,440
Substance Abuse	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	347,262	3,101,941
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	1,334,516	8,894,385
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	198,025	2,108,486
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	932,726	5,783,386
Community Based Organizations	0	0.00%	0	0.00%	1,206,579	0	0	0	0	0	0	0	0	0	0	852,056	11,269,971
All Other	0	0.00%	26,685	100.00%	26,685	0	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	0	0.00%	0	0.00%	517,877	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	0	0.00%	0	0.00%	37,500												
PPS PMO	0	0.00%	5,568,167	100.00%	11,330,318											1,510,273	26,016,380
Total	0	0.00%	16,577,161	91.95%	30,601,948												



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Current File Uploads

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No Records Found

Narrative Text :

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

We have chosen to use the PIT Replacement Template. Per the PIT Replacement Template Guidance Document: "For PPS choosing to use the PIT Replacement Template, the PPS will not need to import or export the PIT from IPP. The PPS will not be required to update the Projects tab and Modules 1.4 and 1.10 of IPP if using the PIT replacement template."

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green

	Waiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY2Q4
Practitioner	0	
	Practitioner - Primary Care Provider (PCP)	0
Practitioner -	Non-Primary Care Provider (PCP)	0
	Practitioner - Non-Primary Care Provider (PCP)	0
	Hospital	0
	Hospital	0
	Clinic	0
	Clinic	0
Case M	lanagement / 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
Commi	unity Based Organizations	0
	Community Based Organizations	0
	All Other	0
	All Other	0
	Uncategorized	0
	Uncategorized	0
	-	



DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider								
Provider Name	Provider Category	Provider Category Approval/Rejection Indicator						
,	0							
Bronx United Ipa, Inc.	Additional Providers	Approved	0					



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Obtain final attribution and valuation	Completed	Receive final PPS attribution and valuation from the state.	05/12/2015	12/31/2015	05/12/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish schedule for flow of funds	Completed	Define PPS baseline funding schedule and distribution plan. Present for review and approval by the Executive Committee.	06/01/2015	07/31/2015	06/01/2015	07/31/2015	09/30/2015	DY1 Q2	
Task Share flow of funds information with PPS members	Completed	Conduct All PPS meeting describing the baseline funding schedule and approach for the development of project and provider specific funding schedules to be included as an attachment in the Master DSRIP Service Agreement (MDSA) as a rolling statement of work.	08/01/2015	10/31/2015	08/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task Develop budgets	Completed	Develop initial project specific budgets based on specific clinical project implementation requirements and performance expectations using the baseline funding schedule as a guidepost. Present for review and approval to the Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finalize funding schedules	Completed	Finalize the initial project and partner specific funding schedules with PPS partners to be included as an attachment in the MDSA as a rolling statement of work.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Initiate reporting process	Completed	Initiate quarterly reporting process for earned waiver revenue and partner payments.	08/15/2015	09/30/2015	08/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Define annual review and update process for the PPS	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Status Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish annual review and update process		baseline funding schedule and distribution plan. Present for review and approval by the Executive Committee.							
Task Establish criteria for bonus payments and Completed and		Engage PPS Committees and stakeholders to develop criteria and processes for administering DSRIP internal PPS provider bonus payments and revenue loss funds.	10/15/2015	01/31/2016	10/15/2015	01/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Milestone Name	IA IIIsti uctions	Quarterly Opuate Description

No Records Found

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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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.

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
		71.			

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	35,214,291	35,214,291	35,214,291	35,214,291	35,214,291	176,071,455
Cost of Project Implementation & Administration	16,902,860	16,902,860	16,902,860	16,902,860	16,902,860	84,514,300
Administration	7,747,144	7,747,144	7,747,144	7,747,144	7,747,144	38,735,720
Implementation	9,155,716	9,155,716	9,155,716	9,155,716	9,155,716	45,778,580
Revenue Loss	5,282,144	5,282,144	5,282,144	5,282,144	5,282,144	26,410,720
Internal PPS Provider Bonus Payments	7,747,144	7,747,144	7,747,144	7,747,144	7,747,144	38,735,720
Cost of non-covered services	1,760,715	1,760,715	1,760,715	1,760,715	1,760,715	8,803,575
Other	3,521,429	3,521,429	3,521,429	3,521,429	3,521,429	17,607,145
Contingency	3,521,429	3,521,429	3,521,429	3,521,429	3,521,429	17,607,145
Total Expenditures	35,214,292	35,214,292	35,214,292	35,214,292	35,214,292	176,071,460
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

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

Narrative Text:

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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	
35,214,291	176,071,455	32,279,248	172,167,285	

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	745,728	3,904,170	13,967,817	82.64%	80,610,130	95.38%
Administration	18,000					
Implementation	727,728					
Revenue Loss	0	0	5,282,144	100.00%	26,410,720	100.00%
Internal PPS Provider Bonus Payments	0	0	7,747,144	100.00%	38,735,720	100.00%
Cost of non-covered services	0	0	1,760,715	100.00%	8,803,575	100.00%
Other	0	0	3,521,429	100.00%	17,607,145	100.00%
Contingency	0					
Total Expenditures	745,728	3,904,170				

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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	35,214,291	35,214,291	35,214,291	35,214,291	35,214,291	176,071,455
Practitioner - Primary Care Provider (PCP)	2,226,465	2,226,465	2,226,465	2,226,465	2,226,465	11,132,325
Practitioner - Non-Primary Care Provider (PCP)	947,348	947,348	947,348	947,348	947,348	4,736,740
Hospital	8,226,173	8,226,173	8,226,173	8,226,173	8,226,173	41,130,865
Clinic	2,788,248	2,788,248	2,788,248	2,788,248	2,788,248	13,941,240
Case Management / Health Home	4,848,388	4,848,388	4,848,388	4,848,388	4,848,388	24,241,940
Mental Health	1,743,140	1,743,140	1,743,140	1,743,140	1,743,140	8,715,700
Substance Abuse	642,291	642,291	642,291	642,291	642,291	3,211,455
Nursing Home	1,841,681	1,841,681	1,841,681	1,841,681	1,841,681	9,208,405
Pharmacy	436,585	436,585	436,585	436,585	436,585	2,182,925
Hospice	1,197,514	1,197,514	1,197,514	1,197,514	1,197,514	5,987,570
Community Based Organizations	2,583,408	2,583,408	2,583,408	2,583,408	2,583,408	12,917,040
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	7,733,048	7,733,048	7,733,048	7,733,048	7,733,048	38,665,240
Total Funds Distributed	35,214,289	35,214,289	35,214,289	35,214,289	35,214,289	176,071,445
Undistributed Non-Waiver Revenue	2	2	2	2	2	10

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SBH Health System (PPS ID:36)

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
35,214,291.00	176,071,455.00	25,292,444.00	165,085,481.00

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	2,226,465	11,132,325
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	947,348	4,736,740
Hospital	0	0.00%	0	0.00%	0	8,226,173	41,130,865
Clinic	0	0.00%	6,198	100.00%	6,198	2,782,050	13,935,042
Case Management / Health Home	0	0.00%	0	0.00%	0	4,848,388	24,241,940
Mental Health	0	0.00%	0	0.00%	0	1,743,140	8,715,700
Substance Abuse	0	0.00%	0	0.00%	0	642,291	3,211,455
Nursing Home	0	0.00%	0	0.00%	0	1,841,681	9,208,405
Pharmacy	0	0.00%	0	0.00%	0	436,585	2,182,925
Hospice	0	0.00%	0	0.00%	0	1,197,514	5,987,570
Community Based Organizations	0	0.00%	0	0.00%	2,854,336	624,460	10,062,704
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		



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Funds Flow Items	DY2 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%	7,956,701	100.00%	8,125,440	0	30,539,800
Total	0		7,962,899	80.26%	10,985,974		

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Narrative Text:

Non-Waiver Revenue (Quarterly) reported above shows in error that BPHC spent \$8.1M in non-waiver funds for PMO, while the correct figure should actually be \$410,907. The reported error and thus discrepancy was \$7.7M. We have repeatedly asked for the IA's assistance in re-opening the MAPP tool to allow a correction to be made, but we do not see our requested corrections reflected. We await guidance as to how we may correct this error.

We have chosen to use the PIT Replacement Template. Per the PIT Replacement Template Guidance Document: "For PPS choosing to use the PIT Replacement Template, the PPS will not need to import or export the PIT from IPP. The PPS will not be required to update the Projects tab and Modules 1.4 and 1.10 of IPP if using the PIT replacement template."

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* Safety Net Providers in Green

aiver Quarterly Update Amount By Provider	
Provider Category	DY2Q4
nary Care Provider (PCP)	0
Practitioner - Primary Care Provider (PCP)	0
rimary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)	0
Hospital	0
Hospital	0
Clinic	0
Clinic	0
ement / Health Home	0
Case Management / Health Home	0
Mental Health	
Mental Health	0
tance Abuse	0
Substance Abuse	0
sing Home	0
Nursing Home	0
harmacy	0
Pharmacy	0
Hospice	0
Hospice	0
Based Organizations	0
Community Based Organizations	0
All Other	0
All Other	0
ategorized	0
Uncategorized	0
	Provider Category nary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Hospital Hospital Clinic Clinic Pement / Health Home Case Management / Health Home Intal Health Mental Health Mental Health Substance Abuse Substance Abuse Sing Home Nursing Home Nursing Home Harmacy Hospice Hospice Based Organizations Community Based Organizations Ill Other All Other Fategorized



DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green

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

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IPQR Module 1.11 - IA Monitoring

Instructions:



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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	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	YES
Task Establish committee charters	Completed	Develop and finalize charters for Executive Committee, Nominating Committee, Quality and Care Innovation Sub- Committee, Finance and Sustainability Sub-Committee, Workforce Sub-Committee and Information Technology Sub- Committee (collectively, the "Governance Charters"). The Governance Charters will describe the responsibilities of each committee, the process for appointing members to each committee, meeting frequency and the consensus-based decision making process of each committee.	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Appoint EC members	Completed	Appoint members of the Executive Committee.	04/23/2015	05/01/2015	04/23/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Initiate EC work	Completed	Convene Executive Committee, provide orientation to Executive Committee on roles and responsibilities, and initiate Committee work.	04/23/2015	04/23/2015	04/23/2015	04/23/2015	06/30/2015	DY1 Q1	
Task Appoint Sub-Committee members	Completed	Appoint members of the Quality and Care Innovation Sub-Committee, Finance and Sustainability Sub-Committee, Workforce Sub-Committee and Information Technology Sub-Committee (collectively, the "Sub-Committees").	04/23/2015	05/01/2015	04/23/2015	05/01/2015	06/30/2015	DY1 Q1	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task	Completed	Develop and finalize charter for Quality and Care Innovation	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish QCIS charter		Sub-Committee. The charter will describe the responsibilities of the Quality and Care Innovation Sub-Committee, the process for appointing members to the Quality and Care Innovation Sub-Committee, meeting frequency and the consensus-based decision making process of the Quality and Care Innovation Sub-Committee.							
Task Establish QCIS membership	Completed	Solicit and appoint members of the Quality and Care Innovation Sub-Committee. The Sub-Committee is composed of PPS Members with clinical experience relevant to the selected projects, including (but not limited to) participation of members with expertise in primary care, emergency medicine, intellectual and developmental disabilities, behavioral and mental health, long-term care, housing services and substance abuse services.	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Initiate QCIS work	Completed	Convene Quality and Care Innovation Sub-Committee, review charter, and initiate Quality and Care Innovation Sub-Committee work.	06/05/2015	06/05/2015	06/05/2015	06/05/2015	06/30/2015	DY1 Q1	
Task Create work groups	Completed	Establish project-specific work groups comprised of partner providers and CBOs (e.g., primary care physicians, subspecialists, nurses, mental health professionals and social workers) to develop detailed clinical operational plans for deployment of the clinical projects under the oversight of the Quality and Care Innovation Sub-Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Select membership for rapid deployment collaboratives	Completed	Work with key PPS organizations and CBOs to select thought leaders from among the major practitioner groups/CBOs (including primary care physicians, subspecialists, nurses, mental health professionals, social workers, and peers) who will form rapid deployment colloaboratives that will develop engagement strategies specific to the PPS quality improvement agenda and DSRIP projects. These workgroups will also serve as project clinical quality councils.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish reporting format and schedule	Completed	Develop a Quality and Care Innovation Sub-Committee and rapid deployment collaboratives reporting format and schedule to track progress and metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3	Completed	This milestone must be completed by 9/30/2015. Upload of	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize bylaws and policies or Committee Guidelines where applicable		bylaws and policies document or committee guidelines.							
Task Establish PPS governance by-laws	Completed	Develop and finalize approval of Governance Charters, which are the functional equivalent of by-laws for the PPS governance structure.	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1	
Task Establish PPS polices and procedures	Completed	Develop and finalize PPS policies and procedures, including dispute resolution policy, conflicts of interest policy, anti-trust policy, data sharing policies, and policies regarding non- or under-performing partners. The Executive Committee and SBH will approve policies and procedures.	07/23/2015	09/30/2015	07/23/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Share policies and procedures	Completed	Share policies and procedures with other Sub-Committees and partner organizations.	07/23/2015	09/30/2015	07/23/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish process for review of policies and procedures	Completed	Develop a process and schedule for reviewing, revising and updating policies and procedures.	07/23/2015	09/30/2015	07/23/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Establish reporting framework across PPS governance	Completed	Designate reporting oversight responsibilities to Executive Committee, Quality and Care Innovation Sub-Committee and Finance and Sustainability Sub-Committee. BPHC Senior Director for Quality Management and Analytics will be responsible for working with the Quality and Care Innovation Sub-Committee on performance reporting activities.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Establish procedures for meeting minutes	Completed	Draft procedures by which the Executive Committee and Committees will (a) keep minutes and (b) send minutes to the Executive Committee, other Sub-Committees and SBH, as applicable.	07/23/2015	09/30/2015	07/23/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish governance section in online portal for report and information sharing purposes.	Completed	Establish governance section on an online document-sharing portal to post minutes, reports and other key documents from Executive Committee and Sub-Committees.	04/01/2015	04/23/2015	04/01/2015	04/23/2015	06/30/2015	DY1 Q1	
Task Develop project tracking dashboard	Completed	Create a dashboard to track quarterly progress of each DSRIP project.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop MSAs with schedules	Completed	Create Master Service Agreements with schedules to be executed with each PPS member receiving DSRIP funds that	06/01/2015	12/31/2015	06/01/2015	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
		will hold each member responsible for tracking their progress toward achieving identified milestones, performance on metrics and reporting to the BPHC Central Services Organization (CSO).							
Task Compile performance data for review	Completed	Compile performance data into reports highlighting trends and gaps and submit to the appropriate subcommittee(s) for review.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop feedback mechanisms	Completed	Create mechanisms for feedback to members on their performance.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish response mechanisms for underperformance	Completed	Develop policy and procedure on how to address underperformance by member organizations.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish milestones and metrics for organizational work streams	Completed	Identify key milestones and metrics quarterly for organizational workstreams (finance, IT, workforce, governance and clinical).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish CSO Planning Team	Completed	Establish CSO Planning Team to coordinate the work of all the governance committees/subcommittees.	06/01/2015	06/15/2015	06/01/2015	06/15/2015	06/30/2015	DY1 Q1	
Task Develop DSRIP planning calendars	Completed	Develop DSRIP planning calendars for each committee/subcommittee to ensure that overlapping and interdependent tasks and responsibilities vis-a-vis quarterly DSRIP milestones and metrics are met.	06/01/2015	06/15/2015	06/01/2015	06/15/2015	06/30/2015	DY1 Q1	
Task Establish regular cross-committee conference calls	Completed	Establish monthly conference calls of the subcommittee chairs/co-chairs to review their respective DSRIP planning calendars and meeting minutes and identify action items for the coming month.	07/01/2015	07/17/2015	07/01/2015	07/17/2015	09/30/2015	DY1 Q2	
Task Create and disseminate tools for quarterly reporting by partners	Completed	Identify, develop and deploy tools for collecting and reporting quarterly data for all partner organizations. Theese tools will be used by our CSO clinical projects management staff, as well as DSRIP Liaisons/Senior Program Managers located at PPS Partner sites, to track each DSRIP project and communicate in real-time to monitor progress.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Create an inventory of CBO services.	Completed	Finalize and administer survey to create an inventory of services offered by CBOs within the PPS area that participate in activities that impact population health. The PPS area covers all the neighborhoods and communities of the Bronx. The CSO implemented a survey of current CBO members of our PPS to profile their services, interest and capacity to participate as partner organizations in our DSRIP projects. Our current CBO members encompass a wide array of service providers, including services for intellectual and development disabilities(IDD); food banks, community gardens and farmer's markets; foster children agencies; HIV prevention/outreach and social services; housing services, including advocacy groups, housing providers and homeless services; individual employment support services; financial assistance and support, including clothing and furniture banks; not-for profit health and welfare agencies; nutrition and exercise programs; peer, family support, training and self advocacy organizations; reentry organizations and alternatives to incarceration; transportation services; youth development programs; syringe access programs; and services for special populations, including immigrants, LGBT, seniors, uninsured and women.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Recruit CBO representatives for engagement in committee work	Completed	Director of Collaboration to recruit representatives from CBOs to participate in patient engagement groups, Sub-Committees and the Executive Committee, as appropriate.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop community engagement strategy	Completed	Identify strategies to facilitate connections with the community and develop associated time line.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish community engagement plan	Completed	Draft community engagement plan and obtain feedback from patient engagement group and Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop budget for community engagement	Completed	Review community engagement plan with Director of Collaboration to determine costs associated with outreach and the development and production of communication and marketing materials.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finalize community engagement budget	Completed	Obtain approval from Finance and Sustainability Subcommittee for community engagement budget.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize partnership agreements or contracts with CBOs									
Task Identify partner CBOs for DY1 contracts	Completed	Identify CBOs to contract with in DY1, via: 1) project-specific work groups identifying CBOs to target and engage based on the services they provide and how those services address the predominant social determinants of health in the Bronx by primary condition (diabetes, CVD, asthma, etc), based on the initial Bronx CNA (November 2014); 2) CSO implement a survey of current CBO members of our PPS to profile their services and their interest and capacity to participate as partner organizations in our DSRIP projects; 3) hosting forums with groups of CBOs designed to inform them about the CBO role as member organizations and to facilitate their participation in our DSRIP projects.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Draft MSA for CBOs	Completed	Draft Master Services Agreement (MSA) and exhibits, which will describe legal terms and conditions of partner participation in the PPS and governance structure.	04/01/2015	05/21/2015	04/01/2015	05/21/2015	06/30/2015	DY1 Q1	
Task Obtain feedback on MSA	Completed	Solicit comments on MSA from PPS members through distribution to members, opportunity for submission of written comments, and review in Committee and Sub-Committee meetings.	05/21/2015	06/08/2015	05/21/2015	06/08/2015	06/30/2015	DY1 Q1	
Task Finalize MSA	Completed	Finalize MSA.	07/01/2015	07/23/2015	07/01/2015	07/23/2015	09/30/2015	DY1 Q2	
Task Finalize CBO project schedules	Completed	Develop and finalize CBO project schedules in concert with Clinical Operational Plans.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Review schedules with CBO partners	Completed	Review and negotiate project schedules with CBOs.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Execute agreements with CBOs	Completed	Execute agreements and project schedules for CBOs.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task Identify state and local agencies	Completed	Identify all state and local agencies in the PPS area. Initiate contacts with various agencies and programs of the New York	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		City Department of Health and Mental Hygiene, including Healthy Homes Program (for asthma services); Primary Care Information Project (health IT); NYC Reach (practice transformation support services to receive PCMH recognition under 2014 standard); Center for Health Equity; Bronx District Public Health Office; Correctional Health Services and services for HIV and treating tobacco use.							
Task Identify additional agencies for engagement and participation	Completed	Director of Collaboration will work with existing partners to identify additional agencies for engagement and participation in DSRIP implementation	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Recruit agency representatives for engagement in committee work	Completed	Director of Collaboration to recruit staff from state and local agencies to serve as liaisons to PPS.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish agency coordination plan	Completed	Develop a plan for coordinating agency activities and obtain feedback from agencies on draft plan.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	05/22/2015	02/28/2016	05/22/2015	02/28/2016	03/31/2016	DY1 Q4	NO
Task Establish and convene Workforce Project Team	Completed	Establish and convene Workforce Project Team (including Workforce Sub-Committee, Workforce Workgroups, Director of Workforce Innovation and other supportive staff from the CSO, 1199 SEIU Training and Employment Funds (TEF), subject matter experts and stakeholders) responsible for implementing and executing workforce activities.	05/22/2015	08/30/2015	05/22/2015	08/30/2015	09/30/2015	DY1 Q2	
Task Identify workforce engagement needs	Completed	Identify all levels of the workforce that will need to be engaged to ensure the successful implementation of DSRIP projects, by identifying the requirements for each DSRIP project, the new services that will be delivered, the types and estimated numbers of workers needed for each DSRIP project and the competencies, skills, training and roles required for each DSRIP project.	07/17/2015	12/31/2015	07/17/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Convene Workforce Communications Workgroup	Completed	Convene Workforce Communications Workgroup (under the Workforce Committee) to recommend strategies to identify communication needs, key messages, and communication channels to ensure frontline workers are informed of and	05/22/2015	07/31/2015	05/22/2015	07/31/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		engaged in the deployment of DSRIP projects.							
Task Obtain input on workforce communication and engagement plan	Completed	Develop workforce communication and engagement plan goals, objectives and potential barriers and obtain feedback from Workforce Communications Workgroup.	07/31/2015	10/30/2015	07/31/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Draft workforce communication and engagement plan	Completed	Draft workforce communication plan, including channels to be used/audiences/ milestones to measure effectiveness, and obtain feedback from all levels of the workforce and the Workforce Communications Workgroup.	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize workforce communication and engagement plan	Completed	Obtain sign-off on workforce communication and engagement plan from Workforce Sub-Committee and Executive Committee.	11/09/2015	02/28/2016	11/09/2015	02/28/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Draft MSA for CBOs	Completed	Draft Master Services Agreement (MSA) and exhibits, which will describe legal terms and conditions of partner participation in the PPS and governance structure.	04/01/2015	05/21/2015	04/01/2015	05/21/2015	06/30/2015	DY1 Q1	
Task Obtain feedback on MSA	Completed	Solicit comments on MSA from PPS members through distribution to members, opportunity for submission of written comments, and review in Committee and Sub-Committee meetings.	05/21/2015	06/08/2015	05/21/2015	06/08/2015	06/30/2015	DY1 Q1	
Task Finalize MSA	Completed	Finalize MSA	07/01/2015	07/23/2015	07/01/2015	07/23/2015	09/30/2015	DY1 Q2	
Task Finalize CBO project schedules	Completed	Develop and finalize CBO project schedules in concert with Clinical Operational Plans.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Review schedules with CBO partners	Completed	Review and negotiate project schedules with CBOs.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Execute MSA with a.i.r. nyc	Completed	Execute agreement and project schedules with a.i.r. nyc	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Execute MSA with Health People	Completed	Execute agreement and project schedules with Health People	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES1_TEMPL_Gov_ M1_Meeting_Schedule_DY2Q4_9868.xlsx	Meeting Schedule Template	04/11/2017 08:58 AM
structure	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES1_TEMPL_Gov_ M1_Governance_Committee_DY2Q4_9867.xlsx	Governance Committee Template	04/11/2017 08:57 AM
Establish a clinical governance structure,	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES2_TEMPL_Gov_ M2_Meeting_Schedule_DY2Q4_9873.xlsx	Meeting Schedule Template	04/11/2017 09:00 AM
including clinical quality committees for each DSRIP project	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES2_TEMPL_Gov_ M2_Clinical_Governance_Committees_DY2Q4_98 70.xlsx	Clinical Governance Committee Template	04/11/2017 08:59 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES5_TEMPL_Gov_ M5_Community_Engagement_TemplateDY2Q4_ 9874.xlsx	Community Engagement Template	04/11/2017 09:02 AM
Finalize partnership agreements or contracts with	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES6_TEMPL_Gov_ M6_Meeting_Schedule_Template_DY2Q4_9877.xl sx	Meeting Schedule Template	04/11/2017 09:04 AM
CBOs	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES6_TEMPL_Gov_ M6_Community_Based_Organizations_Template_ DY2Q4_9876.xlsx	Community-Based Organization Template	04/11/2017 09:03 AM
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.)	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES7_TEMPL_Gov_ M7_Public_Sector_Agency_Template_DY2Q4_987 8.xlsx	Public Sector Agency Template	04/11/2017 09:05 AM
Finalize workforce communication and engagement plan	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES8_TEMPL_Gov_ M8_Workforce_Communication_&_Engagement_M eeting_Schedule_DY2Q4_9881.xlsx	Workforce Communication & Engagement Meeting Schedule Template	04/11/2017 09:07 AM
	sgjevuka	Templates	36_DY2Q4_GOV_MDL21_PRES8_TEMPL_Gov_	Workforce Committee Template	04/11/2017 09:06 AM

NYS Confidentiality – High



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			M8_Workforce_Committee_DY2Q4_9879.xlsx		

Milestone Name	Narrative Text	
Finalize governance structure and sub-committee structure	Milestone completed DY1Q1. Templates updated per supporting documentation requirements.	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Milestone completed DY1Q3. The project-based implementation rapid deployment collaboratives completed their work in DY2Q4, but all had their last meeting in DY2Q3. New Improvement Work Groups will meet beginning DY3Q1 and focus on population health management and performance improvement. Templates updated per supporting documentation requirements.	
Finalize bylaws and policies or Committee Guidelines where applicable	Milestone completed DY1Q2. There is no further update at this time.	
Establish governance structure reporting and monitoring processes	Milestone completed DY1Q3. There is no further update at this time.	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Milestone completed DY1Q2. In DY2Q4, the Bronx Partners for Healthy Communities (BPHC) Resource Directory was updated to an online searchable tool on our website. The Community Engagement Workgroup met once in DY2Q4 to review whether to include patient feedback in the PPS's work and workforce celebrations, as well as updates on the Community Health Literacy (CHL) and Diabetes Self–Management Program (DSMP), Workforce training curriculum and the BPHC Resource Directory. Resource Directory demonstrations were provided to the Community Engagement Work Group, Executive Committee and IT Subcommittee, respectively. Additionally, we held three implementation and operations review meetings with our CHL program partners.	
Finalize partnership agreements or contracts with CBOs	Milestone completed DY2Q1. During DY2Q4 we executed Schedule A agreements (contracts) with Acacia Network, Coordinated Behavioral Care (CBC) IPA, Visiting Nurse Service of New York, Riverdale Mental Health Association and SCO Family of Services to provide them with access to Bronx Partners for Healthy Communities' (BPHC's) care coordination management system (CCMS), GSI Health. We also executed amendments to Schedule A's with Acacia Network and the Institute for Family Health to extend their Start-up Fund contracts to September 30, 2017. Additionally, we are in the process of negotiating with a.i.r. nyc to amend their Schedule A for assistance in implementing our DSRIP Project 3.a.i Asthma Home-based Self-Management Program to extend the term of contract, and expect to have the amendment executed no later than the first week of April. Templates updated per supporting documentation requirements.	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In DY2Q4 we entered into a Memorandum of Agreement (MOA) with New York City Department of Health and Mental Hygiene (NYC DOHMH) to provide meeting support and technical assistance to the DSRIP HIV Coalition, a cross-PPS coalition of which our PPS is a member. We continue to work to create MOUs with the following agencies: New York State Office of Mental Health (OMH), Office of Alcohol and Substance Abuse Services (OASAS), New York City Department of Education (NYCDOE), and New York City Department of Homeless Services (NYCDHS). As indicated in the previous Governance Update (DY2Q3), we remain committed to entering MOUs with these agencies; however, we are realizing that writing up, reviewing and signing MOUs with public agencies is a process that requires a greater amount of time and effort than anticipated, and that needs to be ongoing to follow and conclude discussions and agreements on specific projects that can then be appropriately memorialized in an MOU. Notwithstanding these challenges, we continue to will aim to enter into all the outstanding MOUs by the close of DY3Q1.	
Finalize workforce communication and engagement plan	Milestone completed DY1Q4. During DY2Q4, this work group initiated a series of four focus groups to both assess the impact of efforts to date to communicate with staff members about DSRIP, and to receive input from staff on how Bronx Partners for Healthy Communities (BPHC) PPS can improve these efforts; a total of 43 staff members from seven partner organizations attended these groups. Additionally, a focus group was held with participants in the nine-day Care	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Coordinator training program to compare responses to the randomly selected members of the four focus groups. Four members of the Workforce Communication
	and Engagement Work Group conducted these focus groups and jointly did the analysis. Results were presented to the Workforce Subcommittee and Executive
	Committee; revisions will be made to the Workforce Communication and Engagement Plan in DY3Q1. Results will also be published in a BPHC bulletin for distribution throughout the PPS in DY3Q1.
	Milestone completed DY2Q1. In DY2Q4 we executed Schedule A agreements (contracts) with five community-based organization (CBO) partners to provide
	them with access to our care coordination management system (CCMS), GSI Health, enabling closed-loop referrals between PPS partners.
	We also executed amendments to Schedule A agreements with two CBO partners to extend the contract period to spend down start-up funds to September 30, 2017. These funds will go towards building personnel, population health management and IT infrastructure within our PPS.
Inclusion of CBOs in PPS Implementation.	We are in the process of executing contracts through June 30, 2017 with three CBO partners, Acacia Network, Institute for Family Health and the Puerto Rican Family Institute, to support a performance improvement initiative to close as many care gaps as possible in 11 priority HEDIS measures identified by BPHC as our highest valued, most readily impacted measures.
	We are also in the process of executing contracts with fourteen CBOS participating in BPHC's Community Behavioral Health Initiative for the first year of what we envision as a two-year program that will provide resources, training and tools to support BH provider agencies in developing standardized approaches to screening, referral and follow up practices. It also provides Behavioral Health providers with the tools, knowledge and resources to support their transition from volume-based payment to value-based payment.

Milestone Review Status

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



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IPQR Module 2.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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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.

- 1. We initially identified three major inter-related challenges: (1) developing and negotiating Master Services Agreements (MSA); (2) the project schedules; (3) funds distribution schedules among such a broad range of partners (type and size). We mitigated these risks by establishing transparent and inclusive processes in these areas: (1) The Executive Committee developed the MSA and established a thorough review and comment process, inviting all members of the PPS to participate. The MSA was finalized through this process in July 2015 and we began executing MSAs at the end of August. (2) The project schedules, which outline each partner's obligations with respect to specific projects and serve as the contractual instruments for the project-specific distribution of funds to partners, are negotiated with each partner. (3) We worked carefully with the Finance & Sustainability Subcommittee and Executive Committee to develop a plan for funds distribution across our broad range of members, which we communicated to PPS members through an All-Members teleconference.
- 2. It is a challenge to engage members of the Committees/Subcommittees effectively, meaningfully and continuously to achieve the PPS's goals over short timelines. We recognize that to build a strong, working governance structure, the members appointed to the various governance committees, collectively known as the Project Advisory Council (PAC), must prepare for and otherwise be actively involved in the committee meetings (e.g., read materials distributed in advance of meetings). However, committee members also have significant obligations to their organizations outside of the PPS. To mitigate this risk and ensure committee members can stay abreast of PPS developments, we utilize a wide range of online tools to support efficient information sharing. We developed a website to provide information about PPS activities to PPS members and the community; we developed a PAC member portal, where meeting materials are posted and stored and members may vote online; we host PAC webinars quarterly to inform and engage committee members.
- 3. There is a potential risk in whether the management of partner organizations would be willing to make the investments and changes needed to transform the way care is delivered. Their buy-in is crucial to the success of our PPS. To ensure buy-in at the highest leadership, we designed a highly inclusive governance structure that enables meaningful participation in PPS decision-making by leaders at member organizations. We established member profiles and we have and continue to engage in one-on-one meetings with partner organizations to understand their capacity, priorities and potential barriers to success. These findings have and continue to inform the design and deployment of PPS programs and policies. The Schedule A component of the MSA enables agreements to be tailored to the terms of each member organization, is negotiated with and requires sign-off of partner executive management.
- 4. The potential exists for the clinical governance structure of ten clinical projects to be burdensome on members supporting the clinical operational planning and implementation activities. To mitigate this risk we created a simple clinical governance structure. We grouped clinical projects that require similar thought leadership and provide care in similar settings. For example, we combined the ED Care Triage and 30-day Care Transitions projects into one Rapid Deployment Collaborative (RDC), also known as Implementation Work Group (IWG), because they are both hospital-based interventions. The other IWGs include Health Home at Risk, Primary Care/Behavioral Health Integration, CVD/Diabetes (combined), Asthma, Mental Health/Substance Use (MHSA) and HIV - totaling to seven IWGs. All these IWGs report up to the Quality & Care Innovations



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Subcommittee.

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 depend on partner adoption of the Clinical Operational Plans which detail work plans and partner obligations for each DSRIP project. Creation of the funding schedules is dependent upon outputs of the finance workstream, which will include the funding amount that the BPHC will receive semi-annually, the distribution of Participants among the projects and the allocation of funding to each project-level budget throughout the phases of the DSRIP implementation.

Additionally, BPHC and its partners will need to continuously engage front line workers to ensure the success of each DSRIP project. To achieve this, BPHC will need to, among other things, continue to forge strong relationships with the unions.

Finally, it is critical that the IT systems and processes are capable of collecting key data in a timely fashion so that BPHC can monitor its performance on an ongoing basis and target areas in need of improvement.



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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
SBH COO	Len Walsh	BPHC governance strategy and fiduciary oversight, including
		policymaking and policy execution Organize and facilitate committee meetings
		- Provides committees with relevant data, reports and
Executive Director, BPHC CSO	Irene Kaufmann	communications
Executive Director, BFHC CSO	Tiene Kaumann	- Records/files meeting minutes
		- Responsible for policy execution
		Oversight of all aspects of deployment of DSRIP projects and
BPHC Executive Committee	Lon Wolch, Chair	evolution of BPHC into fully integrated delivery network
BPAC Executive Committee	Len Walsh, Chair	- Responsible for policymaking
		Recommend members of committees and Sub-committees to
RRI IC Nomination Committee	Retaining Rolein Chair CRIIII Inglish Custom	Executive committee
BPHC Nominating Committee	Patricia Belair, Chair, SBH Health System	
		- Responsible for policymaking
		Make recommendations on distribution of project Partner
		implementation funds
	David Menashy, Co-Chair, Montefiore Medical Center	- Monitor budget and compliance
BPHC Finance & Sustainability Subcommittee	Todd Gorlewski, Co-Chair, SBH Health System	- Review financial Oversight structure
·		- Oversee provision of assistance to financially frail Partners
		- Advise on development and implementation of sustainability and
		financial compliance plans
		- Responsible for policymaking
		Create and update processes and protocols for adoption and use
BPHC Information Technology Sub-Committee	Dr. Jitendra Barmecha, Chair, SBH Health System	of information technology that will be applicable to all members
		-Responsible for policymaking
		Establish evidence-based practice and quality standards and
		metrics
BPHC Quality & Care Innovation Sub-Committee	Co-Chairs, Quality & Care Innovation Sub-Committee, David	- Oversee clinical management processes
y	Collymore & Debbie Pantin	- Hold providers and PPS accountable for achieving targeted
		metrics and clinical outcomes
		- Responsible for policymaking
Workforce Sub-Committee	Mary Morris, Co-Chair, SBH Health System	Develop and implement comprehensive workforce strategy to



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities	
Rosa Mejias, Co-Chair, 1199 TEF		ensure BPHC retains, trains and hires staff needed to support implementation of DSRIP projects	
	,,	- Responsible for policymaking	
BPHC Compliance Officer	Suzette Gordon	Review and evaluate compliance issues/concerns within BPHC to ensure compliance with the rules and regulations of regulatory agencies and that BPHC's bylaws and policies and procedures are being followed - Responsible for policy execution	
CEO of PPS Lead Organization	Dr. David Perlstein	Make final determination of removal of committee members recommended for removal by Executive Committee	



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IVALUATION 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			
Attributed Patients and Families/Caregivers	Recipients of and partners in care, social and other services delivered by BPHC members	- Interaction sufficient to participate and take limited accountability for health, healthcare and other services activities	
BPHC CSO Senior Staff (Irene Kaufmann, Executive Director; Janine Dimitrakakis, Senior Director for Analytics; Robin Moon, Senior Director for Care Delivery and Practice Innovations, Amanda Ascher, Chief Medical Officer; Benny Turner, Director of Capital Projects an Vendor Services, and Mary Morris, Director of Workforce Innovation)	Facilitate evolution of BPHC into Integrated Delivery System	- Conduct operations, communication and coordination with BPHC Partners and other stakeholders to support all DSRIP-related activities	
BPHC Member Organizations	Participation in BPHC projects	 Commit resources and provide BPHC project-related data to BPHC participate in BPHC governance committees and work groups a opportunities exist 	
SEIU 1199 Labor Union (Tom Cloutier, Teresa Pica, Gladys Wrenick, and Rosa Mejias) Collaborate with BPHC on workforce strategy and implementation		- 1199 SEIU Labor Management Project will facilitate Workforce Advisory Workgroup of Workforce Sub-Committee - Project Advisory Committee member	
External Stakeholders			
Bronx RHIO (Charles Scaglione, Executive Director)	Accountable for integration of Bronx RHIO-supplied HIE functionality for BPHC support	Oversight and integration of Bronx RHIO HIE technology into BPHC operations Training staff of BPHC Partners on use of Bronx RHIO system Executive Committee member IT Sub-Committee member	
SEIU 1199 Training and Employment Fund (TEF) (Rosa Mejias, co-chair of the Workforce Sub-Committee)	Collaborate with BPHC on workforce strategy and implementation	- Work with Workforce Sub-Committee to identify competency and training gaps, provide trainers and training to meet identified training needs, hold joint training sessions and coordinate recruitment strategies	
Other Bronx PPS	Collaborate with BPHC to identify commonalities for more effective use of resources	- Collaborate with BPHC on Bronx-wide force and DSRIP communication strategies, e.g., a single tool for communications	



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		and messaging to public and possibly unified workforce recruitment
		strategies and training initiatives



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IPQR Module 2.7 - IT Expectations

Instructions:

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

Shared IT infrastructure will be important because it will enable the Executive Committee and the Sub-Committees to analyze data obtained from all participating providers in order to effectively monitor and improve the PPS's performance.

BPHC has created a public-facing website for the PPS (www.bronxphc.org), on which materials from all-Member meetings, updates from the Rapid Deployment Collaboratives, and other important documents will be posted. The website contains a calendar of key events for stakeholders, and a jobs page to connect community members and frontline workers to DSRIP-related employment opportunities. In addition, BPHC has created a member portal for PAC members through the platform Directors Desk. Materials and minutes from all Committee and Sub-Committee meetings will be posted to the PAC portal unless deemed confidential.

IPQR Module 2.8 - Progress Reporting

Instructions:

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

Success will be measured by (1) the occurrence of meetings of the Executive Committee, Finance and Sustainability Sub-Committee, Workforce Sub-Committee, Quality and Care Innovation Sub-Committee, Information Technology Sub-Committee, and Nominating Committee at a frequency in accordance with the applicable charter, (2) implementation of PPS policies and procedures, and (3) execution of the Base Agreement and project schedules by BPHC and Participants (including CBOs) and performance by BPHC and Participants (including CBOs) of obligations against the Base Agreement. We will also monitor the performance reporting dashboard in order to track the progress of each DSRIP project against key quarterly milestones and metrics and produce progress reports that summarize the status for review by the Executive Committee and the Sub-Committees. A subset of key indicators will be posted to the BPHC website to ensure all PPS members and the community are kept up to speed on PPS progress.

IPQR Module 2.9 - IA Monitoring

Instructions:



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

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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 Develop Finance and Sustainability Sub- Committee charter	Completed	Develop Finance and Sustainability Sub-Committee charter and present to Executive Committee for review and approval.	04/01/2015	04/16/2015	04/01/2015	04/16/2015	06/30/2015	DY1 Q1	
Task Appoint Sub-Committee members	Completed	Identify and appoint Finance and Sustainability (F&S) Sub- Committee members with financial leaders from PPS member organizations. Appoint SBH's CFO and a finance executive from Montefiore as the initial co-chairpersons.	04/01/2015	04/29/2015	04/01/2015	04/29/2015	06/30/2015	DY1 Q1	
Task Initiate Sub-Committee and report to EC	Completed	Conduct initial meeting of the F&S Sub-Committee meeting. Document Finance and Sustainability Sub-Committee actions and provide first report to Executive Committee.	05/01/2015	05/20/2015	05/01/2015	05/20/2015	06/30/2015	DY1 Q1	
Task Create PPS bank account	Completed	Set up a separate bank account and treasury function for PPS that is separate and distinct from SBH.	04/02/2015	06/30/2015	04/02/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Establish policies and procedures	Completed	Develop and finalize financial policies and procedures, reporting structure and roles and responsibilities for the PPS including CSO operation expenses, and expenses of PPS support services related to the DSRIP projects undertaken. Roles and responsibilities will be defined for CSO finance staff, SBH CFO in relationship to PPS, and role of PPS partners.		09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Obtain EC approval of financial framework	Completed	Obtain Executive Committee sign-off of PPS finance structure, policies and procedures.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state	Completed	This milestone must be completed by 3/31/2016. Network	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assessment and develop financial sustainability strategy to address key issues.		financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers							
Task Conduct assessment of financial impact of DSRIP projects	Completed	Assess financial impact of DSRIP projects on participating provider types based on revenue gains or losses associated with achieving required metrics. Present findings to the Finance and Sustainability Sub-Committee and Executive Committee.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Conduct assessment of current state of financial health	Completed	Conduct financial health current state assessment utilizing assessment tool developed during the DSRIP planning phase for partners added since the first assessment was completed.	09/01/2015	11/15/2015	09/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Analyze results of assessments	Completed	Analyze results of financial health current state assessment and the financial impact of projects assessment, and, if applicable, identify financially frail partners. Review with Finance and Sustainability Sub-Committee and Executive Committee.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Establish reporting and monitoring processes Completed		Establish a process for identifying, monitoring and assisting financially frail partners. Define partner reporting requirements and the role of the CSO Provider Engagement Team and the Finance and Sustainability Sub-Committee. Present to the Executive Committee for review and approval.	11/15/2015	01/31/2016	11/15/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Conduct first annual review	Completed	Perform first annual review of the financial health current state assessment tool and revise as needed to capture key financial health and sustainability indicators. Present to the Executive Committee for review and approval.	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES



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DSRIP Implementation Plan Project

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 Appoint Compliance Committee leadership	Completed	Appoint CSO lead as a member of the compliance committee. Appoint SBH's compliance officer as interim compliance officer for the PPS	04/01/2015	07/10/2015	04/01/2015	07/10/2015	09/30/2015	DY1 Q2	
Task Identify Compliance Officer	Completed	Identify a Compliance Officer who has an expertise in NYSSS Law 363-d.	07/01/2015	08/30/2015	07/01/2015	08/30/2015	09/30/2015	DY1 Q2	
Task Hire Compliance Officer	Completed	Hire or designate PPS Compliance Officer who will report to legal affairs department of SBH and its compliance officer. The Compliance Officer will conduct internal control and will develop a Compliance plan consistent with NYS SSL 363-d and OMIG requirements for DSRIP.	06/15/2015	07/31/2015	06/15/2015	07/31/2015	09/30/2015	DY1 Q2	
Task Establish compliance enforcement procedures	Completed	Establish PPS chain-of-command for compliance enforcement including relationship between the compliance function and the PPS governance structure.	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish compliance plan	Completed	Customize PPS lead's existing compliance plan and programs (e.g., HIPAA) for the PPS, consistent with NYS Social Services Law 363-d, OMIG requirements and present to the Executive Committee for approval.	07/15/2015	11/10/2015	07/15/2015	11/10/2015	12/31/2015	DY1 Q3	
Task Integrate compliance requirements into MSA	Completed	Incorporate compliance requirements into Master DSRIP Services Agreement as appropriate to ensure participant compliance with NYS Social Services Law 363-d.	07/15/2015	11/15/2015	07/15/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Share compliance plan with partners	Completed	Publish PPS Compliance Plan (including standards of conduct, conflicts of interest, receipt of complaints/no retaliation policies, and monitoring procedures) and share with all partners and post to PPS website.	07/15/2015	11/30/2015	07/15/2015	11/30/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Identify subject matter experts for leadership positions	Completed	Recruit senior Medicaid MCO leadership to serve on Executive Committee. Identify and appoint HMO industry expert to F&S Sub-Committee.	04/01/2015	05/21/2015	04/01/2015	05/21/2015	06/30/2015	DY1 Q1	
Task Review VBP guidelines	Completed	Review final state value-based payment prototype and roadmap upon release.	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2	
Task Establish VBP payment assessment procedures	Completed	Develop value-based payment assessment and annual assessment process. Present to the Executive Committee for review and approval.		09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Develop detailed analysis of PPS partners' existing value-	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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SBH Health System (PPS ID:36)

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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
Assess current VBP arrangements		based payment arrangements with Medicaid MCOs and other payers by reviewing claims-level data. A survey will be administered based on the defined VBP assessment procedures. Assessment will likely begin with larger organizations that already have significant VBP contracts and make up the majority of activity within the PPS and are actively participating in PPS leadership.							
Task Engage MCOs in VBP planning	Completed	Identify MCOs in BPHC PPS catchment area and actively engage them in developing value-based payment arrangements through a structured stakeholder engagement process.	09/01/2015	11/15/2015	09/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Develop VBP education and engagement strategy	Completed	Develop provider education and engagement strategy through a structured stakeholder engagement process, which will facilitate participant understanding of and input to value-based payments and potential contracting arrangements.	08/15/2015	11/30/2015	08/15/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Hold regular meetings with MCOs	Completed	Initiate monthly meetings with MCOs and engage in development of MCO strategy framework for BPHC PPS.	08/15/2015	11/30/2015	08/15/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Engage PPS providers in VBP education and planning	Completed	BPHC is working with Montefiore Hospital to leverage their experience and strategy to develop their VBP rates for the PPS. Montefiore Hospital is experienced with Value Based Purchasing contracts for Medicaid Managed Care and for their Accountable Care Organization (ACO) and will play a key role in the development of VBP rates.	12/01/2015	02/15/2016	12/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task Establish methodology for estimating revenue and determining value	Completed	In coordination with Finance and Sustainability Committee, develop methodology for estimating revenue and determining value. Review and obtain sign-off from Executive Committee.	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Conduct first annual assessment of VBP	Completed	Perform the first annual assessment of the current state of value-based payment and associated revenue across all PPS partners.	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Establish compensation and MCO strategy framework	Completed	Develop preferred compensation and MCO strategy framework. Review and obtain sign-off with Executive Committee.	11/15/2015	01/31/2016	11/15/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Establish methodology for PPS members to demonstrate value	Completed	In coordination with Finance and Sustainability Committee, develop plan to show how PPS members will demonstrate value to MCOs.	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Establish a sub working group of the F&S subcommittee.	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
Establish VBP sub working group within the F&S Subcommittee		This sub working group will develop a plan for the best way to assess the current state of VBP that is compliant with BPHC Antitrust policies. Representatives will be able to represent the current state within their own organizations							
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	07/15/2015	06/30/2017	07/15/2015	06/30/2017	06/30/2017	DY3 Q1	YES
Task Review VBP guidelines	Completed	Review final state value-based payment prototype and road map upon release.	07/15/2015	08/31/2015	07/15/2015	08/31/2015	09/30/2015	DY1 Q2	
Task Review baseline assessment of VBP current state	Completed	Review baseline assessment of partners' value-based payment revenue to inform development of PPS value-based payment plan.	02/01/2016	04/30/2016	02/01/2016	04/30/2016	06/30/2016	DY2 Q1	
Task Conduct gap analysis	Completed	Conduct gap assessment between PPS's current volume of value-based revenue and target of 90% across the PPS network.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage MCOs in creation of transition plan	Completed	Engage MCOs in development of value-based purchasing transition plan.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage providers in creation of transition plan	Completed	Engage PPS providers in development of the value-based purchasing transition plan, provider adoption strategy, reporting requirements and procedures.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Establish reporting requirements and procedures	Completed	Establish partner value-based payment reporting requirements and procedures to enable ongoing monitoring of PPS value-based payment revenue.	03/01/2016	05/31/2016	03/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task Determine organizational requirements for transition	Completed	Define PPS organizational requirements necessary to support transition to value-based payment.	03/01/2016	04/30/2016	03/01/2016	04/30/2016	06/30/2016	DY2 Q1	
Task Establish VBP transition plan	On Hold	Finalize PPS value-based payment transition plan and provider adoption strategy in the timeframe required by DSRIP guidelines. Present to Executive Committee for approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Finalize VBP reporting schedule	On Hold	Establish a monthly Executive Committee value based payment reporting schedule that will continue throughout DSRIP years.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Begin expanding existing VBP arrangements	In Progress	SBH and MMC will expand the lives in their existing fully capitated arrangements starting in DY2	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	



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SBH Health System (PPS ID:36)

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 Begin to pursue shared saving arrangements and risk-sharing	In Progress	Introduce partners to value-based contracting arrangements at a lower level of risk by pursuing shared savings arrangements, gradually converting to risk-sharing arrangements over time	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Expand VBP arrangements throughout PPS	In Progress	Expand the level of risk and capitation assumed by BPHC partners as the capabilities of PPS members increase	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

IA Instructions / Quarterly Update

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



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SBH Health System (PPS ID:36)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Value Based Payments Needs Assessment ("VNA")	sgjevuka	Other	36_DY2Q4_FS_MDL31_PRES4_OTH_Financial_S ustainablity_VBP_Survey_Narrative_v4_12682.doc x		04/26/2017 10:36 AM
ASSESSMENT (VIVA)	sgjevuka	Other	36_DY2Q4_FS_MDL31_PRES4_OTH_Manatt_Pre sentation_October_2016_12676.pptx	Presentation on VBP Planning Efforts	04/26/2017 10:34 AM

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	This milestone was completed in DY1Q3. No changes have been made to this milestone since the last reporting.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	This milestone was completed in DY1Q4. No changes have been made to this milestone since the last reporting.
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	This milestone was completed in DY1Q3. No changes have been made to this milestone since the last reporting.
Develop a Value Based Payments Needs Assessment ("VNA")	Bronx Partners for Healthy Community (BPHC) conducted its third annual Financial Sustainability survey in Q4. 72 members of our PPS responded, including a range of hospitals, clinics, community-based organizations (CBOs) and pharmacies. Like the first two surveys, this included four areas of focus: financial sustainability; contracting with managed care organizations (MCOs); care coordination and collaboration with non-clinical CBOs; and technology and analytics resources. It was expanded to include questions focused on gauging our members' readiness to move to a Value-Based Payment (VBP) system. Additionally, working with our consultant, Manatt, we conducted in-depth interviews with 10 major partners to ascertain their education and training needs for successfully transitioning to a VBP environment. Following is a summary and analysis of the survey results organized into the major areas of focus noted above. 1. Financial Sustainability: 83% of the respondents have <15 days cash on hand 63% have assets to monetize 56% have access to resources to sustain operations 92% have positive operating margins 79% have debt ratios at or <95% 76% have current ratios of assets and liabilities >1.0 • The primary sources of revenue for our members include Medicaid, Medicaid Managed Care and Medicare 2. Contracting with MCOs: Survey results in this area show only 21% participate in any kind of VBP agreements with MCOs. Our members having some kind of VBP arrangements with MCOs include hospitals, PCPs, behavioral health providers and rehabilitation centers. Note: BPHC is working with its major partners who
	have the most attributed Medicaid patients to participate in a unified VBP system.



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Prescribed Milestones Narrative Text						
Milestone Name	Narrative Text					
	3. Care Coordination and Collaboration with Non-Clinical CBOs: Survey results in these areas show that the majority of the respondents have care coordinator(s)/manager(s) on site and that a majority also collaborate with non-clinical CBOs, but only about a quarter integrate with behavioral services (BHS) co-located onsite, and only about a third integrate BHS located at an external practice or agency.					
	4. Information Technology and Analytics: Survey results in this area show that most of our PCPs have an EHR/EMR. Note: BPHC has engaged consultants to assist PCP members in achieving PCMH 2014 Level 3 recognition. As of January 2017, 406 providers had achieved PCMH Level 3 recognition. BPHC is also working with the Bronx RHIO to provide connectivity among our member organizations for health information exchange and clinical data analytics.					
	Using information collected from in-depth interviews with 10 major partners noted above, we plan to provide education and training to our member organizations during the August-September 2017 to assist them in building the knowledge and capacity needed for the successful transition to VBP. Overall, this survey indicates that BPHC member organizations are largely ready to move to a VBP environment. With the strong support and leadership of SBH Health System and the Executive Committee and Subcommittees of our governance structure, we are confident that we will be prepared to successfully make the transition to VBP. We will use the data collected in this survey to develop a plan for growing our PPS network and developing VBP competencies and contracting arrangements. Bronx Partners for Healthy Communities (BPHC) continues to advance its transition to Value-Based Payment (VBP) arrangement by using a VBP framework for deepening relationships with member organizations in our contracting, program implementation and performance improvement activities. The transition to VBP has been marked by distinct implementation strategies which taken together comprise BPHC's evolving VBP Transition Plan.					
Develop an implementation plan geared towards addressing the needs identified within your VNA	First, BPHC is steadily adding VBP measures, competencies and foundational infrastructure requirements in the contracts we are establishing with providers and community-based organization (CBO) members. For example, we have established contracts with Tier 1 CBOs which are designed to have a portion of their payment at risk based on output and client outcomes rather than their historic reliance on grant funding to cover operational cost. Having learned from that experience during the past quarter, we continue to drive VBP implementation through our newest contracts with community behavioral health (Tier 2) agencies. While these contracts provide start-up funding to help build infrastructure and capacity by providing incentives for interconnectivity, they also incorporate payment methodologies that stimulate development of foundational VBP competencies by featuring P4R and P4P payments focused on process measures such as depression screening, smoking cessation, monitoring of A1cs for diabetics with a diagnosis of schizophrenia, and ADHD medication management. We currently have 13 community-based behavioral health partners contracted to work on these measures and we plan to continue to include such VBP elements in contracts we will develop with other CBOs, supportive housing and post-acute care provider organizations.					
	BPHC has also taken steps to advance VBP strategies in contracts with community-based primary care providers (PCPs). We again used a two-pronged approach to help PCPs successfully transition from FFS to VBP: 1) we offered an initial infusion of start-up funds for meeting basic requirements for interconnectivity and care coordination, and 2) we established contracts with built-in incentives for providers who make time to meet with care coordinators, develop care plans and link patients to health home services.					
	BPHC has used MY2 performance outcomes as a directional gauge to help us select priority measures in short-term performance improvement projects designed to close care gap for MY 3 and to create performance targets in new contracts. An analysis of which of our provider and stakeholders are likely to impact each of our HEDIS metrics is also considered as a criterion for distributing performance funds to our member organizations.					
	Finally, to complement the strategies described above to advance adoption of VBP across the PPS, BPHC will work with the Financial Sustainability Survey and					



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Prescribed willestones narrative Text						
Milestone Name	Narrative Text					
	recommendations provided by the Executive Committee and Finance & Sustainability Subcommittee. Issued to its member organizations to help determine the extent of participation and experience with VBP, the survey sheds light on the type of assistance member organizations would need to successfully further their engagement. As a next step we are planning to present the survey analysis along with a summary of the VBP strategies we have implemented thus far, to our oversight Committees for their feedback and recommendations for further advance VBP implementation in BPHC. Our ultimate goal is to ensure that 90% of BPHC's revenue will be generated through VBP contracts by DY5. These recommendations would round out our VBP Plan which we plan to complete by the end of the DY3Q1. Bronx Partners for Healthy Communities (BPHC) has been working with Manatt to develop educational opportunities on value-based payment (VBP) for our					
	member organizations that build on and expand their current level of understanding and will be designed to support the type of participation and role they want to undertake as the VBP environment takes hold. Our partners' interest and capacity to engage VBP arrangement ranges across a broad spectrum of entities from community-based organizations (CBOs) who are not looking to be active VBP participants to clinicians and provider organizations who are fully engaged and participating VBP providers.					
Develop partner engagement schedule for partners for VBP education and training	Based on feedback from our Community Engagement Group and contracted Tier 1 organizations, our recent VBP survey and one-on-one interviews with selected member organizations, we have stratified the needs of licensed professional, frontline workers and management support staff across all care and social service settings in our PPS into three levels of educational programming. We plan to offer learners the option of attending all three offerings or simply select the one level that best suits their interest and knowledge base.					
	For first level learners, we are planning to develop a broad based foundational course, VBP 101, designed to be level-setting for all members and highly recommended for individuals in those organizations who only had limited exposure to discussions on VBP. BPHC's VBP 101 will initially be offered twice during fall 2017 in a townhall format and subsequently as a webinar, with presentations eventually posted on the BPHC website for maximum exposure. A second curriculum, VBP 201, will be developed as a sequel for second level learners and address the question: "How does VBP Affect My Organization." This curriculum will consider VBP arrangements focused on subpopulations including behavioral health, chronic care populations, HARP and HIV. The course will cover VBP contracting models and examples, and review roles and expectations within VBP relationships. To ensure that the course has relevance for the various provider types or types of organizations in our PPS, alternate presentations depicting examples and scenarios specific to organizational settings, providers and services will be developed and switched out to reflect interests of the particular sector attending the presentation such as primary care, specialists, pharmacies, behavioral health providers, care coordinators, health homes, and CBOs. This course will be offered at our regularly scheduled meetings with all such member organizations. Additional presentations will be scheduled and offered on a regular basis throughout the year.					
	Finally, a third level course will be offered BPHC partners to help them explore potential VBP relationships with SBH Health System, BPHC's fiduciary sponsor. This course intended for providers interested in participating in SBH VBP initiatives will drill into BPHC's approach to VBP implementation, and pathways of participation with SBH. This course will be offered as interested providers are identified and are ready to coalesce in small collaborative type learning sessions throughout the year.					
	We have recently attended a GNYHA for downstate PPSs to explore together an approach to developing a comprehensive VBP curriculum that can reach and support the learning needs of the various stakeholders and types of member organizations in our PPSs. The outline, topics and audience considerations delineated by this group echoed the approach that BPHC has developed and described above.					
≥50% of total MCO-PPS payments (in terms of total dollars)						



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	
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.

									DSRIP
	Milestens/Took Nome	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	wilestone/Task Name	Status	Description	Start Date	End Date	Start Date	Elia Dale	End Date	Year and
									Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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SBH Health System (PPS ID:36)

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.

- 1) If BPHC fails to report on state-established milestones or meet prescribed metrics and measures, we risk having limited availability of funds to distribute to partners. To mitigate this risk, BPHC continues to engage in a thoughtful planning and monitoring process to ensure it achieves DSRIP milestones and metrics efficiently and effectively. Meticulous work plans have been developed to help network partners meet patient engagement targets and pay-for-performance measures benchmarks. In addition, BPHC developed a budget model that assumed underperformance and incomplete target achievement. As a result, we discounted anticipated DSRIP payments and contained the BPHC budget. Furthermore, we included language in each of our MSA schedules and contracts indicating that BPHC would only pay with DSRIP funds once received and discontinue the agreement in the event that DSRIP funds were not available.
- 2) Failure to be awarded CRFP funds will impact PPS project implementation and performance, as some projects require capital investments not covered by DSRIP waiver funds. SBH/BPHC was not awarded CRFP funds and is moving forward with its own resources to help the PPS achieve its goals and create a healthy community. Unavailability of capital funds may create significant risks, to core IT functionality and interoperability programs. We will work to meet these challenges by identifying additional sources of funding for interconnectivity and capital-intensive projects, and continue to attempt to engage the State in conversation.
- 3) Initial assessment of the financial health of its partner organizations showed that while a majority were "not immediately fragile," a small number were identified as moderately fragile or fragile. To mitigate this risk, BPHC, through its Finance and Sustainability Sub-Committee and CSO Provider Engagement Team, will develop a process for timely monitoring of financially at risk partners. BPHC will also establish a process to determine and ensure that the PPS, through its member organizations, has the capacity and range of services to address the needs of our attribution in case any of the at risk partners will diminish the services it can provide.
- 4) The transition to value-based payment (VBP) across the PPS requires engagement and willingness from Medicaid managed care organizations (MCOs) to transform existing contracts into DSRIP-aligned VBP contracts over 5 years. BPHC will continue the effort to ensure MCOs are meaningfully engaged in developing transition plans and have time to prepare for the transition to VBP.
- 5) Several third-party groups will have a significant impact on patient outcomes and overall success of the PPS, but they depend on extraneous revenue streams. NYC-run social service agencies and CBOs are dependent on city and state funding and charitable support. While MCOs will be supported by NYS in this restructuring, local community and county agencies face a host of outside influences that could impair their ability to support the PPS in a meaningful way. Timely funding of EIP funds and NPV funds from the state will impact the involvement of CBOs that have major effects in the restructure of a VBP system.
- 6) For the PPS to meet reporting requirements, it needs access to data for financial reporting. This requires appropriate processes and mechanisms to allow providers to perform and provide timely information. The PPS intends to mitigate this risk by engaging its participants to assist in the development and implementation of appropriate reporting requirements and structures.



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SBH Health System (PPS ID:36)

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: Identify point-of-contact in each partner organization for finance-related matters (e.g., reporting and policies/procedures); base partner reporting requirements on DSRIP reporting milestones/metrics; performance reporting infrastructure that supports provider, practice, and organization-level reporting and evaluation to drive DSRIP incentive payments (note: performance reporting and incentive payments will be detailed in each Participant's Master Services Agreement).
- 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 payment.
- 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 payment with Medicaid MCOs and other payers.
- Physician Engagement: The PPS must effectively engage and educate physicians regarding DSRIP's incentive-based funding structure, including contractual obligations associated with project-specific clinical interventions, Domain 1 requirements and their relationship to incentive payments.

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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
BPHC Executive Director	Irene Kaufmann	Overall financial sustainability plan
BPHC Director of Financial Planning	Ronald Sextus	Overall implementation of financial strategy and sustainability plan
SBH CFO	Todd Gorlewski	Oversight of the sustainability plan
BPHC Sr. Accountant	Janneth Gaona	Setting up GL and maintenance of all BPHC revenue and expense accounts. Reconciling and Managing BPHC Bank accounts.
BPHC Compliance Officer	Suzette Gordon	Oversight of the compliance strategy
BPHC External Independent Auditor	Ernst & Young	Independent auditor will audit annually and report to the Finance and Executive Committee that the recording of accounting are done according to GAAP and are in compliance.



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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					
BPHC CSO Business Staff	Accountable for integration and effective financial plan	Oversight and integration of finances into BPHC operations			
BPHC Finance and Sustainability Sub-Committee	Governance for effective integration and use of IT, centrally and across partners	Oversight and integration of finance plan into BPHC operations			
SBH Management/Leadership	Fiduciary oversight for effective financial plans	Oversight of BPHC financial operations			
BPHC Executive Committee	Governance for effective and sustainable financial strategy	Governance structure with PPS-wide representation, makes policy decisions and provides direction for effective and sustainable financial strategy			
BPHC Compliance Officer	Oversight and advice on the compliance plan and audits	Oversight and advice on financial compliance and audit			
BPHC Senior Director of Quality Management and Analytics	Accountable for providing required quality data in a timely manner	Quality data support			
SBH IT team	Support the financial functions with the existing IT infrastructure and data streams	Support with the technical infrastructure			
BPHC member organizations	Work within financial models to ensure BPHC success	Provide services according to master contract requirements			
External Stakeholders					
External Auditor - Ernyst & Young	Conduct the annual audit	Complete audit documentation and recommendation			
Hudson Valley PPS	Align financial models for paying and incenting providers and provider organizations with those developed by BPHC	Financial models and master contract agreements			
Bronx Chamber of Commerce	Coordinate with the BCC in order for local businesses to increase employment opportunities for the local community.	Participating in events geared towards employment opportunities that foster local community development.			
Bronx Business Improvement Districts	Working with Bronx BIDs and local CBOs to increase their involvement in local economic empowerment of the community.	Meeting with Bronx BIDs such as Fordham BID, Belmont BID and others to identify programs and opportunities that the community can benefit from.			
Community Boards	Community Boards will participate in identifying the local community needs and concerns.	BPHC will participate in Local Community Board Meeting, Educate them about DSRIP and learn from them about the community needs and how to improve them.			
Bronx Elected Officials	Work with the various Bronx Elected Officials and CBOs to address social determinants of health to improve the overall health of Bronx residents.	Work with Bronx Elected Officials and CBOs to host forums in addressing how to improve the overall health and economics of the community.			



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid Managed Care Health Plans	Monitor performance of financial models and use them to develop	Initiate development of value-based contracting with PPS hospitals
Medicald Managed Care Health Flans	value-based contracting	and their providers



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IPQR Module 3.7 - IT Expectations

Instructions:

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

The PPS will require appropriate IT systems to support central and PPS-wide reporting capabilities to support performance reporting, track PPS and project-level budgets and funds flow, and monitor financial sustainability. The systems will need to support PPS financial analysis reports, performance metrics reporting, and PPS-specific financial statements. When conducive, BPHC will leverage existing back-office systems within St. Barnabas Hospital and Montefiore. In terms of funds flow, treasury and general ledger, however, SBH has created a separate general ledger platform and banking arrangement to ensure that the restrictive nature and purpose of the intended funds are directed accurately with complete documentation for audit purposes. PPS-wide IT systems and health information exchanges that support care management and population health management will be required to enable partners to improve patient outcomes that will drive the transition to value-based payment with Medicaid MCOs and other payers.

IPQR Module 3.8 - Progress Reporting

Instructions:

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

The success of this workstream will be measured on the financial stability of the participants in the PPS, PPS adherence to a compliance plan consistent with NY State Social Services Law 363-d, and the migration from the current level of VBP across PPS provider participants to 90% of the total MCO-PPS payments captured in at least Level 1 VBPs, with more than 70% in Level 2 VBPs or higher.

The PPS has already done an initial assessment of the financial stability of its lead organization and its partners. It is currently expanding this initial assessment to new partners that have joined the PPS since the first assessment was completed. The assessment itself will be evaluated for potential updates and will be administered to all PPS participants annually. The Finance and Sustainability Sub-Committee will charged with updating the assessment as required, administering the evaluation and analyzing the results of the assessments. It will determine the need for potential interventions and initiate more robust monitoring of any financial fragile partners. The provider engagement team of the CSO and the Finance and Sustainability Sub-Committee will report findings from the assessment and monitoring activities regularly to the Executive Committee.

The PPS will publish its compliance plan and conduct quarterly compliance meetings. There will be quarterly and annual compliance reports as well as an annual review of the compliance plan itself to determine if additional changes are required.

The PPS has good visibility into the VBPs of its lead organization as well as some of the larger provider organizations participating in the PPS. It will develop an initial assessment to develop a complete baseline assessment of revenue linked to VBPs across all participants. The PPS will implement reporting requirements to monitor revenue linked to VBPs to regularly assess our performance against our plan to achieving 90% VBPs.



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Starting in DY1, Q3 the PPS began to engage MCOs and providers to develop the appropriate reporting requirements and procedures to meet the quarterly reporting requirements to the state.

	IPQR Module 3.9 - IA Monitoring
In	structions:



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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 selfmanagement of conditions (considering cultural, linguistic and literacy factors); and Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Initiate QCIS to support CC/HL strategy.	Completed	Establish and convene a Quality and Care Innovation Sub- Committee (QCIS) to support development of a PPS-wide cultural competency and health literacy strategy (CC/HL).	06/05/2015	06/30/2015	06/05/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Inventory existing CC/HL programs in PPS	Completed	Conduct an inventory of existing CC/HL programs across PPS members and identify assets and gaps that should be addressed in CC/HL strategy.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Identify priority populations and locations	Completed	Through CNA and PPS member surveys, identify priority populations and neighborhoods experiencing health disparities and having low literacy. Particular attention to be focused on immigrant populations and populations	05/18/2015	09/30/2015	05/18/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		experiencing food and/or housing insecurity. Furthermore the strategy should target neighborhoods designated as Medically Underserved Areas and populations residing along the corridor of concentrated preventable admissions, stretching from Fordham-Bronx Park, down the Grand Concourse, to the South Bronx.							
Task Identify best practices in interventions to reduce health disparities	Completed	Gather information from key stakeholders with expertise on CC/HL to identify PPS and community-based interventions to reduce health disparities and improve outcomes.	05/18/2015	09/30/2015	05/18/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop CC/HL strategy and action plan	Completed	Convene a CC/HL work group including co-chairs of the QCIS and CBO member leadership supported by the Director of Collaboration and the Director of Workforce Innovation. This group will utilize findings from CNA, inventory of providers, best practice experts and stakeholders to develop a CC/HL strategy and action plan. Strategy and action plan will include 1) specific initiatives such as remote simultaneous medical interpretation, 2) identified stigmatized populations such as the mentally ill and SUD, 3) standards for member organizations and 4) requirements and timing for training and re-training staff, in concert with implementation of the clinical projects.	05/18/2015	12/31/2015	05/18/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Partner with CBOs	Completed	In conjunction with the Director of Collaboration, seek partnerships with CBOs with experience and success in cultural competency and health literacy strategies (e.g. Health People, etc) to participate in the implementation of the CC/HL strategy.	05/18/2015	12/31/2015	05/18/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an evaluation plan	Completed	Develop a plan for evaluating the effectiveness of the CC/HL strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Obtain approval for CC/HL strategy and action plan	Completed	Present CC/HL plan to Quality and Care Innovation Sub- Committee then Executive Committee for approval	10/06/2015	12/17/2015	10/06/2015	12/17/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		groups identified in your cultural competency strategy Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task Initiate development of health disparities training strategy	Completed	Convene Workforce Sub-Committee and QCIS to support development of health disparities training strategy.	05/22/2015	06/05/2015	05/22/2015	06/05/2015	06/30/2015	DY1 Q1	
Task Inventory training best practices	Completed	Perform inventory of existing training programs within the PPS and identify best practices to leverage (as part of strengths/gaps assessment in Milestone 1).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify key features of training plans	Completed	Based on inventory and research, identify key features of training plans, including scope of providers trained, mechanisms for delivering training services, and frequency of offerings (e.g., semiannual).	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Obtain approval for training plan	Completed	Vet training plan through Workforce Sub-Committee, QCIS and Executive Committee.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop a reporting plan for training program	Completed	Develop a plan for conducting ongoing quarterly reports on training program.	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Communicate training strategy to providers	Completed	Present the training strategy to PPS providers through the rapid deployment collaboratives.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	sgjevuka	Templates	36_DY2Q4_CCHL_MDL41_PRES1_TEMPL_CCH L_M1_Meeting_Schedule_DY2Q4_10532.xlsx	CCHL_M1_Meeting Schedule_DY2Q4	04/17/2017 05:47 PM
Develop a training strategy focused on addressing the drivers of health disparities	sgjevuka	Templates	36_DY2Q4_CCHL_MDL41_PRES2_TEMPL_CCH L_M2_Training_Schedule_DY2Q4_10534.xlsx	CCHL_M2_Training Schedule_DY2Q4	04/17/2017 05:48 PM
(beyond the availability of language-appropriate	sgjevuka	Templates	36_DY2Q4_CCHL_MDL41_PRES2_TEMPL_CCH	CCHL_M2_Meeting Schedule_DY2Q4	04/17/2017 05:48 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
material).			L_M2_Meeting_Schedule_DY2Q4_10533.xlsx		

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The topic, Seeking and Using Health Insurance, has been delivered to 1799 community members during DY2Q4 by the community health workers and the peers representing the seven Community Based Organizations participating in the BPHC Community Health Literacy Initiative.
Finalize cultural competency / health literacy strategy.	In addition, during February 2017, BPHC's seven partner organizations participated in four full days of training on the second topic in the Community Health Literacy Program, Navigating the Healthcare System. This interactive training series was delivered by one of BPHC's selected curriculum developers and training organizations, the Immigrant Health and Cancer Disparities Service, part of Memorial Sloan Kettering Cancer Center. In this segment of the program the CBOs will be both incentivized for the number of training programs that they conduct as well as for the number of community members that are linked to primary care providers and/or Health Homes within the PPS. Community. Education on this topic began in early February and concluded on March 3. BPHC has also conducted regular meetings with the leadership of the seven community based organizations to get feedback and discuss suggestions for improvement. In addition, monthly meetings with the CBO training staff members are being conducted to share experiences, ideas, concerns and clarifications.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-	The Cultural Competency Training Strategy for BPHC has been very successful in its implementation and evaluation. The full day program for front line staff has been attended by 170 individuals in DY2Q4 with an additional 7 sessions scheduled for DY3Q1. The evaluations have been universally positive, and information was presented about the training to the Boards of two of our partner organizations, Acacia and Morris Heights Health Center. In addition, updates are regularly made to the BPHC Executive Committee, the Workforce Subcommittee and the Cultural Responsiveness Work Group. Additional information was added to the curriculum regarding the needs of the LGBT community in the Bronx based on feedback. The Cultural Responsiveness for Leadership was presented for the first time in DY2Q4, with eight additional sessions planned for early in DY3Q1. This is critical
appropriate material).	to sustain the learnings in the front line program. The Provider Training, including an emphasis on the social determinants of health, will be launched in DY3Q1. During the current quarter, BPHC conducted both a needs assessment survey and a focus group with providers to determine the greatest needs and best approaches. Physician leadership from throughout the PPS will attend the first scheduled program and will provide additional feedback.

Milestone Review Status

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

NYS Confidentiality – High



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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 N	ame Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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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
Willestone 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.

Risk #1 - Extremely Diverse Linguistic Requirements and Low Literacy/Health Literacy:

The Bronx is one of the most diverse counties in New York State, and this rich diversity demands a culturally responsive system of care. However, the Community Needs Assessment findings indicate that immigrant and limited English-speaking populations in the Bronx experience barriers to accessing health care, including low quality language services, lack of culturally and linguistically competent providers, low literacy, and distrust of the healthcare system. Together, these issues could undermine the PPS's ability to engage patients in care.

Mitigation:

BPHC has developed mitigation strategies to address patient engagement, including working with our community-based organizations (CBOs) to drive a communication and education campaign focused on health literacy basics: using health services and primary care effectively, working with care coordinators to help manage health, and the reasons to sign consent forms, specifically the Bronx RHIO consent forms. The BPHC Cultural Responsiveness Training Strategy includes components for multiple front line staff roles and providers, and is dedicated to measurably improving the cultural and linguistic competence of the BPHC workforce.

Risk #2 - Recruiting and Workforce Challenges:

Securing a culturally competent workforce is key to patient engagement and the overall success of DSRIP. Yet hiring and recruiting locally-based, bilingual and/or otherwise culturally identifying frontline workers will be challenging, due both to the general shortage of qualified health workers and competition for similar workers among other PPSs.

Mitigation:

BPHC has developed mitigation strategies to address recruiting and workforce issues, including working with local colleges to promote community-based English Speakers of Other Languages (ESOL) and GED training programs for new workers; working with 1199 Training and Education Fund and PPS member organizations that have expertise recruiting local, peer-based, and other frontline staff; and recruiting community members to enroll in healthcare worker training courses. Recruitment of community members, particularly through CBOs, applies particularly to community health workers (CHWs), critical to our cultural competency strategy.

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.)



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BPHC's cultural competency and health literacy strategy has interdependencies with the workforce, IT, and clinical project workstreams.

- Workforce Workstream Dependencies: The provision of culturally competent care will depend on the success of the PPS's Bronx-centric recruitment and training strategy. As discussed, the PPS will work with 1199 TEF, CUNY, and contracted CBOs to develop training curricula that meet cultural competency and health literacy standards and incorporate these trainings into all new hire orientations, refresher courses, and provider agreements.
- Practitioner Engagement Workstream Dependencies: Practitioners play a key role in providing culturally competent care to patients. The importance of providing culturally competent care and best practices for how to do so will be a key part of the practitioner communication and engagement plan, which will include regular webinars, in-person, peer-to-peer learning forums, and participation in project-specific and a Patient Engagement-focused Rapid Deployment Collaborative. It will also be included in the training/education plan targeting practitioners and other professional groups as part of educating them about the DSRIP program and the PPS-specific quality improvement agenda.
- IT and Population Health Management Workstream Dependencies: Connecting patients to culturally competent resources is critical to improving patient outcomes. BPHC's care management technology will include fields to record patients' linguistic and cultural needs so that patients are matched to care managers, providers, and community-based organizations that can appropriately serve them.
- Clinical Workstreams Dependencies: The PPS's success will be heavily reliant on the success of its clinical projects. The PPS's project referral protocols and resources must be able to address the social, linguistic, cultural, behavioral and physical needs of patients. The PPS will make available a Web-based PPS-wide directory of CBOs. These efforts will help to ensure PPS-wide tools and resources meet health literacy/cultural competency standards and address patients' social needs in a culturally competent manner.

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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
Co-Chairs, Quality and Care Innovation Sub- Committee (QCIS)	Debbie Pantin, SAED, VIP Community Services, Dr. David Collymore, Medical Director, Acacia	Development and implementation of cultural competency/health literacy ("CC/HL") strategy
Quality and Care Innovation Sub-Committee	QCIS has 15 members with clinical experience relative to the specific projects. Membership includes: David Collymore, MD Acacia Network Megan Fogarty BronxWorks Pablo Idez, LMSW The Institute for Family Health Kenneth Jones, MD Morris Heights Health Center Loredan Ladogana, MD UCP of NYC Frank Maselli, MD Bronx United IPA Anne Meara, RN Montefiore Medical Center Beverly Mosquera, MD Comunilife Chris Norwood Health People Todd Ostrow CenterLight Health Center Debbie Pantin, LMSW VIP Community Services Rona Shapiro 1199SEIU Ed Telzak, MD SBH Health System Lizica Troneci, MD SBH Health System Dharti Vaghela Essen Medical Associates, P.C. Committee will review recommendations made by CWG, and make final decisions about PPS strategy for cultural competency/health literacy	Strategy for CC/HL, Practitioner Communication & Education, EB practice guidelines/clinical practices & protocols
Senior Director, DSRIP Care Delivery & Practice Innovations, BPHC CSO	Dr. J. Robin Moon	Advisor to the development of the CC/HL strategy
Director of Collaboration, BPHC CSO	Albert Alvarez	Develop outreach to CBOs to identify CC/HL needs for specific sub populations, diseases and locations in the Bronx
Workforce Sub-Committee	Mary Morris, Co-Chair, SBH Health System Rosa Mejias, Co-Chair, 1199 TEF	Training strategy for CC/HL
Cultural Competency/Health Literacy Work Group	Includes key players listed above including: Debbie Pantin, SAED VIP Community Services (co-chair of QCIS), Charmaine Ruddock, Project Director, Bronx REACH, Barbara Hart, Executive Director, The Bronx Health Link, Albert Alvarez, BPHC Director of	CC/HL strategy and standards developed and signed off by Executive Committee



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Collaboration, Mary Morris, BPHC Director of Workforce Innovation	
	and Rosa Mejias, TEF (co-chair of the Workforce Subcommittee)	
Project Manager	Venus Goulbourne	Administrative management



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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		
Partner organization Providers and Staff	Participate and contribute to CC/HL PPS initiatives	Comply with identified standards
CBO partner liaisons that represent a range of socioeconomic, cultural and demographic backgrounds	Provide input and feedback to create CC/HL initiatives and strategy	Community stakeholder participation in meetings, town halls, focus groups and BPHC Cultural Competency/Health Literacy Work Group
Dr. Nicole Hollingsworth	Advisor	Best practice guidance
Arlene Allende, SBH	Advisor	Best practice guidance
Leanette Alvarado	Advisor	Best practice guidance
External Stakeholders		
BPHC patients	Provide feedback by participating in surveys and focus groups	Focus groups and patient satisfaction survey responses
Other Bronx PPSs	Potential collaboration in developing Bronx-wide CC/HL strategy	Bronx-wide CC/HL strategy
Bronx Community at large	Greater use of primary care providers, health self-management for chronic conditions & participation in educational programs sponsored by the PPS	Improved health outcomes, more jobs with "living wages"
TEF-Rosa Mejias, Co Chair, BPHC workforce Subcommittee	Best practice training research and programming	Support for training strategy for CC/HL



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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.

Community health workers and other PPS care management staff will use a planned commercial care coordination management solution (CCMS) to support culturally competent outreach, education, care coordination referral, advocacy and other information provided to PPS patients. Based on protocols tailored to patient cultural cohorts, and on individual care plans where available, the CCMS will be used for such activities as:

- Running periodic reports to monitor cultural makeup and requirements of PPS patients, based on data collected in screenings, assessments, etc.
- · Providing multilingual, multicultural care navigation and support
- Tracking and assisting patients with practice selection, active engagement in DSRIP programs, utilization tracking and pediatric-adult transitions
- Assisting patients with locating and accessing community resources, including for palliative care
- Supporting transitions and warm handoffs at discharge, with follow-up tracking
- Educating patients and families about wellness and care, and supporting patients in self-management and shared decision making related to their health needs
- Surveying patients and families regarding care experience.

Providers and staff in other workforce segments will be trained regarding specific population needs and effective patient engagement approaches.

IPQR Module 4.8 - Progress Reporting

Instructions:

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

BPHC will measure the success of our cultural competency/health literacy strategy through members' successful achievement of the Domain 1 CC/HL milestones as well as the milestones referenced above. BPHC will also measure progress through providers' participation in contracting agreements, which will incorporate the PPS's health literacy and cultural competency standards. The Senior Director for Quality Management and Analytics within the CSO will be responsible for conducting ongoing assessment of the PPS's cultural competency activities and related quality-improvement efforts.

Related to patient engagement and clinical improvement, BPHC's QCIS will be charged with overseeing implementation of clinical projects and holding providers and the PPS accountable for achieving targeted metrics and clinical outcomes. Further, because all BPHC projects were selected based on health disparities data within the CNA, achieving broader clinical targets will reflect favorably upon the PPS's success reducing health disparities and creating a culturally competent and linguistically appropriate system of care.



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Additionally, BPHC will obtain feedback from providers on the effectiveness of cultural competency strategies and training programs. BPHC will also include cultural competency in BPHC patient satisfaction surveys in order to understand BPHC patient needs.

	IPQR Module 4.9 - IA Monitoring		
Ins	nstructions:		



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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

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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Assess central PPS IT capabilities	Completed	Complete an assessment of IT capabilities for central PPS functions related to data collection requirements, performed by CSO in consultation with IT Sub-Committee. O4/01/2015 06/15/2015 06/15/2015					06/30/2015	DY1 Q1	
Task Assess partner IT readiness	Completed	Organize, review and assess partner IT readiness assessment data collected to date re: EHR and other HIT platforms, RHIO/HIE adoption, interoperability/interfaces and data analytics/measurement/reporting capabilities.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop partner IT assessment database	Completed	Design, create and populate partner database to store partner IT assessment data.	04/01/2015	06/25/2015	04/01/2015	06/25/2015	06/30/2015	DY1 Q1	
Task Additional partner IT assessment	Completed	Conduct further data collection through partner surveys and interviews to fill gaps in partner data.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Assess current state of IT readiness	Completed	Review partner data to assess current state readiness re: EHRs, HIE, PCMH and other use of HIT.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share and validate findings	Completed	Communicate/validate findings and data-sharing requirement gaps with partners and Executive Committee.		12/31/2015	12/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Document current state of IT readiness	Completed	Complete IT current state assessment supporting documentation for central PPS and partner IT. 10/15/2015 12/31/2015 10/15/2015 12/31/2015 1		12/31/2015	DY1 Q3				
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;	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		A communication plan to manage communication and involvement of all stakeholders, including users; An education and training plan; An impact / risk assessment for the entire IT change process; and Defined workflows for authorizing and implementing IT changes							
Task Establish IT Sub-Committee	Completed	Establish IT Sub-Committee, reconstituted from IT & Analytics Planning Workgroup, incorporating new members according to governance nomination processes.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Document IT Sub-Committee Charter	Completed	Document IT Sub-Committee charter and processes including change management oversight.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop processes and protocols for partners	Completed	Create and update processes and protocols for adoption and use of IT that all partners must implement.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop communication and training for partners	Completed	Develop communication, education and training plans related to processes and protocols for adoption and use of IT.	08/30/2015	12/31/2015	08/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop impact and risk management strategy	Completed	Develop an impact and risk management strategy for IT change management.	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish workflows	Completed	Develop and document workflows for IT change management. Workflows may include (but are not limited to): Accepting change requests from partners and PPS leadership; Prioritizing and classifying changes; Coordinating assessment of change impact; Coordinating change approval; Planning/scheduling changes; Coordinating implementation of changes; Conducting testing and post-implementation reviews; and Providing management information about changes and change management performance.	12/07/2015	03/25/2016	12/07/2015	03/25/2016	03/31/2016	DY1 Q4	
Task Establish tracking and reporting structure	Completed	Develop approach for tracking and reporting on IT change management implementation. 01/11/2		03/25/2016	01/11/2016	03/25/2016	03/31/2016	DY1 Q4	
Task Obtain EC approval of change management strategy	Completed	Obtain Executive Committee approval of IT governance and change management processes and policy.	02/01/2016	03/25/2016	02/01/2016	03/25/2016	03/31/2016	DY1 Q4	
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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		for interoperability and clinical data sharing; A training plan to support the successful implementation of new platforms and processes; and Technical standards and implementation guidance for sharing and using a common clinical data set Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task Survey current state of interoperability	Completed	Survey current clinical data-sharing and interoperability systems across PPS network to understand needs and requirements for specific hardware and software	04/01/2015	09/25/2015	04/01/2015	09/25/2015	09/30/2015	DY1 Q2	
Task Develop data exchange strategy	Completed	Establish priorities and develop plan for establishing data exchange capabilities and agreements with and among partners and vendors.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish strategy for Care Coordination Management Solution implementation	Completed	Select and plan implementation and method of payment for of Care Coordination Management Solution across member organizations.	06/01/2015	09/15/2015	06/01/2015	09/15/2015	09/30/2015	DY1 Q2	
Task Integrate standards into partner contracts	Completed	Incorporate standards for clinical connectivity and funds flow into partner contracts.	09/15/2015	12/29/2015	09/15/2015	12/29/2015	12/31/2015	DY1 Q3	
Task Establish compliance strategy	Completed	Develop approach and establish governance for determining priorities and methods for promoting and ensuring partner compliance with connectivity standards and requirements.	10/19/2015	12/29/2015	10/19/2015	12/29/2015	12/31/2015	DY1 Q3	
Task Finalize clinical connectivity roadmap	Completed	Document clinical connectivity roadmap and obtain IT Sub-Committee approval.	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Share clinical connectivity plans with partners	Completed	Establish and communicate connectivity standards, priorities, compliance plan and partner support resources, including training plan and assistance program to partners.	12/07/2015	01/08/2016	12/07/2015	01/08/2016	03/31/2016	DY1 Q4	
Task Integrate standards into vendor contracts	Completed	Incorporate standards for clinical connectivity into vendor contracts and develop solutions where needed.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Provide guidance on clinical data exchange	Completed	Document and provide partner guidance for exchanging clinical data set, including data sharing policies and procedures. 10/01/2015 03/31/2016 10/01/2015 03			03/31/2016	03/31/2016	DY1 Q4		
Task Conduct training on clinical data sharing and	Completed	Based on the systems implemented, in conjunction with workforce subcommittee, deploy training, i.e., on-site, in-	09/01/2015	03/31/2016	09/01/2015	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
interoperability		person and web-based learning management system.							
Task Ensure tracking of changes to data sharing agreements	Completed	Develop approach for tracking and reporting on changes to data sharing agreements.	01/11/2016	03/31/2016	01/11/2016	03/31/2016	03/31/2016	DY1 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.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Match attributed members	Completed	Validate/match attributed members against QE RHIO consents on file to inform engagement strategy/plan and develop a GAP analysis	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review QE processes and challenges	Completed	Review current consent processes and lessons learned/challenges with QE consent.	09/01/2015	09/20/2015	09/01/2015	09/20/2015	09/30/2015	DY1 Q2	
Task Finalize strategy for obtaining consent	Completed	Develop recommendations for outreach and education of members for partners, clinical, MCO, or CBO, to follow; obtain IT Sub-Committee review and Executive Committee approval.	08/24/2015	12/31/2015	08/24/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop subscription alert strategy	Completed	Plan to implement subscription alerts or triggers through member touchpoints.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish QE engagement reporting strategy	Completed	Develop approach for tracking and reporting partners' opprotunity to engage members in QE, possibly using patient health registries and communicate results to partners.	10/05/2015	11/28/2015	10/05/2015	11/28/2015	12/31/2015	DY1 Q3	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: Analysis of information security risks and design of controls to mitigate risks Plans for ongoing security testing and controls to be rolled out throughout network.	06/15/2015	03/31/2016	06/15/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Assess security risks and establish controls	Completed	Analyze information security risks, design controls and identify gaps that will include two factor authentication, data encryption requirements and data access.		12/31/2015	06/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish CSO oversight for vendor security testing	Completed	Develop plan for ongoing CSO IT oversight - owned by Chief Security Information Officer - for vendor security testing, including multifactor authentication. 09/14/2015 10/30/2015 09/14/2015				10/30/2015	12/31/2015	DY1 Q3	
Task Finalize data security and confidentiality plan	Completed	Incorporate risk mitigation and security testing recommendations into data security and confidentiality plan and obtain IT Sub-Committee review and Executive Committee approval.	09/01/2015	11/01/2015	09/01/2015	11/01/2015	12/31/2015	DY1 Q3	



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Task Establish implementation tracking system	Completed	Develop an IT approach for tracking and reporting on implementation of plan.	09/01/2015	11/01/2015	09/01/2015	11/01/2015	12/31/2015	DY1 Q3	
Task Communicate plan to partners and conduct trainings	Completed	Communicate data security and confidentiality plan to partners using email, webinars and training and education learning management system.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any	vchibiso	Templates	36_DY2Q4_IT_MDL51_PRES1_TEMPL_1.0.2_Me eting_Schedule_IT_SubCom_11056.xlsx	IT Meeting Schedule	04/20/2017 11:53 AM
critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	vchibiso	Other	36_DY2Q4_IT_MDL51_PRES1_OTH_1.0.1_IT_Ne eds_Assessment_DY2Q4_11054.docx	Updated IT Assessment: Please note, the bulk of information is now stored in the CRM.	04/20/2017 11:33 AM
	vchibiso	Templates	36_DY2Q4_IT_MDL51_PRES2_TEMPL_2.0.3_Me eting_Schedule_IT_SubCom_11060.xlsx	IT Meeting Schedule	04/20/2017 11:56 AM
Develop an IT Change Management Strategy.	vchibiso	Templates	36_DY2Q4_IT_MDL51_PRES2_TEMPL_2.0.2_BP HC_IA_Training_Log-Schedule_master_11058.xlsx	IT Training	04/20/2017 11:55 AM
	vchibiso	Policies/Procedures	36_DY2Q4_IT_MDL51_PRES2_P&P_2.0.1_Chang e_Control_Documentation_DY2Q4_11057.docx	Change control document	04/20/2017 11:55 AM
Develop readments achieving divised data	vchibiso	Templates	36_DY2Q4_IT_MDL51_PRES3_TEMPL_3.0.3_Me eting_Schedule_IT_SubCom_11063.xlsx	Meeting Schedule	04/20/2017 11:59 AM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	vchibiso	Templates	36_DY2Q4_IT_MDL51_PRES3_TEMPL_3.0.2_BP HC_IA_Training_Log-Schedule_master_11062.xlsx	IT Training	04/20/2017 11:57 AM
Hetwork	vchibiso	Policies/Procedures	36_DY2Q4_IT_MDL51_PRES3_P&P_3.0.1_C&I_R oadmap_DY2Q4_11061.pdf	C&I Roadmap	04/20/2017 11:56 AM
Develop a specific plan for engaging attributed members in Qualifying Entities	vchibiso	Other	36_DY2Q4_IT_MDL51_PRES4_OTH_4.0_QE_Consent_Engagement_Strategy_DY2Q4_11064.docx	QE Consent Engagement Strategy	04/20/2017 12:02 PM



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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).	Bronx Partners for Healthy Communities (BPHC) continues to proactively and aggressively gather, store, and process information to aid in reporting and operational objectives. In DY2Q4 BPHC significantly improved its data gathering capabilities by implementing a survey tool called Form Assembly which seamlessly integrates into BPHC's Salesforce platform. Using this tool, BPHC collected additional information about member organizations focusing on behavioral health and community based organizations. In preparation for our Coordinated Care Management System (CCMS) a number of organizations underwent a more detailed IT environment analysis.
	Milestone has been completed as of DY1Q3 and will continue to be updated.
Develop an IT Change Management Strategy.	There have been no changes to the IT Change Management Strategy. BPHC is starting its deployment of GSI Health, a care coordination management system (CCMS) for our PPS. As the deployment progresses, we will update the IT Change Management Strategy document.
	Milestone has been completed as of DY1Q4 and will continue to be updated.
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	The roadmap to achieving clinical data sharing and interoperable systems across the PPS network was approved by Executive Committee in DY2Q3. We continue partnering with our IT vendors: GSI Health, Bronx RHIO, and Salesforce to implement the roadmap. Milestone has been completed as of DY1Q4 and will continue to be updated.
Develop a specific plan for engaging attributed members in Qualifying Entities	Education was the focus in DY2Q4 to improve the engagement of attributed members in qualifying entities (QE). Members of BPHC have participated in the training provided by the Bronx RHIO which includes the topics: Membership and Participating Organizations, Mission, Data Availability, Terminology and a section on Consents. The section on consents includes consent values, forms, collection, access based on consent and best practices for obtaining positive consent. It has been decided that through workforce funds, the PPS will create a training video specifically on obtaining RHIO consents for all registration staff within the PPS.
Develop a data security and confidentiality plan.	BPHC submitted revisions to 18 SSP workbooks during this quarter describing a Microsoft Azure cloud-based server environment. Our specifications included request to selectively share analyses from the Medicaid claims, roster, and attribution files, as well as data obtained from other sources with our downstream provider partners on a limited basis. Our request was named RAM2 but since it was a request to share data the state team deemed it production. The state technical team reviewed our March submission as if it were for both a RAM2 and production environment, provided scorecards to us, and met to discuss gaps. By the end of March we received information that we would need to complete 18 new workbooks in version 2.1 to apply for a production environment. We are currently assessing the resources needed to be able to complete this unanticipated work, as well as potential timelines, to determine how to proceed. BPHC continues to partner with our qualifying entities (QE), the Bronx RHIO, who is a Claims Integration Pilot (CLIP). The SDOH provided the Bronx RHIO with Medicaid data this quarter in a lockbox environment. We are currently attempting to evaluate what we can do with that data since it cannot be shared with the PPS Lead or PPS downstream partners at this time.

Milestone Review Status

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



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Milestone Review Status

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

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IPQR Module 5.2 - PPS Defined Milestones

Instructions:

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

Milestone/Task Name Status Description Original Start Date End Date End Date End Date R

No Records Found

PPS Defined Milestones Current File Uploads

initiestone name Oser ib The Type The Name Description Opload bate	Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone Name	Narrative Text

No Records Found



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

Instructions:

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

Based on collaborative IT work to date, we are well prepared to continue to manage the challenges in evolving BPHC's current multi-stakeholder IT governance into an operational IT change management framework. While we anticipate reluctance on the part of some partners to agree to certain elements of network IT governance and requirements, we will educate partners on the need and justification for all requirements, processes and IT change management governance and have incorporated compliance provisions into Master DSRIP Service Agreements (MSAs) to eliminate ambiguity and make compliance contractually obligated.

Partners may be challenged to comply with data-sharing obligations, especially those that had not previously participated in data exchange or whose IT infrastructures may not meet certified EHR MU requirements. Again, we will educate all partners on the importance of data-sharing and compliance with data security and confidentiality policies and incorporate Business Associate Agreements into their MSAs.

We will work with the Bronx RHIO, our predominant QE and a close partner of SBH and Montefiore, among other BPHC participants, to understand gaps in patient engagement, as measured by consent, and to implement targeted strategies for obtaining consent from more attributed patients. Partners may be challenged, however, to participate in the Bronx RHIO, to interface their disparate IT systems for health information exchange or to acquire certified EHR solutions capable of interoperating. Failure to achieve connectivity and data sharing objectives will have particular impact on Project 2.a.i, since clinical interoperability is critical to development of an integrated delivery system. BPHC will establish programs to assist in these areas, including monitoring and direct assistance to partners in achieving these interoperability and data sharing objectives.

Multiple care coordination management systems (CCMS) are employed by health homes and patient -centered medical homes, and some partners lack systems with the necessary capabilities. Building a system with sufficient care management, referral management and system integration capacities in a timely manner poses a significant challenge. BPHC is working with a vendor to create a PPS-wide care management and referral management platform to enhance clinical integration and provider communications. The platform will serve as a unifying resource for partners with varying IT systems. Where partner organizations have existing tools, BPHC will supply data exchange and system interfaces to ensure a robust exchange of care management planning information.

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 workstream is dependent on strategies and requirements developed in the Performance Reporting, Clinical Integration and Population Health Management workstreams primarily, and to a lesser extent in all other organizational workstreams to the extent they identify IT expectations (e.g., for financial system enhancements in the Financial Sustainability workstream, or for workforce training and enablement using the planned care coordination management solution). In addition, the IT workstream will be highly interdependent with General Project



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Implementation and in particular for Domain 2 & 3 project-specific strategies and their Domain 1 requirements. Elements of IT governance may be dependent on the Governance workstream since the IT Sub-Committee and other elements of IT governance will be integrated into overall BPHC governance. BPHC considers IT integral to all aspects of PPS performance.



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IPQR Module 5.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Information Officer	Dr. Jitendra Barmecha, MD, MPH, FACP, Chief Information Officer, SVP—IT & Clinical Engineering, SBH	BPHC IT strategy Overall IT implementation Data security and confidentiality planning and compliance Partner and patient engagement technologies
Chief Information Security Officer	Sam Cooks - AVP-IT	IT Infrastructure, Data Security Communication
IT Analyst for Information Security	Chris Delgado	Support the CSO on IT infrastructure/strategy, data security, communication
Senior Director, Quality Mgmt & Analytics, CSO	Janine Dimitrakakis	Overall delivery of QM and analytics reporting
Director of Partner Connectivity BxRHIO Partners	Greg Malloy, SBH IT Kathy Miller, Bronx RHIO Dr. Terri Elman, Bronx RHIO	Partner connectivity strategy Bronx RHIO and other QE relationships Partner connectivity adoption, implementation and support
Director of Care Management Technologies	Zane Last, SBH IT	Care management / population health management requirements definition Care management / population health management IT implementation and support
Associate Director of HealthCare Data and Analytics	Jonathan Ong, SBH IT	IT infrastructure support and implementation
Montefiore Medical Center IT Liaison	Brian Hoch, MMC IT Chuck Anderson, MMC IT Jack Wolf, MMC IT	Implementation, integration and support of critical IT systems and functions supporting BPHC
Key point person/project manager from provider organizations	Nicolette Guillou, Montefiore Akwasiba Rafaelin, Montefiore Twiggy Ramirez, Acacia Network Irene Borgen, SBH Health System Zena Nelson, Institute for Family Health (IFH) Fernando Alonso, Bronx United IPA Nieves Madrid, Morris Heights Dean Bertone, Union Community Health Center	Connectivity adoption, implementation, integration and support at own organization (for participation in BPHC) Data exchange support



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
IT Subcommittee	Nicole Atanasio, Lott, Inc. Jitendra Barmecha, SBH Health System Helen Dao, Union Community Health Center Brian Hoch, Montefiore Medical Center Jeeny Job, SBH Health System Tracie Jones, BronxWorks Vipul Khamar, Visiting Nurse Service of New York Elizabeth Lever, The Institute for Family Health Uday Madasu, Coordinated Behavioral Care IPA Mike Matteo, Centerlight Health System Kathy Miller, Bronx RHIO Edgardo Nieves, Morris Heights Health Center Anthony Ramirez, Acacia Network Sam Sarkissian, University Behavioral Associates Yvette Walker, AllMed Medical & Rehabilitation Centers Nicole Atanasio, Lott, Inc. Jitendra Barmecha, SBH Health System Helen Dao, Union Community Health Center Brian Hoch, Montefiore Medical Center Jeeny Job, SBH Health System	IT governance



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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		
Attributed Patients and Families/Caregivers	Recipient of care services delivered with support of effective IT	Interaction sufficient to participate and take limited accountability for health and care-related activities
BPHC CSO Business Staff	Accountable for integration and effective use of IT in PPS services	Oversight and integration of IT into BPHC operations
BPHC Governance Committee Members	Governance for effective integration and use of IT, centrally and across partners	Oversight and integration of IT into BPHC operations
SBH Management/Leadership	Fiduciary oversight for effective integration and use of IT in BPHC operations	Oversight and integration of IT into BPHC and SBH operations
SBH IT Leadership and Staff	Primary leadership, project management and support	Coordinate, support and maintain coordinated BPHC (and SBH) IT solutions
Montefiore Management/Leadership	Accountable for integration of key Montefiore-supplied IT functionality for BPHC support	Oversight and integration of Montefiore IT into BPHC operations
Montefiore CMO Staff	Effective use of BPHC IT to deliver care management services to patients	Effective use of BPHC (and Montefiore) IT solutions
Montefiore Bronx Accountable Health Network Staff	Effective use of BPHC IT to deliver Health Home services to patients	Effective use of BPHC (and Montefiore) IT solutions
Montefiore IT Leadership and Staff	Project management and support for integrated Montefiore IT	Coordinate, support and maintain integrated Montefiore IT solutions
Partner Organization Providers and Staff	Integration, connectivity and effective use of BPHC IT solutions	Adopt, implement use and support integrated BPHC IT solutions
External Stakeholders		
Bronx RHIO Management/Leadership and Staff	Accountable for integration of key Bronx RHIO-supplied IT functionality for BPHC support	Oversight and integration of Bronx RHIO IT into BPHC operations
Bronx Community Advocates/Leaders/Elected Officials	Awareness of how IT is being used to effectively support BPHC and Bronx patients	Consume stakeholder communication and participation in stakeholder events
Bronx Community Members/Public At-Large	Awareness of how IT is being used to effectively support BPHC and Bronx patients	Consume stakeholder communication and participation in stakeholder events
Non-Partner Providers	Awareness of how IT is being used to effectively support Bronx patients and how they can participate in Bronx RHIO and other IT solutions related to BPHC	Bronx RHIO or other QE participation as warranted to effectively treat patients
CBO partners with experience in MH/BH, I/DD and	Curriculum Development and/or training	Serve as subject matter experts to the vendor(s) or partner(s)



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
SAS (e.g., ACMH, Community Access, Communilife, Cardinal McCloskey Community Services, EAC, Inc., St. Ann's Corner of Harm Reduction)		involved in curriculum development and training.
Medicaid Managed Care Organizations (MCOs)	Awareness of how IT is/can be used to serve covered members	Contribute data and participate in RHIO or other IT solutions as warranted to effectively serve members
NYCDOH	Awareness of how IT is being used by BPHC	Offer solutions, participate in BPHC IT solutions in order to serve Bronx residents
NYSDOH	Provide guidance and tools, including MAPP/SIM, to support BPHC use of IT	Guidance and tools to support BPHC IT use, including for efficient performance management and DOH reporting
Organized Labor	Awareness of how IT is being used by BPHC	Member labor support for and training on BPHC IT solutions, as warranted
Other Bronx PPSs	Awareness of how IT is being used to effectively support Bronx patients and how multiple PPSs may be able to support each other's or share IT solutions	Participation in joint IT planning and solution development as warranted



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IPQR Module 5.7 - Progress Reporting

Instructions:

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

IT workstream success will be measured according to the following:

- Governance Multi-stakeholder representation and participation in IT Sub-Committee meetings, with timely decision-making for IT-related issues
- Strategy/Solution Development Timely completion of current state assessment, IT connectivity roadmap, data sharing plan, etc.
- Strategy Monitoring Progress against IT strategy objectives and milestones
- QE Adoption and Integration Percentages of providers using Bronx RHIO and patients consenting to disclosure
- Partner IT Capabilities Percentages of providers using certified EHR technology, Meaningful Use attestation, and PCMH 2014 recognition
- Patient Engagement Progress against achieving patient engagement goals and documented use of IT in achieving goals

IPQR Module 5.8 - IA Monitoring

Instructions:





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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; Your plans for the creation and use of clinical quality & performance dashboards Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Establish reporting oversight responsibilities	Completed	Designate reporting oversight responsibilities to Executive Committee, Quality and Care Innovation Sub-Committee and Finance and Sustainability Sub-Committee. BPHC Senior Director for Quality Management and Analytics will be responsible for working with the Quality and Care Innovation Sub-Committee on performance reporting activities.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop reporting and communication requirements	Completed	Complete analysis of state guidance to develop comprehensive requirements related to reporting and communication across all workstreams and projects.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define performance reporting categories	Completed	Define categories of reporting (beyond those that are state- mandated) necessary for PPS performance management and operations, including Rapid Cycle Evaluation and monitoring of overall performance of BPHC and its network partners.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Analyze reporting capacities across PPS	Completed	Assess existing reporting capabilities of BPHC and its network partners to identify gaps between requirements and current capabilities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Analyze MCO data exchange capacity	Completed	Assess MCO capabilities for data exchange relative to requirements for performance metric submission.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Identify CSO staff and network partner staff (i.e., end-users)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop and test reporting mechanisms		who will participate in developing and beta-testing the functionality and technical specifications for reports.							
Task Hire performance reporting support staff	Completed	Identify/recruit qualified staff to support BPHC performance reporting according to the structure in the approved strategy.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop performance reporting strategy	Completed	Develop a performance reporting strategy encompassing infrastructure, external and internal reporting (including CAHPS measures), quality and performance dashboard(s), approach to Rapid Cycle Evaluation and feedback, communication strategies, alignment with MCOs, and required staff capabilities and obtain Executive Committee approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Establish PPS reporting goals	Completed	Define clinical quality and performance reporting goals for the PPS.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Define staff categories for training	Completed	Identify specific categories of end-users (e.g., CSO staff, partner leadership, care managers, etc.) who will be trained.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish reporting responsibilities	Completed	Determine site-specific reporting responsibilities by role.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish reporting goals by role	Completed	Define goals for reporting by role, helping staff understand targets and responsibilities toward meeting targets.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provide technical assistance on interpreting data and reports for performance reporting	Completed	Assist staff by role how to use data and interpret reports (as appropriate for role)	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Contract with vendor to develop performance reporting training program	Completed	Identify a training vendor to work with BPHC to develop a performance reporting training program, including a schedule of training events for specific categories of end-users. Include training on Continuous Quality Improvement (CQI).	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Include roles, methods and tools specifications in training program	Completed	Ensure that training plan describes both reporting expectations by role and details methods and tools by which reports are generated.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Further define the role of workgroups as clinical quality councils	Completed	Establish role of workgroups as project-specific clinical quality councils that can provide feedback to site-specific reporters/implementation teams/DSRIP managers and clinical leadership.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Obtain approval on training program	Completed	Vet and finalize the initial training program with the Executive Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Create training materials	Completed	Develop draft training materials.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Pilot the training materials	Completed	Conduct set of initial trainings.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop orientation and training timeline	Completed	Develop new hire orientation program and annual training schedule.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish feedback mechanism and conduct retraining as needed	Completed	Develop and implement a feedback mechanism for organizations and individuals that includes mechanisms for retraining if needed, when performance reporting falls short of needs.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

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	agiovuka	Contracts and	36_DY2Q4_PR_MDL61_PRES1_CONTR_Osborn	Undated data use agreements	04/17/2017 08:41 AM
performance reporting and communication.	sgjevuka	Agreements	e_BAA_1_and_2_Fully_Executed_10392.pdf	Updated data use agreements	04/11/2011 00.41 AW
Develop training program for organizations and			36_DY2Q4_PR_MDL61_PRES2_TEMPL_DY2Q4_		
individuals throughout the network, focused on	sgjevuka	Templates	Performance_Reporting_Training_Schedule_Templ	Updated Training Schedule Template	04/17/2017 08:42 AM
clinical quality and performance reporting.			ate_10393.xlsx		

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	BPHC completed this milestone by 3/31/16. Business Associate Agreements (BAAs) and Data Use Agreements have been put in place with all of our largest partners – between the partners and BPHC, as well as between the partners and Bronx RHIO. Since last quarter, a new data use agreement has been signed with Osbourne Treatment Services.
Develop training program for organizations and individuals	BPHC completed this milestone by 6/30/16. BPHC identified and contracted with a vendor, Joselyn Levy & Associates. Together we developed a performance
throughout the network, focused on clinical quality and	reporting and continuous quality improvement (CQI) training program for the CSO, our partner organizations and individuals within our PPS. Three of our CSO



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
performance reporting.	staff members have been selected to participate in the NYS DOH MRT MAX Train-the-Trainer Program: Sustaining and Scaling Change, for continuous quality
	improvement. We are using this opportunity to spread MAX series-type work across our PPS. Please see attached updated training schedule template.

Milestone Review Status

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



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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.

									DSRIP
Milestens/Te	ala Manaa	Ctatus	Description	Original	Original	Start Date	End Data	Quarter	Reporting
Milestone/Ta	sk name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
									Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone 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.

- 1. Partners have varying levels of reporting capacity as well as interoperability, which makes it challenging to exchange standardized data and reports within our PPS. BPHC's comprehensive assessment of partners' reporting capabilities as well as activities in the IT Work Stream will identify gaps in capabilities and resources; BPHC will work closely with partners to close such gaps in time to meet DSRIP goals.
- 2. Partners have varying levels of analytical capabilities and will need training and support to understand how to interpret reports and use them to improve clinical and financial outcomes. We are currently designing BPHC's training program to educate key personnel within each network partner and ongoing trainings will be made available as new personnel join or as further support with respect to performance reporting is required. In addition, staff from the CSO will supplement formal trainings by providing "on the ground" support for data collection and quality control while partner staff ramp up their reporting staff and interpretation skills.
- 3. We continue to define and communicate the PPS's priorities and performance expectations within the CSO and between the CSO and network partners. Lack of understanding of the goals of BPHC and/or lack of understanding of how the day-to-day work of staff connects to those goals will lead to wasted and ineffective effort and will negatively affect the pace at which the goals of DSRIP are met. Because performance reporting and accountabilities are connected to every aspect of DSRIP implementation, there is a great need for an overarching vision for data analytics that serves the goals of the BPHC PPS. This vision has been drafted and includes clearly defined and articulated performance standards and expectations as well as a performance improvement strategy that articulates a feedback process between network partners and the CSO.
- 4. Because the PPSs is evolving and is a "learning entity," it is challenging for the CSO to maintain focus on those goals and to orient new staff to the culture shift. BPHC is in the process of developing a PPS-wide communication plan that addresses performance reporting expectations and processes. The communication plan is being continuously evaluated and updated to ensure BPHC is effectively reaching its partners through a range of methods (e.g., in-person meetings and webinars, newsletters and e-blasts, website updates, desk-side training and mentorship, etc.).

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

A clinical quality and performance reporting program will touch every aspect of the PPS. The PPS goals and performance standards, which influence the structure of reporting, have been developed through the committee structure implemented under the governance workstream. System improvements are planned, deployed and monitored through the IT workstream. To be effective, the clinical quality and performance reporting program must be developed in tandem with the clinicians' engagement strategy because the reporting tools developed must be



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championed by clinicians in order for the culture of change to take root. BPHC's approach to care management and population health management inform the content of dashboards and reports and the capabilities of the IT infrastructure influence the types and timing of data available to be reported and analyzed. The program is also being developed with an eye towards the evolution of the PPS's workforce and serve the defined financial sustainability goals.

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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
Executive Director, CSO	Irene Kaufmann	BPHC overall performance management
Chief Financial Officer, CSO	Todd Gorlewski	Oversee financial metrics and outcome accountability
Senior Director, Quality Mgmt & Analytics, CSO	Janine Dimitrakakis	Overall delivery of QM and analytics reporting
Senior Director, Care Delivery & Practice Innovations, CSO	Dr. J. Robin Moon	Seamless connecting with and strategy for the QM and clinical projects
Associate Director, Information Services, SBH (IT)	Jonathan Ong	IT infrastructure support and implementation
Key point person/project manager from provider organizations	Nicolette Guillou, Montefiore (ambulatory) Akwasiba Rafaelin (ED and IP) Twiggy Rodriguez, Acacia Network Irene Borgen, SBH Health System Zena Nelson, Institute for Family Health (IFH) Fernando Alonso, Bronx United IPA Nieves Madrid, Morris Heights Health Center (MHHC) Dean Bertone, Union Community Health Center (UCHC)	Integration and support of the reporting functions, reporting requirement adoption, implementation and communication with BPHC
Chief Medical Officer, CSO	Dr. Amanda Ascher	Direct clinical CQI activities



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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		
Executive Committee: Eric Appelbaum, SBH; Maxine Golub, IFH; Marianne Kennedy, VNSNY; Pamela Mattel, Acacia; Fernando Oliver, Bronx United; Tosan Orwariye, MHHC; Amanda Parsons, MMC; Paul Rosenfield, Centerlight; Stephen Rosenthal MMC; Charles Scaglione, Bronx RHIO; Eileen Torres, BronxWorks; Len Walsch, SBH; Pat Wang, HealthFirst; Gladys Wrenwick, 1199; Douglas York, UCHC	Leadership on all performance reporting areas	Overall oversight of reporting process, including IT infrastructure, clinical quality metrics and financial issues
IT Sub-Committee members Nicole Atanasio, Lott Residence; Jitendra Barmecha, SBH; Helen Dao, UCHC; Brian Hoch, MMC; Jeeny Job, SBH; Tracie Jones, BronxWorks; Kate Nixon, VNSNY; Elizabeth Lever, IFH; Uday Madasu, Jewish Board; Michael Matteo, CenterLight; Kathy Miller, Bronx RHIO; Edgardo Nieves, MHHC; Anthony Ramirez, Acaia; Sam sarkissian, UBA	Leadership on tech decisions around the reporting process	Oversight and integration of the reporting infrastructure for BPHC PPS
Quality and Care Innovation Sub-Committee members Todd Ostrow, CenterLight; Kenneth Jones, MHHC; Dharti Vaghela, Essen; Frank Maseli, Bronx United; Chris Norwood, HealthPeople; Megan Fogarty, BronxWorks; Michele Quigley, United Cerebral Palsy Assoc; Debbie Pantin, VIP; Pablo Idez, IFH; Anne Meara, MMC; David Collymore, Acacia; Ed Telzak, DBH; Beverly Mosquera, Communilife; Rona Shapiro, 1199; Lizica Troneci, SBH	Leadership over the QA team at BPHC CSO	Oversight of defining quality report requirement and logistics



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Finance and Sustainability Sub-Committee members Carol Bouton, IFH; Carol Cassell, ArchCare; Tomas Del Rio, Acacia; Max Francios, Bronx United; Marcus Freeman, MHHC; Donna Friedman, RMHA; Todd Gorlewski, SBH; Mary Hartnett, UCHC; Josephine Incorvaia, CenterLight; David Koschitzki, MJHS; David Menashy, MMC; Kity Khudkar, Schevier Nursing; Denise Nunez, Divino Nino;I Ravi Ramaswamy, Families on the Move	Leadership on financial metrics	Oversight of financial reporting issues
Montefiore leadership Amanda Parsons, Stephen Rosenthal, John Williford	Accountable for integrating Montefiore quality measures with BPHC	Oversight and coordination of quality reporting to BPHC PPS
BPHC CSO clinical team staff Amanda Ascher, Janine Dimitrikakis, J Robin Moon	Accountable for timely communication and coordination with the QM team	Oversight and integration of the reporting into the QM
BPHC Executive Committee members Eric Appelbaum, SBH; Maxine Golub, IFH; Marianne Kennedy, VNSNY; Pamela Mattel, Acacia; Fernando Oliver, Bronx United; Tosan Orwariye, MHHC; Amanda Parsons, MMC; Paul Rosenfield, Centerlight; Stephen Rosenthal MMC; Charles Scaglione, Bronx RHIO; Eileen Torres, BronxWorks; Len Walsch, SBH; Pat Wang, HealthFirst; Gladys Wrenwick, 1199; Douglas York, UCHC	Leadership for and oversight of BPHC performance	Oversight of quality reporting into BPHC
Partner organization providers and staff, including DSRIP Program Managers/Directors	Accountable for meeting the PPS partnership requirement	Delivery of quality reporting requirements to BPHC
External Stakeholders		
Bronx RHIO Leadership and staff Charles Scaglione, Kathy Miller, Nance Shatkin, Keela Shatkin	Accountable for integration of key Bronx RHIO-supplied IT functionality for BPHC support	Oversight and integration of Bronx RHIO IT into BPHC operations
Other PPSs in NYC: Bronx Lebanon, OneCity, Staten Island, Advocate, Mount Sinai (initial idea exchange)	Exchange of ideas and plans utilized and potentially share solutions	Participation in joint planning, requirement development and mitigation strategies
1199SEIU TEF (Training vendor)	Accountable for training partners for reporting requirement and compliance	Fully developed training program. Train all partners.



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IPQR Module 6.7 - IT Expectations

Instructions:

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

BPHC intends to leverage shared data management and analytics infrastructure already present in the PPS, from Bronx RHIO. St. Barnabas Health System (SBH) has a close working and governance relationship with Bronx RHIO, as do Montefiore and Bronx Lebanon Hospital Center. Together, these organizations and others in the Bronx are already contributing data to Bronx RHIO, which manages the data for health information exchange and analytics, the latter under an ongoing Health Care Innovation Award from CMS. In either instance, the NYSDOH MAPP and Salient Interactive Miner (SIM) also contribute data utilized by BPHC's analytics team.

IPQR Module 6.8 - Progress Reporting

Instructions:

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

The success of this organizational workstream will be measured as follows:

Metric Submission – Successful and timely submission to DOH of performance measures and metrics that accurately reflect the progress of BPHC.

Rapid Cycle Evaluation – Effectiveness of clinical quality and performance dashboard tools in enabling BPHC to monitor progress and identify areas of strength and areas for improvement.

Analytics Staff Engagement and Communication – Training analytics staff to use the tools, to understand the goals of clinicians and leadership, and to communicate results to effectively translate metrics and measures into improved outcomes. This includes training on performance improvement and continuous quality improvement so that teams can take data that reflects poor or less-than-ideal performance and translate that into a PI project that will result in improved outcomes. As data reflects improved (or static) outcomes, continuous quality improvement strategies resule in further PI projects.

Staff and Leadership Engagement – Participation of clinicians and leadership in using clinical quality and performance measurement dashboards developed to improve care delivery and financial outcomes.

Informed Decision-Making – Integration of performance reporting into decision-making through the governance process to drive improvements, deploy resources, and assess progress against overall program goals.

Project level quality reporting--Successful and timely reporting to DOH of project level processes, outcomes, measures and metrics that accurately reflect the progress of each project.

IPQR Module 6.9 - IA Monitoring



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Instructions :			



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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure The development of standard performance reports to professional groupsThe identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Select QCIS members	Completed	Work with key PPS organizations and community-based organizations to select thought leaders from among the major practitioner groups/CBOs (including primary care physicians, subspecialists, nurses, mental health professionals, social workers, and peers) who will participate in the Quality and Care Innovation Sub-Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Create QCIS meeting schedule and agenda	Completed	Establish a regular meeting schedule for convening the Quality and Care Innovation Sub-Committee, which will include review of standard performance reports as a standing agenda item.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Select work group members Completed Work with key PPS organizations and CBOs to select thought leaders from among the major practitioner groups/CBOs (including primary care physicians, subspecialists, nurses, mental health professionals, social workers, and peers) who will form rapid deployment collaboratives that will develop engagement strategies specific to the PPS quality improvement agenda and DSRIP projects. These		07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3		



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Milestone/Task Name	Status	Description	original Original Original Start Date End Da		Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		collaboratives will also serve as project clinical quality councils.							
Task Produce a plan for practitioner communication and engagement	Completed	Document practitioner communication/engagement plan including composition and role of the RDCs, schedule for regular webinars, and an approach for in-person, peer-to-peer learning forums. Include methods to monitor provider engagement levels.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish web-based practitioner communication tool	Completed	Establish an online practitioner communication tool.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize plan for practitioner communication and engagement	Completed	Submit practitioner communication and engagement plan to Quality & Care Innovation Sub-Committee for review and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Create RDC meeting schedule	Completed	Establish regular meeting schedule for convening the rapid deployment collaboratives.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Produce standard reporting tools	Completed	Develop initial drafts of the content, format, frequency of standard performance reports (including rapid cycle evaluation and other reporting) addressing project-specific DSRIP metrics.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Create standard RDC meeting agenda	Completed	Establish standard agenda for the RDC meetings including (1) implementation strategies and tactics, and (2) review of the rapid cycle evaluation reports and other performance reports.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Categorize practitioners for training purposes	Completed	Review PPS practitioner listing and organize the list into provider specific types for DSRIP project training purposes.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop training curriculum	Completed	Contract with vendors and/or partners with curriculum development and/or training capabilities geared to DSRIP project and practitioner type. Include Subject Matter Experts from our PPS partners in MH/BH, I/DD, and SAS in the curriculum development process.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Obtain approval of curriculum	Completed	Quality and Care Innovation Sub-Committee reviews/approves curriculum.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Develop training timeline	Completed	Develop training schedule and logistics to maximize participation by practitioners and arrange CME credit (free to PPS members) if feasible.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop plan for continuous quality improvement mechanisms	Completed	Develop continuous quality improvement agenda and process and make recommendations to the Quality and Care Innovation Sub-Committee for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Establish curriculum review process for quality improvement	quality Completed Work with the Quality and Care Innovation Sub-Committee and the RDCs to establish a process for curriculum content reviews/updates for general and provider type-specific education programs to address issues of special relevance including culture change, BPHC's quality agenda and the impact of quality improvement on practitioner incentives.		01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop post-training tests	Completed	Develop CME-type post-training testing/evaluation for practitioners to measure success of training.	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

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

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	repstein	Templates	36_DY2Q4_PRCENG_MDL71_PRES1_TEMPL_D Y2Q4_Practitioner_Engagement_Meeting_Schedul e_Template_10439.xlsx	PE meeting schedule template	04/17/2017 12:04 PM
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	repstein	Templates	36_DY2Q4_PRCENG_MDL71_PRES2_TEMPL_D Y2Q4_Practitoner_Engagement_Training_Templat e_10440.xlsx	Practitioner training and education training template	04/17/2017 12:05 PM



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	Update: BPHC completed this milestone by 3/31/2016. There have been no changes to the Practitioner Communication and Engagement Plan.
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Update: BPHC completed this milestone by 6/30/2016. There have been no changes to the Practitioner Training and Education Plan.

Milestone Review Status

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



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IPQR Module 7.2 - PPS Defined Milestones

Instructions:

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

Milestone/Task Name Status Description Original Start Date End Date End Date End Date R

No Records Found

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Milestone Name	Natiative text

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

Instructions:

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

- 1. To mitigate the risk of limited practitioner engagement in DSRIP, BPHC has included both primary care and subspecialist clinicians from key partners throughout the application planning process, through project planning and in implementation. Overall, the range of practitioner types represented includes physicians, nurse practitioners, nurses, social workers, health educators, mental health professionals, and substance abuse professionals. The PPS has held numerous "all member" webinars to educate practitioners about the transformative nature and resources that DSRIP will bring to the Bronx health care delivery system. We are expanding the number and types of practitioners included in the implementation process to include more physicians, nurses, social workers, care managers and behavioral health professionals. Our DSRIP launch and project launches included frontline clinicians and clinical leadership from across the PPS.
- 2. Practitioners may not be able to take the time from their practice to participate in the Quality and Care Innovation Subcommittee (QCIS), project-specific workgroups, and/or to attend the educational and training sessions provided for each of the projects in which they have committed to participate. This is especially a risk for primary care practitioners (PCP) and their care team members to whom much of the training will be directed; virtually all of the DSRIP projects BPHC has selected impact PCPs in some way. BPHC will mitigate this risk by offering trainings at various times and through various formats (such as, in-person, webinar, self-directed.)
- 3. Provider turnover during the DSRIP period could also pose a risk to achieving DSRIP performance goals. We will implement a practitioner tracking system and provide regularly repeated orientations and briefings on the complexities of project implementation, which will be accompanied by our Clinical Operations Plan and evidence-based guidelines for new practitioners to use as a guide.
- 4. Some BPHC practitioners are participating in multiple clinical projects within our PPS and are also participating in projects run by other PPSs. The sheer number of new projects to implement may be overwhelming for practitioners. To mitigate this risk, BPHC has conducted joint clinical planning efforts with other Bronx PPSs to align projects and project interventions. We plan to continue joint planning discussions over the course of DSRIP.

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.)

It is difficult to point to a DSRIP workstream for which practitioner engagement is not interdependent. For example, IT use is fundamental to: practitioners adopting population health management, the CSO tracking quality metrics, practitioners monitoring patient activity between visits, and practitioners receiving alerts that enable quick follow up and communication when patients are in the hospital or emergency department. All of



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these capabilities advance BPHC's abilities to improve quality of care and patient outcomes that ultimately lead to cost reductions and financial sustainability. The long term success of clinical improvement projects in Domain 3 depends on practitioner willingness across the PPS network to adopt standardized clinical guidelines, processes and protocols proven to result in lower costs and better outcomes. Funds flow also is crucial for all practitioners' implementation of clinical projects, both for project operationalization and as a mechanism to reward practitioners for their commitment to the DSRIP projects. Finally, practitioners are a fundamental portion of the DSRIP workforce, and practitioner engagement is crucial to practitioner recruitment and retention efforts.

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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
BPHC CMO	Dr. Amanda Ascher	Provide oversight in the areas of the provider engagement and clinical/delivery strategy
Senior Director, Care Delivery and Practice Innovations	Dr. J. Robin Moon	Develop communication and support plans that are project-specific
BPHC Workforce Sub-Committee Co-Chairs	Mary Morris, Co-Chair, SBH Health System Rosa Mejias, Co-Chair, 1199 TEF	Develop curriculum to support the quality agenda Develop training materials that are project specific
Implementation Workgroups	Chairs of the IWGs	Solicit feedback from provider community on curriculum and quality agenda
Montefiore provider engagement liaison	Laura DeMaria	Assist in development and implementation of the communication and engagement plan
Bronx United IPA	Frank Maselli	Assist in development and implementation of the communication and engagement plan
NYSNA	Lourdes Blanco	Assist in development and implementation of the communication and engagement plan



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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		
Provider partners	Recipients of training and education in BPHC's quality goals	Participate in the training sessions and demonstrate practice change in support of BPHC's quality agenda
CBO partners with experience in MH/BH, I/DD and SAS (e.g., ACMH, Community Access, Communilife, Cardinal McCloskey Community Services, EAC, Inc., St. Ann's Corner of Harm Reduction)	Curriculum Development and/or training	Serve as subject matter experts to the vendor(s) or partner(s) involved in curriculum development and training.
BPHC training vendors (including 1199 TEF), Montefiore CMO, Institute for Family Health, a.i.r. NYC	Training and retraining of the work force	Develop curriculum to support the quality agenda Develop training materials that are project specific
Provider partners: Amanda Parsons, Montefiore Medical Group; Frank Maselli, Bronx United IPA; David Collymore, Acacia; Erica Gayle, IFH; Nelson Eng, UCHC; Dr. Tosan Oruwariye, MHHC	Management staff of these key providers will lead organization efforts to engage practitioners in critical trainings	Practitioners participate in the training sessions and demonstrate practice change in support of BPHC's quality agenda
Quality and Care Innovation Sub-Committee members Chairs: Dr. David Collymore, Acacia; Debbie Pantin, VIP Community Services	Provide quality standards and strategy	Approve the strategy and content for communication and engagement plan
External Stakeholders		
Other PPSs Damara Gutnick, MHV PPS; Kallanna Manjunath, Albany PPS; Anna Flatteau, OneCity Health	Sharing best practices	Regular communication stream
GNYHAMary-Ann Etiebet	Convener of all PPS CMO/Medical Directors' meetings	Regular communication stream
Bronx Medical Society	Provide discussion and feedback on clinical changes.	Help to engage provider partners in transformation (PCMH)



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IPQR Module 7.7 - IT Expectations

Instructions:

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

BPHC has implemented a commercial customer relationship management (CRM) platform based in Salesforce to manage our physician network, including support for physician communication and engagement.

BPHC has demo-ed and will continue to build awareness among physicians of the capabilities of the BPHC care coordination management solution (CCMS) currently under development, focusing on how the infrastructure will be used to provide better service and outcomes to their patients and make their practices more efficient, allowing them to deliver higher quality patient care, along with:

- · Providing multi-lingual, multi-cultural care navigation and support
- Tracking and assisting patients with practice selection, active engagement in DSRIP programs, utilization tracking and pediatric-adult transitions
- Assisting patients with locating and accessing community resources
- Support transitions and warm handoffs at discharge, with follow-up tracking
- Educating patients and families about wellness and care, and supporting patients in self-management and shared decision making related to their health needs
- Surveying patients and families regarding care experience

In addition, physician training in evidence-based medicine, care coordination, population health management and other topics pertinent to BPHC and DSRIP will be scheduled, delivered and tracked using a learning management system (LMS) administered by the BPHC CSO.

IPQR Module 7.8 - Progress Reporting

Instructions:

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

The PPS measures the success of this workstream in four ways. First, at the most basic level, we monitor attendance at education and training sessions, all-member webinars, and other learning forums provided by the CSO. We track attendance at clinical governance meetings, including our implementation and quality workgroups. Second, we have developed CME-type post-training testing for practitioners to measure the success and effects of the training. Third, to track long-term success of the practitioner engagement trainings, the CSO tracks practitioner performance on each project through rapid cycle evaluation (RCE) and auditing adherence to evidence-based guidelines and processes and protocols on a periodic basis. (e.g. Behavioral Health Integration into Primary Care, Care Management referrals, Diabetic Outcomes, etc.) Fourth, we periodically bring RCE results to the Rapid Deployment Collaboratives (Implementation Work Groups acting as clinical quality councils and reporting to the Quality and Care Innovations Subcommittee) to gain knowledge about provider experiences and concerns regarding DSRIP project implementation and impact on them and their patients.



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IPQR Module 7.9 - IA Monitoring
Instructions:



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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: The IT infrastructure required to support a population health management approach Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizationsDefined priority target populations and define plans for addressing their health disparities.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4	NO
Task Envision PHM for PPS future state	Completed	Develop a population health management (PHM) vision	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct gap analysis	Completed	Conduct gap analysis between current state and future vision, including assessing the gaps and barriers to achieving the PHM vision	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop Site-Specific Implementation Teams	Completed	Identify clinical champions and operational leaders in each primary care provider organization to develop and lead each of their providers/sites along the path to PCMH recognition. These facility-based champions/leaders form the Site-Specific Implementation Teams.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop technical assistance mechanisms for PCMH recognition	Completed	Develop centralized technical assistance programs to assist primary care practices in achieving NCQA Level 3 PCMH recognition	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop PHM roadmap	Completed	Draft PHM roadmap informed by gap analysis and assessment of PHM capabilities throughout the PPS	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Analyze current PHM capacity	Completed	Assess current PHM capabilities throughout the PPS with a special focus on primary care and behavioral health practice organizations; assessment will include their readiness for	12/01/2015	03/31/2016	12/01/2015	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
		embedding PHM practices and workflows that support PCMH Level 3 and their staffing infrastructure to support PHM							
Task Partner with Bronx RHIO	Completed	Establish partnership with RHIO that covers all PPS partners that need to receive and/or contribute patient data	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Obtain member buy-in for PHM roadmap	Completed	Review PHM roadmap with IT Sub-Committee and Executive Committee	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Develop PHM registries	Completed	Develop, with RHIO, PPS-wide PHM registries, for both PPS wide metrics as well as facility-level PHM capabilities.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Develop training methodology for registry and care plan systems	Completed	Develop methodology for training on registry use and Care Plans Systems use as well as accountability for PHM outcomes, and evaluation, feedback and Continuous Quality Improvement for Site-Specific Implementation Teams.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Achieve PPS-wide PCMH recognition	In Progress	Move all primary care practices to NCQA Level 3 2014 PCMH recognition by end of DY3	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	08/01/2015	12/31/2018	08/01/2015	12/31/2018	12/31/2018	DY4 Q3	NO
Task Engage members in bed reduction strategy	Completed	Convene Executive Committee to discuss bed reduction plan	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Analyze hospital utilization patterns	Completed	Assess current inpatient hospital utilization rate trends in the Bronx	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Analyze hospital physical plants	Completed	Assess long term viability, deferred maintenance, and efficiency of hospital physical plants	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Create bed-need projection strategy	Completed	Develop methodology to project future bed need based on analysis of secular trends and impact of DSRIP interventions on inpatient utilization by hospital	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task Refine bed-need projection strategy	Not Started	Test methodology to project future bed need, refine as needed and apply to PPS hospital providers to estimate bed reductions	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Engage SDOH in bed reduction strategy	Not Started	Work with SDOH to develop options to accomplish bed reductions and sustain and build capacity to provide a wide range of ambulatory services	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task Project financial implications of bed reduction strategy	Not Started	Incorporate options under consideration into financial sustainability plan	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 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 Obtain approval for bed reduction strategy	Not Started	Present bed reduction plan to Executive Committee for review and approval	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2	
Task Monitor utilization and quality trends	Not Started	Track changes in occupancy, utilization rates overall, and discharges for PPRs, PQIs, and PDIs	04/01/2018	12/31/2018	04/01/2018	12/31/2018	12/31/2018	DY4 Q3	
Task Refine bed reduction projections and plans	Not Started	Reforecast bed reduction projections annually and update bed reduction plan accordingly	04/01/2018	12/31/2018	04/01/2018	12/31/2018	12/31/2018	DY4 Q3	

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	
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No Records Found

Prescribed Milestones Narrative Text

Narrative Text
Update: During DY2Q1, Bronx Partners for Healthy Communities (BPHC) Central Services Organization (CSO) distributed DSRIP startup funds for population health management (PHM) capabilities, IT infrastructure and staffing (clinical and non-clinical) among the largest seven primary care organization partners. The PCMH consultants' activities to support practice redesign to achieve the PCMH 2014 Level 3 recognition have been underway for some time. The consultants are coaching the primary care practices in the workflow changes necessary to achieve the transformation. To date, 85 practices comprising 456 practitioners have achieved PCMH 2014 Level 3 recognition. BPHC continues to expand our work with the Bronx RHIO, GSI Health (our care coordination management system), with Managed Care Organizations (MCOs) and with our partners to leverage their existing data. In addition to working on increasing connectivity, we are developing our analytics capabilities to support among other initiatives, our population health management (PHM) strategies. Registry development continues. BPHC developed and deployed a performance reporting training which addresses PHM strategies, using proxy registries. Our PHM Roadmap delineates the following PHM goals for BPHC: 1. Identify and act on gaps in care for focus measures. Focus measures may change/expand over time. 2. Develop methods to measure baseline and monitor current utilization and cost profile of our attributed patients so we understand what kinds of services they use and where, and the capacity and appropriateness of our network to serve them. 3. Identify geographic-based risks.



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	4. Identify opportunities to support population health through automation.
	5. Develop methods to use collected data to frequently re-assess patients and identify when they may benefit from enhanced care management or other services
	on an ongoing basis, e.g. identify rising risk patients in a timely way.
	6. Develop methods to evaluate our network providers and focus improvement work and/or reward best outcomes.7. Develop methods to understand patient cost in relation to quality
	8. Develop methods to understand cost to provide a given service, in relation to quality, savings generated and capacity.
	o. Develop methods to understand cost to provide a given service, in relation to quality, savings generated and capacity.
	The PHM Roadmap delineates the following priority measures:
	Diabetes Monitoring for People with Diabetes and Schizophrenia
	MRR - Controlling High Blood Pressure
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase and Continuation Phase
	MRR - Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication
	Cardiovascular Monitoring with People with Cardiovascular Disease and Schizophrenia
	Antidepressant Medication Management - Effective Acute Phase Treatment and Effective Continuation Phase Treatment
	Follow-up after hospitalization for Mental Illness - within 7 and 30 days
	Adherence to Antipsychotic Medications for People with Schizophrenia
	The PHM Roadmap has been approved by our Quality and Clinical Innovations Subcommittee, and reviewed by the Executive Committee. Milestone on track for completion by DY3Q4.
	Update: BPHC continues to plan our PPS-wide bed reduction strategy. The bed reduction plan was discussed with the Executive Committee in DY2Q1 as
	previously reported. Analysis of hospital utilization patterns in Salient/SIM will continue throughout DY2-DY3 and will be presented to our Executive Committee,
	Quality Care Innovation Subcommittee, Workforce Subcommittee, and our Finance and Sustainability Subcommittee. In addition, SBH Health System (SBH) and Montefiore Medical Center (MMC) are planning to establish a Planning and Integration Committee that, among other merger-related topics, will work to develop a
	coordinated bed-need projection strategy. To date SBH has already decertified 24 of 48 substance use beds. As part of their planning process, the Committee
Finalize PPS-wide bed reduction plan.	will evaluate occupancy thresholds and consider service integration as a means for support critical Residency Program Requirements. It is expected that the
	work of the Committee will begin once agreements on process are established. Our DSRIP interventions for ED Care Triage and Care Transitions have fully
	launched. An analysis of patients enrolled in these programs will enable the development of methodology to project future bed need based on analysis of secular
	trends and the impact of these DSRIP interventions on inpatient utilization by hospital. Milestone on track for completion by DY4Q3.

Milestone Review Status

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



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Milestone Review Status

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



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IPQR Module 8.2 - PPS Defined Milestones

Instructions:

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

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

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

Milestone Name	Narrative Text
Willestone Name	Narrative Text

No Records Found



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DSRIP Implementation Plan Project

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

Instructions:

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

- 1. Many primary care providers (PCPs) and community-based organizations lack an understanding of how to achieve population health management (PHM). While achieving NCQA PCMH 2014 Level 3 recognition significantly moves practices towards full population health management, it does not completely achieve this goal. This lack of understanding among providers may impede provider acceptance of the need to adopt new technologies and workflows to support PHM. To mitigate this risk, the CSO has implemented a practitioner communications and education strategy to enhance providers' understanding and acceptance of PHM. The CSO will also develop and centralize resources and technologies to support providers' transition to PHM.
- 2. Implementation of and providers' adoption of new technologies will be slow and will require significant resources devoted to training and oversight to ensure optimization. Leadership buy-in from our network partners will be key. Many have PHM experience with HEDIS measures for Quality Assurance Reporting Requirements with their MCO contracts. This will help mitigate the risk but the scale of PHM needed for success in DSRIP is much greater. Additional staff may be required to meet the needs of running PHM reports (see Performance Reporting work stream) and doing the outreach to bring patients in for missing services. BPHC continues to assess the capabilities of our network, including providers and community-based organizations, to determine what resources will be needed for PHM across the PPS.
- 3. Slow implementation of technologic solutions has resulted in delays in meeting DSRIP speed and scale targets for patient engagement and achievement of Domain 1 project requirements. To mitigate these risks, BPHC continues to work with our technology vendors to speed solution implementation. We will also use a variety of training methods to reach providers, including in-person, web-based, and call-in technical support, to provide training and technical assistance during off-hours to meet provider needs. Challenges with RHIO and patient engagement are further outlined in our IT work stream and overcoming the barriers outlined there will be key to success of our PHM registries.
- 4. There is a risk that not all primary care provider sites will achieve NCQA PCMH 2014 Level 3 recognition by the end of DY3. The process for achieving 2014 NCQA PCMH Level 3 recognition is time consuming and requires strong support from leadership. Many primary care practice organizations have small numbers of personnel in leadership and administrative positions, creating a risk that they will not be able to devote sufficient attention to the process for attaining PCMH recognition. Some of the smaller practices may not have adequate staffing to meet all of the NCQA Level 3 2014 requirements nor enough Medicaid patients to guarantee a return on investment. To mitigate these risks, BPHC is providing technical assistance to and investing resources in practices to ensure that there is sufficient internal and external leadership support and basic staff resources to meet the NCQA 2014 PCMH goal within the DSRIP-required time period. We are also actively exploring APC models for the smaller practices.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions:



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

Population health management has the following major interdependencies with other workstreams.

Dependency #1: While IT systems alone will not yield a highly functioning population health management-based primary care practice, they are a necessary component of the change that will need to occur if population health management is to be successfully embedded into the daily workflows of a primary care practice. Close alignment of IT architecture and its components with population health management goals must be central to planning. The selection of IT applications and phasing in of new technologies, along with training capabilities, are key to success in population health management.

Dependency #2: Clinical integration and the PCMH roadmap intersect with the population health management roadmap in multiple areas, specifically regarding conducting readiness assessments and the identification of data needs. For example, these workstreams require BPHC to integrate data from social service organizations, supportive housing providers and other community-based organizations into care planning and registry tools.

Dependency #3: BPHC's ability to achieve its vision of population health management will depend on its success at engaging and educating practitioners on how to use data effectively in improving outcomes and in implementing common protocols and processes to achieve DSRIP goals. In addition, BPHC must be successful in its performance reporting efforts.

Dependency #4: Timely implementation of our population health management roadmap is heavily dependent on our workforce strategy. For example, moving all primary care practices to NCQA Level 3 PCMH recognition by the end of DY3 will require adequate healthcare worker capacity in primary care sites and training to ensure that staff are functioning as a care team as envisioned by NCQA. In addition, the BPHC workforce will be heavily involved in planning efforts regarding PPS bed reduction. Finally, successful implementation of cultural competency and health literacy training and recruitment of culturally competent staff will be critical to patient engagement.

Dependency #5: The development of care coordination and care management programs as part of our clinical project implementation will be critical to the success of our primary care providers attaining Level 3 PCMH recognition and our PPS's success in moving to an integrated delivery system.



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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
Quality and Care Innovation Sub-Committee	Sub-Committee members	Develop strategy for deploying effective population health for BPHC attributed patients and the communities it serves
Central Services Organization (CSO)	All CSO staff	Conduct assessment and gap analysis of BPHC provider capabilities in implementing population health strategies
CIO, BPHC	Dr. Jitendra Barmecha, CIO, SBH	Develop architecture of IT applications that can automate PHM functions, and integrate care management software with provider IT technologies
Senior Director, Quality Management and Analytics	Dr. Amanda Ascher, CMO BPHC	Produce patient cohorts that will be targeted for population health interventions including tactics surrounding predictive modeling and risk stratification
Senior Director, Care Delivery & Practice Innovations	Dr. J. Robin Moon	Deploy evidence-based tools and care management functions that support patient engagement and activation
IT Sub-Committee	Dr. Jitendra Barmecha, Chair, SBH Health System	Assist in selecting PHM related applications, developing phase in implementation schedule
Executive Committee	Len Walsh, Chair	Develop a bed reduction plan for BPHC member hospitals
Partner IT Liaisons	Nicole Atansasio, Lott, Inc; Helen Dao, Union; Brian Hoch, Montefiore; Jeeny Job, SBH; Tracie Jones, BronxWorks; Vipul Khamar, VNSNY; Elizabeth Lever, The Institute for Family Health; Uday Madasu, CBC IPA; Mike Matteo, Centerlight; Kathy Miller, Bronx RHIO; Edgardo Nieves, Morris Heights; Anthony Ramirez, Acacia; Sam Sarkissian, UBA; Uvette Walker, Allmed	Implement, adopt and integrate with BPHC population health tools



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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		
Attributed patients	Recipients of services	Participate in care management
Providers in BPHC	Identify patients for care management	Participate in training on clinical and billing documentation to enable appropriate population identification and selection for PHM. Participate in technical assistance and project management for PCMH NCQA certification.
Care managers at partner organizations, including BAHN, CCMP and CBC Manage risk reduction in identified populations		Create care plans and manage populations to reduce adverse outcomes including reductions in disease burden
CBOs	Promote health by actively engaging patient on social determinants	Intervene on patients identified with social determinants
External Stakeholders		
NYCDOHMH	Coordinating Domain 4 goal achievement	Coordinates and collaborates with NYC PPSs in developing strategies to improve MHSA infrastructure and retention in HIV care
State DOH	Oversees state DSRIP implementation and effectiveness	Creates timelines and deliverables for DSRIP program
Other PPSs participating in the same Domain 4 projects: OneCity, Community Care Brooklyn, Bronx Health Access, Mount Sinai, Brooklyn Bridges, NewYork Hospital Queens	Collaboration, information exchange, shared workforce development	Key deliverables/resps: Collaborate on shared projects and organizational initiatives, strategize on information exchange, and collaborate on shared workforce development



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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.

Current population health management IT capabilities in place in BPHC include Montefiore CMO's comprehensive care management system which is being used by 400 care management employees to coordinate care for more than 300,000 individuals across employer-sponsored coverage and Medicare and Medicaid managed care. In addition, care management agencies supporting our partner Health Home populations are using smaller scale care management solutions, while other partners are using homegrown analytics to track patients across settings and within condition cohorts. Finally, the Bronx RHIO has developed the Bronx Regional Analytics Database (BRAD) under a multi-year grant from the CMS Center for Medicare and Medicaid Innovation.

A primary BPHC objective is to develop a standardized approach to population health management on behalf of our attributed population across all PPS participants based on a new IT infrastructure – portions of which are being selected in collaboration with Montefiore CMO and Montefiore's Hudson Valley PPS and portions of which build on existing capabilities. Our plans for leveraging and developing a new and integrated IT infrastructure for population health management are based on the following:

- Central data management and analytics through the Bronx RHIO.
- Patient and provider matching and master data management through Bronx RHIO to provide a single integrated view of each patient and a unified, standard and navigable view of participating partners to each other.
- A common commercial care coordination management solution (CCMS) selected from among three finalist vendors being assessed by a cross-functional team of Montefiore and BPHC clinical, operational and technology subject matter experts.
- Health information exchange through Bronx RHIO to achieve required data sharing between electronic medical records and the CCMS, across BPHC and potentially with other PPSs.
- Performance management and metrics (analytics) for internal analysis and reporting and NYSDOH reporting, based on Bronx RHIO and Montefiore Enterprise Data Warehouse capabilities.
- Assessment, monitoring and support programs and resources to help partners implement certified EHRs, adopt and integrate with RHIO services and, if eligible, use the combined IT infrastructure to achieve PCMH 2014 recognition.
- A digital health strategy for patient engagement, including telehealth, remote monitoring, a patient portal and personal health record sharing and digital health apps that are culturally competent.

IPQR Module 8.8 - Progress Reporting

Instructions:

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



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BPHC will measure the success of the population health management workstream using the following metrics:

- The number of primary care practice team members who have begun training on population health management applications
- The number of primary care practice team members who have completed training on population health management applications
- The number of providers (primary care team, behavioral health teams and others) that actively use electronic medical records, care planning tools, and patient registries
- The number of primary care practices that have submitted to the CSO work plans and timelines for attaining NCQA 2014 PCMH recognition
- The number of primary care practices that have begun the process per their work plan for achieving NCQA Level 1, 2 or 3 PCMH recognition
- The number of primary practices that achieved NCQA Level 1, 2 or 3 PCMH recognition
- The approval of a bed reduction plan by the Executive Committee
- DSRIP project-specific metrics such as PQIs, PDIs, PPRs, PPVs, and HEDIS metrics such as hemoglobin A1c, LDL, flu shots, and others

IPQR Module 8.9 - IA Monitoring

Instructions:

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Envision clinical integration end-state	Completed	Define end-state clinical integration model, aligned with requirements for Project 2.a.i and IT Systems & Processes.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify care protocols for clinical integration	Completed	Determine which project-specific care protocols require clinical integration. Protocols will be determined as outlined in second milestone "Developing a Clinical Integration Strategy."	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Investigate gaps and needs across PPS related to clinical integration	Completed	Conduct data collection with partners to complete assessment of key DSRIP project requirements, clinical service gaps, workforce and process gaps, data sharing and interface needs, etc.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish definition of clinical integration for partners	Completed	Define clinical integration for our Provider Partners as the need for PPS-wide standardization and alignment with high-value treatment protocols that various provider partners can implement in their practices; this includes, but is not limited to, promoting effective care transitions.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Analyze data on gaps and needs across PPS	Completed	Complete analysis of data collected to identify clinical integration needs, potential strategies/programs and priorities,	06/01/2015	12/31/2015	06/01/2015	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
related to clinical integration		based on project, partner and PPS management goals.							
Task Report findings on gaps and needs across PPS related to clinical integration	Completed	Document assessment findings and recommendations, with prioritized clinical integration activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: Clinical and other info for sharing Data sharing systems and interoperability A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination Training for operations staff on care coordination and communication tools	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Create project-based work groups to develop clinical guidelines	Completed	Form project-based workgroups to recommend, for clinical use across the PPS, high value treatment protocols and evidence based guidelines and clinical recommendations.	06/15/2015	09/30/2015	06/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify overlaps between project and PCMH requirements	Completed	Develop cross-walks for the project specific metrics with PCMH 2014 level 3 requirements.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify overlaps between clinical project requirements	Completed	Develop crosswalks across all selected projects to assure clinical integration across projects and to avoid siloed implementation and integration plans.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Create mechanism for approval of workgroup recommendations by QCIS	Completed	Establish methodology for workgroup recommendations to be vetted and approved by QCIS	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop PPS clinical integration strategy	Completed	Develop strategy for clinical integration, based on needs assessment findings and recommendations, in consultation with the Quality and Care Innovation Sub-Committee and the Executive Committee.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop data sharing and clinical interoperability implementation plan	Completed	Identify and document data sharing and clinical interoperability implementation plan, including standardized workflow and protocols, staff and partner role definitions, and strategies such as event notification, clinical messaging and	08/01/2015	03/31/2016	08/01/2015	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
		other protocols specific to supporting care transitions across settings.							
Task Foster two-way communications for transfer of clinical information	Completed	Establish expectations for two-way communication with multidisciplinary care teams that interact with and treat patients, ensuring seamless clinical information transfer.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish site-specific implementation teams	Completed	Identify Provider-based Implementation Teams	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop dissemination strategy for implementation tools and procedures	Completed	Develop strategy for dissemination of recommendations, training on guidelines/protocols/implementation strategies	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Further define the role of workgroups as clinical quality councils	Completed	Develop methodologies for project-based workgroups to serve as project quality councils.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish feedback mechanisms	Completed	Develop feedback mechanisms for accountability and Continuous Quality Improvement	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Implement communications strategy to engage partners in clinical interoperability planning	Completed	Communicate clinical interoperability implementation plan to partners using email, webinars and formal training and education designed to engage providers/partners in clinical integration efforts.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Create care transitions strategy	Completed	Work with vendor to develop care transitions strategy across patient and provider types, including impementation plan. Care transition planning steps will include but not be limited to: Stakeholder Identification, finalizing workplan, curriculum development, staffing plan development, workflow for PCP appointment scheduling, evaluate IT needs including ENS, staff recruitment and training, site-specific support during and post-implementation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop care coordination training strategy	Completed	Identify and decide on options for staff training on care coordination skills, patient centered communication skills and the use of care coordination tools.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify training curricula	Completed	Identify training curricula for providers on behavioral health assessments to identify unmet needs of patients.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Establish regular review of and updates to evidence based guidelines	Completed	Develop mechanisms for regular review of project-selected Evidence Based Guidelines (by project quality councils) to assure our PPS is utilizing the most up-to-date tools and that those upadated guidelines/protocols continue to be clinically integrated across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
		The state of the s

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'.	sgjevuka	Other	36_DY2Q4_CI_MDL91_PRES1_OTH_M1_BPHC_ Updated_Provider_List_for_Clinical_Integration_via _PCMH_Engagement_DY2Q4_10395.xlsx	M1_BPHC Updated Provider List for Clinical Integration via PCMH Engagement	04/17/2017 08:45 AM
r enorm a clinical integration needs assessment.	sgjevuka	Templates	36_DY2Q4_CI_MDL91_PRES1_TEMPL_DY2Q4_ Clinical_Integration_Meeting_Schedule_Template_ 10394.xlsx	Clinical Integration Meeting Schedule	04/17/2017 08:45 AM
Develop a Clinical Integration strategy.	sgjevuka	Training Documentation	36_DY2Q4_CI_MDL91_PRES2_TRAIN_DY2Q4_C linical_Integration_Operations_Training_Schedule_ 10397.xlsx	Clinical Integration Training Schedule for Operations Staff	04/17/2017 08:47 AM
Bovolop a Cilinoal integration strategy.	sgjevuka	Training Documentation	36_DY2Q4_CI_MDL91_PRES2_TRAIN_DY2Q4_C linical_Integration_Provider_Training_Schedule_10 396.xlsx	Clinical Integration Training Schedule for Providers	04/17/2017 08:46 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	BPHC completed this milestone by 12/31/2015. There have been no changes to the Clinical Integration Needs Assessment, and the list of providers who have been integrated has been updated. Meeting schedule template attached.
Develop a Clinical Integration strategy.	BPHC completed this milestone by 3/31/2016. There have been no updates to the Clinical Integration Strategy. Training templates attached.

Milestone Review Status

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



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IPQR Module 9.2 - PPS Defined Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	
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No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Natiative text

No Records Found



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

Instructions:

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

- 1. We have found that our network participants have embraced collaborative clinical integration assessment and strategy activities, and that they are eager to engage in greater clinical integration. We recognize, however, that our partners often already feel stretched thin by the operating requirements of their existing organizations and that creating and managing an effective integrated workflow across a high number of partners may present a challenge. We have based metrics and integration goals on specific project and organizational requirements identified in other work streams, and on measures and rapid cycle evaluation (RCE) metrics that can provide quantitative evidence of integration improving patient outcomes. With our partners we have defined common and standardized workflows and protocols for clinical integration that can be implemented without a substantial additional burden.
- 2. Our partners have many disparate technologies and data sets produced by them, posing additional changes to the PPS-wide clinical integration and interoperability. We continue to mitigate these risks by thoroughly assessing and analyzing partner interoperability and staff capabilities and readiness, as described in the IT Systems & Processes work stream, and providing formal PPS program support for achieving EHR implementation and integration, QE participation and PCMH recognition.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

The strategies developed in the Clinical Integration workstream are closely related to requirements and strategies in the Workforce Strategy, IT Systems and Processes, Performance Reporting, Physician Engagement and Population Health Management workstreams. In addition, the Clinical Integration workstream is highly interdependent with General Project Implementation and in particular for Domain 2 & 3 project-specific strategies and their Domain 1 requirements, including primary care providers attaining 2014 Level 3 PCMH recognition. Many of the goals and requirements of project 2.a.i are closely related to clinical integration. Finally, physician engagement is a core component and prerequisite for establishing a clinically integrated network.



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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
Senior Director, Care Delivery & Practice Innovations	Dr. J. Robin Moon	Oversight of project management and clinical integration Clinical integration strategy
Clinical Project Directors, CSO	Vitaly Chibisov, Benny Turner, Caitlin Verrilli, Monica Chierici, Zoe Stopak-Behr	Completed and analyzed provider and CBO surveys Clinical Integration strategy
Executive Committee, BPHC	Len Walsh, Chair	Oversight of clinical integration
QCI Subcommittee	Co-chairs: Dr. David Collymore, Acacia Debbie Pantin, VIP Community Services	Oversight of performance reporting structure and plan
Workforce Subcommittee	Mary Morris, Co-Chair, SBH Health System Rosa Mejias, Co-Chair, 1199 TEF	Provider training plan and tools
Key Point Person/DSRIP Project Managers	Nicolette Guillou, Montefiore (ambulatory) Akwasiba Rafaelin (ED and in patient) Twiggy Rodriguez, Acacia Network Irene Borgen, SBH Health System Zena Nelson, Institute for Family Health (IFH) Fernando Alonso, Bronx United IPA Nieves Madrid, Morris Heights Health Center (MHHC) Dean Bertone, Union Community Health Center (UCHC)	Regular communication Timely reporting on pertinent data Feedback on the integration process
Clinical Liaisons	Site-Specific Medical Directors/Designees	Regular communicationTimely reporting on pertinent dataFeedback on the integration process
Montefiore CMO Liaisons	Anne Meara, Associate Vice President, Network Care Management, Montefiore Care Management Organization Alex Alvarez, Director, Care Management Resource Unit	Regular communicationTimely reporting on pertinent dataFeedback on the integration process
IT team, CSO	SBH IT Team led by Dr. Jitendra Barmecha, CIO	IT infrastructure to support the data integration
Mental Health Liasions	Virna Little, IFH Dr. Lizica Troneci, Chair Psychiatry, SBH	BH clinical integration
Substance Use Liaisons	Debbie Pantin, SAED, VIP Pam Mattel, CEO, Acacia,	Substance Use clinical integration



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
BPHC Chief Medical Officer	Dr. Amanda Ascher,	Oversight of clinical integration implementation
		Clinical integration strategy



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IPQR Module 9.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Bronx RHIO leadership: Kathryn Miller, Charles Scaglione	Health information exchange provider	Support in analyzing current state of IT interoperability and developing strategies to support, broaden and enhance future clinical integration with data exchange
IT team, SBH: Dr. Jitendra Barmecho, CIO, Jonathan Ong, Zane Last, Gregg Malloy	Provide data exchange, IT interoperability and systems integration strategy and support	Alignment with IT systems and processes related to clinical integration; input into data sharing and interoperability strategies, including IT interfaces and messaging to support clinical integration
Montefiore CMO: Peggy Czinger, John Williford	Provide clinical integration experience and expertise from ongoing care	Lessons learned from and input into future team-based care management, care coordination and organizational supports (e.g., staffing, IT, contact center, etc.)
External Stakeholders		
NYC DOHMH	Support for the Domain 3 project's planning and execution	Domain 3 projects planning process
Other Bronx PPSs: Advocate PPS OneCity Health PPS Bronx Lebanon PPS	Accountability and sharing of best practices	Regular communication stream
OASAS	Support for PC/BH Integration and MHSA	Support with review of clinical guidelines to align with best practices.



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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.

Nearly all components of BPHC's shared IT infrastructure will support and are critical to clinical integration:

- Central data management and analytics through the Bronx RHIO will provide common data and outcomes measurement to bind together partners and help them track common integration results in a standardized way.
- Patient and provider matching and master data management through Bronx RHIO will provide a single integrated view of each patient and a unified, standard and navigable view of participating partners to each other.
- A common care coordination management solution (CCMS) will further present an integrated view of the patient and provide a common tool for interacting with patients and with other partners
- Data sharing and interoperability standards and protocols embedded in partner contracts will support transitions and care management and promote an integrated and longitudinal view of the patient through secure messaging, event notification and potential aggregated portal data sets and other patient- and provider-facing applications.

IPQR Module 9.8 - Progress Reporting

Instructions:

Instructions:

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

Clinical integration will be measured by: evidence of high value treatment protocols implemented by providers across the PPS; improvements in clinical outcomes (e.g., improved rates of LDL and HTN control in CVD patients, improved A1C rates in Diabetics, improved depression screening and improving PHQ9 scores in patients receiving care in a BH integrated model.) Clinical integration success will also be measured by the level of Provider based engagement in Continuous Quality improvement, as measured by our workgroups which serve as project-specific quality councils.

IPQR Module 9.9 - IA Monitoring:



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Section 10 - General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions:

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

BPHC is committed to establishing a care delivery model with mutually reinforcing resources and capabilities across the PPS. These aim to measurably improve patient satisfaction, improve outcomes, lower costs and enable the transition from volume to value-based care. To this end: 1) BPHC is establishing a population health management-driven HIT architecture to allow electronic data sharing across providers and access to patient-level information. This will facilitate rapid treatment and care management decisions among collaborating providers and beneficiaries about physical, behavioral, and social problems that impact beneficiaries' lives and support attainment of PCMH Level 3 2014 standards. 2) BPHC is creating an analytics capability for access to timely performance reports, to help accountable parties measure and track the impact of their actions on both a patient and population level and identify areas for improvement. The analytics team monitors the PPS and partners' progress towards meeting project targets. 3) BPHC is developing a workforce recruitment and retention strategy including career paths, higher education incentives, and excellent training and competitive salaries for a culturally and linguistically competent care management staff to engage, educate, and support individuals in need of assistance in managing both medical and social chronic conditions. 4) BPHC is leveraging the clinical and administrative leadership within each PPS partner and will ensure they have adequate dedicated time to drive overall DSRIP implementation. Partners' clinical and administrative leadership will: educate and motivate staff to embrace evidence-based practices; use technology to help improve patient outcomes; ensure that staff engage in DSRIP project-related training; provide quality oversight; and oversee the achievement of PCMH NCQA Level 3 2014 recognition. 5) BPHC has established a Quality and Care Innovation Sub-Committee (QCIS) to act as BPHC's clinical governance body. The QCIS draws from key partners and include diverse, well-informed, activist practitioner thought leaders, ranging from PCPs, subspecialists, nurses, mental health professionals, and social workers. The QCIS analytics support team will acquire and present data to rapidly and decisively direct attention to high performers for best practices and to low performers for remediation. The clinical governance body will: provide clear direction and a strong voice in defining and implementing change at the provider level to create a culture of quality and accountability; advocate for clinical integration to improve care; and seize opportunities to collaborate with other PPSs. 6) BPHC is developing a financial sustainability plan that begins with a transparent and coordinated inter-project budgeting system that: supports DSRIP central services; accurately reflects needed investments in PPS provider staffing and IT infrastructure; accounts for overlapping project personnel and training curricula; and moves in phases to a total cost of care model that expands upon the risk-based model now in place for some PPS providers via Healthfirst and other MCO contracts. 7) BPHC is actively collaborating with other Bronx PPSs, including the HHC and Bronx-Lebanon-led PPSs and the Advocate Community Providers PPS, on multiple areas including clinical planning, workforce development, community engagement, and information sharing. 8) BPHC has established a Central Services Organization (CSO) to provide a range of services to PPS partners, including clinical supervision, information technology, financial, training, analytics, administrative, and care management/care coordination infrastructure services. The CSO will also ensure partners' compliance with project requirements and track the project implementation and patient engagement speed commitments across all projects.

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



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Instructions:

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

BPHC sees its DSRIP projects as a suite of programs that enable one another and magnify the impact of individual projects and workstreams. Some of the major dependencies include the following: Population health management and IT systems & processes: Attaining PCMH Level 3 recognition is widely viewed among clinicians who have been involved in DSRIP planning as the "master DSRIP project milestone" off of which virtually all other DSRIP projects and elements are built, including patient engagement and follow up. The BPHC HIT architecture is geared to providing IT capabilities that support work flows and protocols used by high-functioning Level 3 PCMHs to transition to population health management, such as electronic medical records, best practice alerts, care planning systems, patient registries, and tracking and stratification tools. Underlying these capabilities are a central data storage and management plan, robust data governance, and RHIO connectivity. Project implementation, IT systems & processes, and financial sustainability: Clinical improvement projects focused on cardiovascular disease, diabetes, asthma, and behavioral health will be built upon the chronic care management foundation provided by a high functioning Level 3 PCMH. Key PCMH features that promote effective chronic care management include use of evidence-based guidelines selected by consensus of the clinical governance body and data sharing that enables practitioners and embedded care managers to assess and develop effective care plans for the target populations. Ultimately, the establishment of Level 3 PCMHs across the PPS will be the impetus for moving to value-based payments that build a sustainable delivery system. Implementation of clinical improvement projects will be designed to build upon IT, workflows and clinical training used in the NCQA PCMH recognition process. Performance reporting, clinical integration and practitioner engagement: Practitioner accountability will be built on performance reporting that provides provider-specific and comparative performance data on the patient, practice and population level. Performance reporting is a key provider engagement tactic. Workforce strategy: A robust and well-trained workforce, rooted in the diverse communities of the Bronx, and engaged in the transformative change required under DSRIP will be central to the success of DSRIP project implementation. BPHC has identified a four-part workforce strategy that will be fleshed out based on the needs of our clinical projects. Our strategy includes: (1) redeployment of workers to respond to shifting staffing needs and ensure any displaced workers are connected to new employment; (2) training and education to address the needs for both retraining of existing staff and onboarding those newly hired under DSRIP; (3) robust recruitment to attract new workers; and (4) active engagement of labor and frontline staff.



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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director, CSO	Irene Kaufmann	 Oversee all of the PPS work and CSO activities to accomplish all of the projects' implementation. Communicate with the Executive Committee, and represent the CSO to all of the Sub-Committees. Project monitoring and performance reporting. Support and report to BPHC governance. Act as liaison to NYSDOH and other PPSs.
Chief Medical Officer, CSO	Dr. Amanda Ascher	 Oversee project-specific provider engagement and clinical/delivery strategies and monitoring of performance/ outcomes. Collaborate with BPHC members' CMOs. Liaison with other PPSs on evidence-based practice implementation.
Senior Director, Care Delivery & Practice Innovations, CSO	Dr. J. Robin Moon	 Oversee all of the clinical projects implementation (Domains 1-4), including monitoring and reporting. Work closely with the Quality Management team. Monitor speed and scale Identify and promote care delivery and practice innovations.
Senior Director, Quality Management & Informatics, CSO	Janine Dimitrakakis	 Oversee the development of quality metrics, and monitoring and reporting of them. Work closely with the clinical projects team and the SBH IT team.
BPHC Workforce Liaison	Mary Morris	 Work with project participants to implement workforce implementation plans to meet participants' recruitment, training and worker retention needs. Collect and analyze workforce data and report on training effectiveness.
BPHC Director of Financial Planning	Ronald Sextus	Conduct financial evaluation of each project. • Develop, implement and manage funds distribution methodologies.



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Develop value-based payment models.
		Produce quarterly reports for Executive Director and governance.
BPHC Chief Technology Officer		Work with project participants to develop and implement IT
		components of project plans.
	Jitandra Barmecha	Advise governance, Executive Director and Director of Finance of
		resource gaps that may impede IT implementation.
		Liaison with Bronx RHIO and other PPSs.
BPHC Compliance Officer		Monitor and develop corrective action plans as needed to ensure
	Suzette Gordon	member compliance with rules and regulations of regulatory
Bi i io compilance omeer	Guzette Goldon	agencies and with BPHC's by-laws and policies & procedures.
		Disseminate current, revised and new policies and procedures.
BPHC Director of Collaboration		Manage BPHC member engagement and outreach to CBOs and
	Albert Alvarez	community stakeholders.
	Moditification	Manage website, social media and communications for and within
		BPHC.
BPHC Executive Committee Chair	Leonard Walsh	Governance: Oversight of and support for all aspects of
		deployment of DSRIP projects.
BPHC Partners' Project Liaisons	Akwasiba Rafaelin, Montefiore (ED and IP)	
	Nicolette Guillou, Montefiore (ambulatory)	
	Irene Borgen, SBH Health System	- Coordinate with project transitional work groups and CSO project
	Twiggy Rodriguez, Acacia Network Nieves Madrid, Morris Heights Health Center (MHHC)	 Coordinate with project transitional work groups and CSO project directors to oversee implementation activities at participating sites.
	Dean Bertone, Union Community Health Center (UCHC)	unectors to oversee implementation activities at participating sites.
	Zena Nelson, Institute for Family Health (IFH)	
	Fernando Alonso, Bronx United IPA	



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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		
SBH Health System Leonard Walsh Eric Appelbaum	Lead Applicant	Fiduciary for DSRIP; Chair of Executive Committee for BPHC
Montefiore Medical Center Steven Rosenthal Amanda Parsons	Largest provider in BPHC	Member of Executive Committee of BPHC; contractor to provide key technical assistance on projects 2.b.iii and 2.b.iv; committed provider in all DSRIP projects
Institute for Family Health Maxine Golub	FQHC providing primary care services in several high-need areas of the Bronx	Member of Executive Committee of BPHC; contractor to provide technical assistance on project 3.a.i; committed provider in DSRIP projects 2.a.i, 2.a.iii, 3.a.i, 3.b.i, 3.c.i, 3.d.ii
Acacia Network Pam Mattel	FQHC providing primary care services in several high-need areas of the Bronx; behavioral health provider, SNF and respite housing provider	Member of Executive Committee of BPHC; contractor to provide technical assistance on project 3.a.i; committed provider in DSRIP projects 2.a.i, 2.a.iii, 3.b.i, 3.c.i, 3.d.ii
Union Community Health Center Doug York	FQHC providing primary care services in several high-need areas of the Bronx	Member of Executive Committee of BPHC; contractor to provide technical assistance on project 3.a.i; committed provider in DSRIP projects 2.a.i, 2.a.iii, 3.b.i, 3.c.i, 3.d.ii
Bronx United IPA Fernando Oliver	IPA group providing primary care services in several high-need areas of the Bronx	Member of Executive Committee of BPHC; contractor to provide technical assistance on project 3.a.i; committed provider in DSRIP projects 2.a.i, 2.a.iii, 2.b.iv, 3.b.i, 3.c.i, 3.d.ii
Morris Heights Health Center Tosan Oruwariye	FQHC providing primary care services in several high-need areas of the Bronx	Member of Executive Committee of BPHC; contractor to provide technical assistance on project 3.a.i; committed provider in DSRIP projects 2.a.i, 2.a.iii, 2.b.iii, 3.b.i, 3.c.i, 3.d.ii
Health People Chris Norwood	CBO providing evidence-based education to patients in the Bronx with chronic illnesses	Member of DSRIP Quality and Care Innovation Sub-Committee and clinical work group; contractor for delivering Stanford Model program to target groups for projects 3.b.i and 3.c.i
VNSNY Marianne Kennedy	Home care provider and MLTC provider	Member of the BPHC Executive Committee; committed partner in project 2.b.iv
Bronx Works Eileen Torres	CBO that provides numerous support and social services	Member of the BPHC Executive Committee
Bronx RHIO Charles Scaglione	Non-profit organization that provides health information exchange, shared data management and supporting data analytics, and	Member of the BPHC Executive Committee



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	performance monitoring	
CenterLight Paul Rosenfeld	Home care and MLTC provider	Member of the BPHC Executive Committee; committed partner in projects 2.a.iii and 2.b.iv
1199 TEF	Workforce vendor that will support execution of workforce planning and training related activities including participation on the Sub-Committee, best practices, information from other PPSs, helping to screen candidates for new hires, assessment, remediation and culture change, preparation of reports to the State and dispute resolution.	Member of BPHC Executive Committee; committed to being primary vendor for implementing BPHC workforce strategy including training, re-training, education programs and redeployment support
Healthfirst	Managed care organization providing coverage to a majority of	Member of Executive Committee of BPHC; will work with PPS on
Pat Wang	patients attributed to BPHC	movement to full risk-based contracting
External Stakeholders		
1199 TEF	Workforce vendor that will support execution of workforce planning and training related activities including participation on the Sub-Committee, best practices, information from other PPSs, helping to screen candidates for new hires, assessment, remediation and culture change, preparation of reports to the State and dispute resolution.	Committed to being primary vendor for implementing BPHC workforce strategy including training, re-training, education programs and re-deployment support



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IPQR Module 10.5 - IT Requirements

Instructions:

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

In order to support its projects and to act as an effective integrated performing provider system, BPHC will require and implement the following IT infrastructure: Care coordination & management: Collaboratively with the Montefiore CMO and the Montefiore-sponsored Hudson Valley PPS, BPHC is in the process of evaluating and procuring a care coordination management solution (CCMS) for population stratification, patient engagement, patient assessment, care planning, clinical and social service navigation, care transition management, patient registries and care management workflow, capacity and task management. Health information exchange (HIE): BPHC will build on the close governance and working relationship that SBH and key PPS partners have with Bronx RHIO to achieve project milestones related to health information exchange and data sharing. Bronx RHIO enjoys significant penetration with Bronx providers, including BPHC members. BPHC is working with Bronx RHIO to perform due diligence on its HIE capacity and capabilities and has undertaken further assessment of PPS partners' current level of integration with the RHIO and their readiness to achieve the level of integration required by BPHC projects. In addition, BPHC and Bronx RHIO are working on arrangements for cross-PPS/QE collaboration and will co-develop interfaces to the CCMS. Connections to the SHIN-NY are also being explored. Central data management: The Bronx RHIO will provide data governance, data specification and acquisition capabilities, data normalization/quality, patient and provider matching, master data management (MDM), central data storage and authorized access in an operational data store, and bi-directional data sharing with BPHC partners. Performance management and metrics (analytics): While much NYSDOH DSRIP metric reporting will be claims-based, and will be performed by the DOH in the Salient MAPP system, BPHC will need to identify its own required level of detail for performance monitoring. Assessment, monitoring and support programs and resources: Based on a current state assessment of PPS partner capabilities against BPHC and DOH requirements, the BPHC CSO will establish program management services for monitoring or assisting PPS partners as required with acquiring EHRs certified for Meaningful Use attestation, achieving PCMH 2014 recognition and participating and integrating with the Bronx RHIO for health information exchange. Digital health strategy for patient engagement: Beyond the IT discussed above, BPHC is developing strategies for implementing patient engagement and activation mechanisms to promote patient selfmanagement in PPS/IDS programs. This may in the future include developing a comprehensive strategy for telehealth, remote monitoring and patient engagement through digital health apps that are culturally competent and sensitive to patient circumstances and needs. In addition, BPHC is exploring opportunities for connecting community-based organizations to the PPS's IT infrastructure to facilitate patient engagement, provider communication, and closed loop referral tracking.

IPQR Module 10.6 - Performance Monitoring

Instructions:

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

The PPS's CSO analytics and IT staff, BPHC Chief Medical Officer, the CSO's Senior Director of Quality Management & Informatics, and the Quality & Care Innovation Sub-Committee (QCI) will work together closely to design reporting formats for three audiences—providers, CSO clinical



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project team members and QCI Sub-Committee members—that integrate Domain 1 process metrics, Domain 2 and 3 quality and outcome metrics, and other internal PPS reporting metrics selected by the QCI into its performance reporting dashboard and resulting performance reports to be shared with PPS members. The rapid cycle evaluation process will be the basic method used to monitor progress and identify providers that appear to be at risk of missing performance targets. We will also work with our partners at the provider level to ensure that they have a continuous quality improvement process in place to detect and address operational problems in each of the projects they participate in on an ongoing basis. Under the leadership of the BPHC CMO and Senior Director of Quality Management & Informatics, the CSO will organize and support a continuous quality improvement process to be carried out both centrally and internally by participants. The continuous quality improvement process will include identifying areas for both partner-specific and cross-partner improvement strategies and tactics, monitoring progress against improvement targets, assisting with root cause analysis, and convening cross-PPS work groups on special topics that emerge from reporting via the analytics team.



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IPQR Module 10.7 - Community Engagement

Instructions:

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

Throughout implementation, BPHC will continue to encourage and insist upon extensive community involvement, which includes representation from a diverse group of Bronx provider & community-based organizations (CBOs) in its project advisory committee. BPHC has hired a multilingual Director of Collaboration with deep roots in the community, responsible for managing outreach to community stakeholders & CBOs. Our community engagement efforts provide bidirectional dialogue to ensure project implementation is achieving results & allow for course correction & innovation. These efforts aim to develop capacity within the community to ensure sustainability. We are creating new connections & resources through sharing of information, skills & tools, & collaboration with other Bronx PPSs. In addition, we are creating job opportunities & career pathways for community members. BPHC is undertaking the following steps to ensure that the Bronx community continues to be deeply involved: PPS has conducted a survey to enhance our knowledge of the services offered by & capacity of CBOs in our PPS, which will provide the basis for a web-based CBO service directory to facilitate direct referrals to support services. BPHC met regularly with CBOs to gain input & build a community engagement strategy. Through Community-based Discussion Sessions, members of the organizations defined aim-focused, common issues among licensed & grant-funded CBOs & organizations providing community-based services & to express participation needs & questions. Targeted participants included CBOs providing senior care, food pantries, social services, home health, legal, farmers markets, housing, education, behavioral health, developmental disabilities, & family & children services. Minutes & common themes from the sessions were distributed to participants, followed by an invitation to join the Community Engagement Plan Workgroup. The Workgroup identified the need for 3 additional groups: Communications Strategies (to create efficient & effective methods of communication from CBO to CBO & from CBO to PPS constituent, with additional focus on consumer involvement & patient engagement); Outreach & Engagement (conduct networking events, define level of CBO participation, & build proactive relationships on behalf of the PPS with new & existing CBOs); & Interconnectivity (continue to work on connecting CBO resources via available technology). All CBOs are invited to join the community engagement process. To engage the community stakeholders further, BPHC will encourage & solicit feedback through its website, presentations, publications, social media platforms, & public fora. BPHC produces & publishes a biweekly bulletin & a quarterly newsletter & will continue to host all-Member webinars. BPHC has begun contracting with CBOs that will be major contributors to the success of our DSRIP projects. BPHC is contracting with Health People: Community Preventive Health Institute (CBO specializing in evidence-based patient education for chronic disease management) & a.i.r. nyc (a CBO providing home-based services to families with asthma). In the Bronx, the biggest risk associated with community engagement is that the level of need for community resources, such as behavioral health & social support services, exceeds the resources available. Other risks may include insufficient infrastructure to manage the number of CBOs & people engaged, address the complexity associated with serving a diverse population in culturally meaningful ways, ensure rapid response to community need & suggestions, & support communication at the community level via information technology. However, DSRIP provides a unique opportunity to increase the reach & impact of existing resources & improve & build new infrastructure to engage our community in efforts to improve health in the Bronx.

IPQR Module 10.8 - IA Monitoring

Instructions:



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Section 11 - Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions:

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

						Year/Quarter					
Funding Type	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	750,000.00	750,000.00	1,002,326.00	1,002,326.00	518,573.00	518,573.00	401,854.00	401,854.00	192,099.00	192,099.00	5,729,704.00
Redeployment	37,500.00	37,500.00	50,116.00	50,116.00	37,041.00	37,041.00	28,704.00	28,704.00	12,807.00	12,807.00	332,336.00
New Hires	93,750.00	93,750.00	100,233.00	100,233.00	74,082.00	74,082.00	14,352.00	14,352.00	16,008.00	16,008.00	596,850.00
Other	750,000.00	750,000.00	1,002,326.00	1,002,326.00	444,491.00	444,491.00	344,446.00	344,446.00	179,292.00	179,292.00	5,441,110.00
Total Expenditures	1,631,250.00	1,631,250.00	2,155,001.00	2,155,001.00	1,074,187.00	1,074,187.00	789,356.00	789,356.00	400,206.00	400,206.00	12,100,000.00

Current File Uploads

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	User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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IPQR Module 11.2 - Prescribed Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Establish and convene Workforce Project Team	Completed	Establish and convene Workforce Project Team (including Workforce Sub-Committee, Workforce Workgroups, workforce liaison and other supportive staff from the CSO, 1199 SEIU Training and Employment Funds (TEF), subject matter experts and stakeholders) responsible for implementing, executing and overseeing workforce activities.	07/01/2015	07/01/2015	07/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task Identify the requirements for each DSRIP project	Completed	Identify the requirements for each DSRIP project and the new services that will be delivered, in conjunction with the Quality and Care Innovation Sub-Committee.				06/30/2016	06/30/2016	DY2 Q1	
Task Identify types and numbers of workers needed for each DSRIP project	Completed	Identify the types and numbers of workers needed for each DSRIP project.	07/17/2015	06/30/2016	07/17/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify competencies, skills, training and roles required for each DSRIP project	Completed	Identify the competencies, skills, training and roles required for each DSRIP project, with particular attention to developing common standards and definitions for care management roles.	07/31/2015	06/30/2016	07/31/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Consolidate project-by-project analysis	Completed	Consolidate project-by-project analysis to develop a comprehensive view of the workforce needs to support all DSRIP projects.	04/30/2016	06/30/2016	04/30/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Finalize target workforce state	Completed	Finalize target workforce state and receive signoff from Workforce Sub-Committee and Executive Committee.	04/30/2016	06/30/2016	04/30/2016	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.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Convene Workforce Sub-Committee	Completed	Convene Workforce Sub-Committee to provide input on the approach for developing the workforce transition roadmap.	07/01/2015	09/09/2015	07/01/2015	09/09/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Provide PPS member organizations with individualized survey data to determine their current workforce state	Completed	Working with the Center for Health Workforce Studies (CHWS), provide PPS member organizations with individualized survey data to determine their current workforce state.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Draft a workforce transition roadmap template	Completed	Based on current workforce state and future targeted workforce state (as defined in the milestone above and below), work with TEF to draft a workforce transition plan template that addresses workforce volume including hiring, training, deploying staff as well as the timeline for the changes and the related dependencies to assist PPS member organizations in developing individualized workforce transition roadmaps.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Obtain approval of transition plan template	Completed	Obtain approval of transition plan template by Workforce Sub-Committee and Executive Committee to assist PPS member organizations in achieving future target workforce state.	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Gather baseline information on current workforce state	Completed	Work with CHWS to gather baseline information on current workforce state through member surveys and available workforce data. Baseline information will include an assessment of staff volume, staff titles/types, competencies and credentials related to implementing each DSRIP project	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify overall change in numbers, FTEs, salary, and benefits, by organization and in the aggregate as well as identify causes of potential workforce changes	Completed	Work with CHWS and TEF to identify overall change in numbers, FTEs, salary, and benefits, by organization and in the aggregate as well as identify if the potential workforce changes are a result of: retraining, redeployment, new hires, or attrition.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Apply training costs and training strategies to the retraining of health workforce staff and identify any other training costs	Completed	Work with TEF to apply training costs and training strategies to the retraining of health workforce staff and identify any other training costs (i.e. CBOS w/o new staff, but may need training to understand DSRIP and the process).	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Link training strategies and training costs to PPS DSRIP projects	Completed	Work with TEF to link training strategies and training costs to PPS DSRIP projects.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Identify staff who could be redeployed into future state roles to implement DSRIP projects	Completed	Work with PPS partners, including unions, to identify staff who could be redeployed into future state roles to implement DSRIP projects. Workforce Advisory Work Group will be available to facilitate.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Conduct a job analysis of at-risk positions and a skill transferability analysis to create job transition maps and career ladders within the PPS	Completed	Work with TEF and other members of the Workforce Sub- Committee to conduct a job analysis of at-risk positions and a skill transferability analysis to create job transition maps and career ladders within the PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Identify new hire needs to implement DSRIP projects	Completed	Identify new hire needs to implement DSRIP projects	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Perform workforce budget analysis for each DSRIP project over the duration of the projects	Completed	Perform workforce budget analysis for each DSRIP project over the duration of the projects, taking into consideration overlap of training needs in projects.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Obtain sign-off on current state assessment report and gap analysis	Completed	Obtain sign-off on current state assessment report and gap analysis from Workforce Sub-Committee and Executive Committee.	05/15/2016	09/30/2016	05/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task Identify compensation and benefits ranges for current staff critical to implementation of DSRIP projects	Completed	As part of gathering baseline information from CHWS in the milestone above through member surveys and available workforce data, work with partners and stakeholders (including unions) to identify compensation and benefits ranges for current staff critical to implementation of DSRIP projects, including care managers.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop impact analysis on staff needing to be retrained and redeployed across PPS member organization	Completed	Working with TEF, build on analysis of at risk positions to develop impact analysis on staff needing to be retrained and redeployed across PPS member organizations.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop compensation and benefit range targets for staff positions, including new hires, critical to DSRIP implementation	Completed	Work with PPS members and targeted stakeholders to develop compensation and benefit range targets for staff positions, including new hires, critical to DSRIP implementation to inform PPS budgeting and workforce	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		impact analysis.							
Task Calculate the number of partially and fully placed staff and develop a tracking system	Completed	Work with TEF to calculate the number of partially and fully placed staff and develop a tracking system	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Determine impacts to partial placement staff and potential contingencies and develop and incorporate policies for staff who face partial placement and for staff who refuse retraining or redeployment	Completed	Convene the Workforce Advisory Work Group to determine impacts to partial placement staff and potential contingencies and develop and incorporate policies for staff who face partial placement and for staff who refuse retraining or redeployment, taking into consideration Collective Bargaining Agreements and HR policies at Partner organizations.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Draft comprehensive compensation and benefit analysis report	Completed	Draft comprehensive compensation and benefit analysis report.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Review and approval of compensation and benefit analysis report	Completed	Review and approval of compensation and benefit analysis report by Workforce Sub-Committee and Executive Committee.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Provide training, as well as case management, counseling, job search assistance, employment workshops and tracking systems for impacted workers	Completed	Contract with 1199 Training and Employment Fund to provide training, as well as case management, counseling, job search assistance, employment workshops and tracking systems for impacted workers.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Provide specialized training for specific DSRIP projects	Completed	Contract with other organizations (CBOs) to provide specialized training for specific DSRIP projects, including training on cultural competency and health literacy strategies, as needed.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Create an inventory of needed training to implement each DSRIP project	Completed	In concert with the Workforce Sub-Committee, Quality and Care Innovation Sub-Committee and workforce vendors and through member surveys and stakeholder input, create an inventory of needed training to implement each DSRIP project, including specific skills, certifications and competencies.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Identify existing staff and new hires that will need to be retrained, and the competencies and skills they will need in the future to implement DSRIP projects	Completed	As part of the inventory effort and the above milestones, work with TEF to identify existing staff and new hires that will need to be retrained, and the competencies and skills they will need in the future to implement DSRIP projects.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Develop vision, goals and objectives for training strategy and draft detailed training strategy	Completed	Work with TEF to develop vision, goals and objectives for training strategy and draft detailed training strategy, including plans and process to develop training curricula in concert with training vendors and the associated timeline.	01/29/2016	09/30/2016	01/29/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop mechanism to measure effectiveness of training in relation to training goals to implement DSRIP projects	Completed	Work with partner organization HR leads to develop a mechanism to measure effectiveness of training in relation to training goals to implement DSRIP projects	01/29/2016	09/30/2016	01/29/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Finalize, review and approve training strategy	Completed	Finalize, review and approve training strategy by Workforce Sub-Committee and Executive Committee.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

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Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Define target workforce state (in line with DSRIP program's goals).	sgjevuka	Meeting Materials	36_DY2Q4_WF_MDL112_PRES1_MM_WF_M1_M eeting_Schedule_Template_DY2Q4_11742.xlsx	WF_M1_Meeting Schedule Template_DY2Q4	04/24/2017 02:35 PM
Create a workforce transition roadmap for achieving defined target workforce state.	sgjevuka	Templates	36_DY2Q4_WF_MDL112_PRES2_TEMPL_WF_M 2_Meeting_Schedule_Template_DY2Q4_11745.xls x	WF_M2_Meeting Schedule Template_DY2Q4	04/24/2017 02:36 PM
Develop training strategy.	sgjevuka	Templates	36_DY2Q4_WF_MDL112_PRES5_TEMPL_WF_M 5_Training_Schedule_DY2Q4_11748.xlsx	WF_M5_Training Schedule_DY2Q4	04/24/2017 02:38 PM

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	There are no updates to this milestone at this time.
Create a workforce transition roadmap for achieving defined target workforce state.	There are no updates to this milestone at this time.



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SBH Health System (PPS ID:36)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform detailed gap analysis between current state assessment of workforce and projected future state.	There are no updates to this milestone at this time.
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.	Bronx Partners for Healthy Communities is prepared to contract with BDO for the Compensation and Benefit Analysis. They have offered a 10% discount to the original workforce consortium of PPSs led by BPHC. Before we do so, we are waiting to see if the State identifies a priority vendor or vendors as was discussed at the Workforce Meeting conducted by Cherlyn Fay and Peggy Chan on Tuesday March 21, 2017.
Develop training strategy.	The Bronx Partners for Healthy Communities (BPHC) Workforce Training Strategy, approved during DY2Q2, has been used during DY2Q4 to direct all of the BPHC training activities. This includes training in the following areas: DSRIP Orientation Programs, Project-Specific Training, Cross-Project Training, Cultural Competency Trainings and the CBO Training Series. Schedules and attendance sheets are available for programs delivered in each of these categories. BPHC has offered over 16,000 hours of training through DY2Q4, not including webinars and trainings not specifically designed for and supported by DSRIP.

Milestone Review Status

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



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IPQR Module 11.3 - PPS Defined Milestones

Instructions:

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

Milestone/Task Name Status Description Original Start Date End Date End Date End Date R

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone Name	Narrative Text

No Records Found



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

Instructions:

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

BPHC has intense retraining and training needs. We anticipate 5,000-10,000 existing staff will need retraining to implement the PPS's clinical projects and additional work streams. BPHC also anticipates up to 750 new jobs created within the PPS, all of which will require training.

To mitigate this risk, BPHC has engaged the services of the 1199 Training and Employment Funds to assist in the planning, implementation and administration of all of BPHC's training initiatives. The Director of Workforce Innovation from the BPHC CSO is working closely with the Workforce Subcommittee on the Workforce Plan, which is characterized by career ladders, continuous quality improvement and the use of evidence based teaching methods (including e-learning and basic skills support, as needed).

BPHC has a large and diverse workforce. We originally estimated our workforce to be 35,000. After completing our current state survey analysis, BPHC determined that the number of staff is twice that size, or approximately 70,000 total staff in 230 organizations. Communicating and engaging a staff of that size, including home care, which is the largest group represented at 27,198 (many in part time roles) is challenging.

To mitigate this risk, the Workforce Communication and Engagement Work Group representing multiple organizations in the PPS, has reconvened to determine what additional steps can be taken to expand the outreach to staff. The current focus is on using new media in addition to the elements already contained in the workforce communication and engagement plan. In addition, BPHC has identified the key workforce contact in each organization to help facilitate communication and information exchange. Focus groups have been planned for the fall, to gather additional ideas and input from staff across the PPS and gage the progress of current efforts toward staff engagement.

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.)

BPHC's workforce strategy has interdependencies with many workstreams, including clinical project implementation, cultural competency, IT systems and processes, and finance and budgeting.

- Project Implementation Interdependencies: The number and types of staff that must be retrained or redeployed and the number and type of staff that needs to be newly hired depend on the needs and services of the clinical projects. As the implementation of the clinical projects evolves, it will be important to closely monitor any changes that could impact workforce needs.
- Cultural Competency Workstream Interdependencies: The success of the PPS' recruitment and training strategy will impact the provision of culturally competent care. The PPS will work with 1199 TEF, CUNY, and contracted CBOs to develop training curricula that meet cultural competency and health literacy standards and incorporate these trainings into all new hire orientations, refresher courses, and provider

NYS Confidentiality – High



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agreements.

- IT Systems & Processes: To support a robust IT infrastructure, BPHC is planning to implement an electronic care planning tool across the PPS. The success of this tool is heavily dependent on the ability of the healthcare workforce to use this platform to track and manage care. BPHC's CSO will institute extensive training for the care management workforce on the use of the care planning tool.
- Finance and Budgeting: BPHC anticipates that partners will require funding to hire and deploy additional staff and potentially to adjust compensation for existing staff critical to successful implementation of the DSRIP projects.
- Governance: Establishment of the Workforce Sub-committee will be critical to engaging workers and thus ensuring the success of each DSRIP project.

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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
Director of Workforce Innovation, BPHC	Mary Morris	Responsible for the development and implementation of all workforce implementation plans including providing leadership and advisement to the Workforce Sub-Committee, reporting to the Executive Committee.
Director of Collaboration, BPHC	Albert Alvarez	Responsible for obtaining input from the community on workforce needs.
Workforce Sub-Committee	The WSC has 12-15 voting members including representation from unions, HR, workforce experts, frontline staff (for all names, please see Membership Template in Governance workstream).	Responsible for implementing the workforce strategy, including Workforce Communication and Workforce Advisory facilitated by the 1199 Labor Management staff to ensure workforce input and identify concerns and structural barriers for collaborative decision making.
Workforce Training Vendor	1199 Training and Employment Funds (Rosa Mejias)	TEF will support execution of workforce training related activities including participation on the Sub-Committee, providing research on training vendors, best practices, information from other PPSs, helping to screen candidates for new hires, assessment, remediation and case management for candidates, culture change, preparation of reports to the State and dispute resolution.
Labor Representatives	Representatives from 1199 SEIU, NYSNA and CIR (Tom Cloutier, Teresa Pica, Gladys Wrenick, Rosa Mejias, and others)	Provide expertise on CBAs, and insight in retraining, redeployment and hiring 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		
Linda Reid, Annie Wiseman, Susan Roti	Training Leads in Partner Organizations	Provide best practice training approaches and guidance in program implementation
Erlinda Girado, Victoria Izaylevsky, Katrina Jones, Marc Wolf, Gloria Kenny	HR Leads in Partner Organizations	Support data collection for staff FTEs, comp and benefits, CBO information, hiring needs
Patricia Belair	SVP, Ambulatory Services and Strategy, SBH Health System	Advisor on ambulatory care competencies/jobs
External Stakeholders		
1199 SEIU, NYSNA, CIR	Labor Union Representatives	Facilitate worker engagement
Curtis Dann-Messier	CUNY liaison	Coordinate curriculum development, supply talent
Marilyn Aquirre-Molina, Executive Director, CUNY Institute for Health Equity	Connection to Bronx Borough President Ruben Diaz's Not 62 Campaign	Input for curriculum development. Provide action-research on the social determinants of health that contribute to the high rates of morbidity and mortality in the Bronx, and technical support for training curriculum to enable us to better address health equity.
Swawna Trager, Executive Director of the NY Alliance for Health Careers	Provide talent pool of new staff for CHWs and other "peer" roles.	Potential training funding source-city and federal funding including stipends for training, tuition reimbursement, wrap arounds and paid internships, Curriculum development consultation.
Jessica Hill, Director Bronx-Westchester AHEC	Provides Bronx resident talent pipelines for various PPS staff positions.	Creates community-based health professional training opportunities and public health programs. Strengthens community networks to increase minority representation in all healthcare professions.
GNYHA	Provide training on key areas of care coordination teams and cultural competency.	Provide research findings on NYC health issues.



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IPQR Module 11.8 - IT Expectations

Instructions:

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

The development of shared IT infrastructure across the PPS will be important in storing information, tracking progress on workforce transitions, and delivering and tracking training to ensure success of the DSRIP clinical projects. Shared IT infrastructure will be especially important given the high volume of training, redeployment and new hires that needs to take place in order to implement the DSRIP projects.

- 1) Storing Information. BPHC will need to document information from all of the PPS Partners regarding their current workforce state, including volume, competencies and skills. It will be important to have an IT platform that will store this large volume of information in an organized way.
- 2) Tracking. BPHC anticipates that there will be extensive movement and changes in the workforce that will need to be tracked over time in order to ensure that BPHC reaches the future targeted workforce state. It will be crucial to track these changes across the PPS. The IT infrastructure will be key in reporting workforce process measures in the quarterly reports.
- 3) Training. Providers and staff will be trained regarding specific population needs and effective patient engagement approaches. Training will be scheduled, delivered and tracked using a learning management system (LMS) administered by the BPHC CSO.
- 4) Job Listings. BPHC will also use the IT infrastructure to post job openings on the "job board" across the PPS in order to recruit and hire qualified staff.

IPQR Module 11.9 - Progress Reporting

Instructions:

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

BPHC will measure the success of its workforce strategy through the milestones listed above. BPHC will focus on monitoring key workforce measures, such as the number and type of staff who are retrained or redeployed as well as new hires. The Workforce Sub-Committee will be charged with monitoring the comprehensive workforce strategy to ensure that BPHC retains, trains, and hires the staff necessary to support successful implementation of DSRIP projects. The Workforce Sub-Committee will be supported by two workgroups: 1) Workforce Communications Workgroup and 2) Workforce Advisory Workgroup that will support workforce efforts.



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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
		36_DY2Q4_WF_MDL1110_OTH_Workforce	Workforce - 11.10 Remedation_additional PPS	
sgjevuka	Other	_11.10_Remedation_additional_PPS_announcement-	announcement-Workforce Impact Analysis Reporting	06/13/2017 04:30 PM
		Workforce_Impact_Analysis_Reporting_Clarification_15001.pdf	Clarification	
sgjevuka	Other	36_DY2Q4_WF_MDL1110_OTH_Workforce11.10_Remediation_BPHC_Workforce_Staffing_Impact_Quarterly_DY1Q1_throu qh_DY2Q2_14999.xlsx	Workforce - 11.10 Remediation_BPHC Workforce Staffing Impact Quarterly_DY1Q1 through DY2Q2	06/13/2017 04:28 PM
	<u> </u>	36_DY2Q4_WF_MDL1110_OTH_Workforce11.10_Remediation	Workforce - 11.10 Remediation - Workforce Staffing	
sgjevuka	Other		Impact Quarterly Template_DY2Q4	06/13/2017 04:28 PM
sgjevuka	Other	36_DY2Q4_WF_MDL1110_OTH_Workforce11.10 _Remediation_Narrative_14996.docx	Workforce - 11.10 - Remediation Narrative	06/13/2017 04:27 PM
sgjevuka	Templates	36_DY2Q4_WF_MDL1110_TEMPL_Workforce_Staffing_Impact_Quarterly_Templ ate_DY2Q4_11755.xlsx	Workforce Staffing Impact Quarterly Template DY2Q4	04/24/2017 02:42 PM

Narrative Text:

PPSs had previously received conflicting guidance about the timeframe that should have been included in the Workforce Impact Analysis Actuals due DY2Q2 so the state issued this clarification on 10/12/16 (original email attached in supporting documentation). We had DY1 data available for our PPS so we included it in our DY2 Q2 report. As there's no milestone narrative to go with this deliverable and we are not aware of any other way to make a notation, we indicated "DY1Q1 through DY2Q2" in the filename (attached). And our DY2Q4 report included data for DY2 Q3&4 (also attached).

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions:

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

Benchmarks	
Year	Amount(\$)
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	7,572,502.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date	Cumulative Percent of Commitments
	DY2(Q1/Q2)(\$)	DY2(Q3/Q4)(\$)	(DY1-DY5)(\$)	Expended through Current DSRIP Year (DY2)
Retraining	550,108.00	2,113,983.00	4,460,603.00	127.28%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	655,926.00	167,278.00	1,229,900.00	317.01%
Other	445,084.00	118,289.00	1,122,066.00	32.02%
Total Expenditures	1,651,118.00	2,399,550.00	6,812,569.00	89.96%

Current File Uploads

User ID File Type File Name	File Description U	Upload Date
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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

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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.

IDS Risk and Mitigation

- 1) If providers and BPHC cannot agree on contract terms BPHC may fail to fully achieve its provider participation goals. BPHC is therefore working to understand provider capabilities, provide support, set clear performance expectations and evolve a DSRIP payment distribution based, at least in part, on performance until a fully VBP contract is achieved that is satisfactory to providers and BPHC.
- 2) CBOs participating in BPHC may not have the capacity to meet the PPS's interconnectivity/interoperability requirements. Through its Community Needs Assessment and various organizational and service surveys, BPHC has profiled its CBO member organizations and developed comprehensive profiles compiled into a database which will be used to facilitate referrals. A Community Engagement Work Group made up of BPHC CBOs, works to involve BPHC CBOs in meaningful participation that will ensure BPHC meets CBO needs and PPS DSRIP goals.
- 3) Lack of integration and continuity between CCMS systems of HHs within BPHC may lead to information silos and poor PHM results. BPHC is signing MSAs with all HHs in the PPS which detail policies, procedures and agreement to adopt standards. BPHC is advocating use of a single CCMS, , for all members, but will work to integrate other CCMS solutions chosen by other member organizations..
- 4) If providers do not fully embrace Care Management (CM) or PHM, PCPs will continue to provide uncoordinated care. BPHC educates providers how the change in SDOH incentives reward CM/PHM. BPHC provides CM/PHM CMEs, TA and tools in different PCPs settings.
- 5) If BPHC does not reach its incremental performance goals and DSRIP funding is affected, there will be risks to future transformation. BPHC is installing critical control measures to monitor program implementation, progress towards PHM and outcomes measures. CQI and change management trainings are being designed for our network partners so that these processes become part of regular operations. Frequent budgeting and contracting cycles are used to ensure continuous sustainable operations.
- 6) If providers do not implement EHR systems that meet MU and PCMH 2014 Level 3 standards by DY3Q4, their ability to fully participate in coordinated interventions, CM, PHM across the IDS will be affected and negatively impact patient outcomes. BPHC comprehensive PCMH/MU plan deploys external consulting resources, and provides customized technical assistance, coaching, and care team training modules so that practices achieve DSRIP goals.
- 7) If the Bronx RHIO fails to satisfy partner demand for secure messaging, alerts and patient record lookup, or providers do not integrate and use functions by DY3Q4, then planned clinical interventions, CM and PHM will be at risk across the IDS. BPHC will develop a timeline to prioritize practices for phased connectivity, and mechanisms to monitor the expansion of HIE / IDS. BPHC is exploring the expansion of local HIE DIRECT messaging outside of the RHIO, and the abilities of CCMS systems to message and alert. These would allow partners more options, leverage existing partner infrastructure where it exists, and provide a level of redundancy in case the RHIO cannot keep pace with partner demand.

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post- acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Define pro forma role of all PPS providers in BPHC's network model of care (prioritized programs/projects, target patient populations, interventions, accountabilities, use of care plans, funds flow, etc.) to establish BPHC-wide expectations, building on clinical planning to date and planned population health management, clinical integration and IT assessment and planning detailed in those work streams		Project		Completed	08/01/2015	06/15/2016	08/01/2015	06/15/2016	06/30/2016	DY2 Q1
Task Draft Master Services Agreement (MSA) and exhibits, which will describe legal terms and conditions of partner participation in the PPS and governance structure		Project		Completed	04/01/2015	05/21/2015	04/01/2015	05/21/2015	06/30/2015	DY1 Q1
Task Solicit comments on MSA from partners through distribution to members, opportunity to submit written comments, and review in Committee and Sub-Committee meetings.		Project		Completed	05/21/2015	06/08/2015	05/21/2015	06/08/2015	06/30/2015	DY1 Q1
Task Finalize MSA agreement		Project		Completed	07/01/2015	07/23/2015	07/01/2015	07/23/2015	09/30/2015	DY1 Q2
Task Develop and finalize project schedules in concert with Clinical Operations Plans (COPs)		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review and negotiate project schedules with partner		Project		Completed	08/15/2015	12/31/2015	08/15/2015	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
organizations. The order in which project schedules will be negotiated will be based on prioritization of partner organizations developed by SBH										
Task Complete first round of contracting with all PPS partners		Project		Completed	08/15/2015	03/20/2016	08/15/2015	03/20/2016	03/31/2016	DY1 Q4
Task Identify payers and social service organizations required to support IDS strategy that are not already identified as PPS member partners; schedule, conduct and document regular meetings to discuss formal mechanisms for them to participate in BPHC		Project		Completed	03/20/2016	06/30/2016	03/20/2016	06/30/2016	06/30/2016	DY2 Q1
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	08/30/2015	03/31/2016	08/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	08/30/2015	03/31/2016	08/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Define contracting, coordination and assessment strategy for Montefiore BAHN ACO, and care model expectations, coordination and contracting strategies related to BAHN, CBC and CCMP partner Health Homes, based on requirement frameworks developed to date and those that will result from planned assessment and planning activities in other work streams		Project		Completed	09/10/2015	03/31/2016	09/10/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess HH and ACO population health management capabilities to determine if the skills and experience of the ACO and other organizations can be leveraged by BPHC, based on strategies and expectations; incorporate into BPHC operational strategy/plan		Project		Completed	08/30/2015	03/31/2016	08/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement effective referral strategy to the HH/ACO, including referral tracking		Project		Completed	10/30/2015	02/25/2016	10/30/2015	02/25/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Integrate HHs and ACOs into the IT infrastructure		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 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	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	01/01/2017	03/31/2017	01/01/2017	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	01/01/2017	03/31/2017	01/01/2017	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 Identify and document required clinical and care management protocols for priority programs, projects and interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define partner and workforce roles in delivering care based on protocols and planned interventions in priority projects, including expectations for how interventions will be logged, tracked and reported.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Deploy systems to improve and promote effective care transitions, include protocols for tracking and follow-up		Project		Completed	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4
Task Operationalize partner and workforce roles by providing gap analysis and appropriate training to clinicians and care management staff (including licensed care managers, care coordinators, patient navigators/community health workers, medical assistants and front-office staff).		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish data collection, survey and reporting mechanisms to		Project		Completed	02/01/2016	06/15/2016	02/01/2016	06/15/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
enable BPHC monitoring to ensure that patients are receiving appropriate health care and community support in priority projects, based on needs identified in prior planning activities										
Task Review process for rapid cycle evaluation and continuous improvement of data collection, survey and reporting methods based on priority project experience and modify process as needed to ensure patients receive appropriate health care and community support		Project		Completed	08/01/2016	09/01/2016	08/01/2016	09/01/2016	09/30/2016	DY2 Q2
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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify safety net provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Coordinate with Bronx RHIO to develop comprehensive HIE adoption program to encourage and support partner participation and integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	
Task		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Begin coordinated interface and service development with Bronx RHIO										
Task Establish BPHC program to manage support for safety net providers to ensure that all are actively sharing health information, coordinating with Bronx RHIO to encourage, track and support partner participation and integration/data sharing		Project		Completed	03/01/2016	04/25/2016	03/01/2016	04/25/2016	06/30/2016	DY2 Q1
Task Track status and manage support to ensure that all PPS safety net providers are actively sharing health information through Bronx RHIO or alternative health information exchange		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	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	06/30/2015	03/31/2018	06/30/2015	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	03/31/2018	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	03/31/2018	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating partner EHR use relative to Meaningful Use and PCMH 2014 Level 3 standards		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish BPHC program to educate, encourage, track and support eligible safety net providers in acquiring/implementing certified EHR systems, including potential use of incentive-based payments for implementation		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Recruit or contract for EHR implementation resources as needed		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner EHR implementation and progress towards Meaningful Use and PCMH standards		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Track status and manage support to ensure all eligible safety net providers are using certified EHR systems that meet Meaningful Use and PCMH 2014 Level 3 standards		Project		In Progress	10/16/2016	03/15/2018	10/16/2016	03/15/2018	03/31/2018	DY3 Q4
Milestone #6	DY4 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers,		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care										
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	01/01/2018	03/31/2018	02/01/2017	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	01/01/2018	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed		Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	01/01/2016	04/15/2016	01/01/2016	04/15/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition										
Task Perform gap analysis by practice and identify key priorities.		Project		Completed	01/01/2016	04/15/2016	01/01/2016	04/15/2016	06/30/2016	DY2 Q1
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.		Project		Completed	01/01/2016	04/15/2016	01/01/2016	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition		Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review final State value-based payment roadmap and PPS value-based payment plan		Project		Completed	07/01/2015	08/04/2015	07/01/2015	08/04/2015	09/30/2015	DY1 Q2
Task Identify Medicaid MCOs and other payers that serve PPS service area and obtain key DSRIP contact at each Medicaid MCO for participation in PPS activities		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish reporting mechanisms to collect and analyze Medicaid MCO and PPS partner data relative to utilization, performance, and payment reform		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene first monthly meeting of Medicaid MCO workgroup;		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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membership will be a subset of the Finance and Sustainability Sub-committee with the potential to add members from PPS providers and MCO representatives										
Task Collect and analyze PPS data and prepare framework for reports to Medicaid MCOs		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q4	Project	N/A	In Progress	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Establish reporting mechanisms and framework for collecting and analyzing data on patient outcomes by PPS partners and providers		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop provider education and engagement strategy through a structured stakeholder engagement process, which will facilitate participant understanding of and input to value-based payments and potential contracting arrangements.		Project		Completed	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collect and analyze data on patient outcomes by PPS partners and providers		Project		Completed	01/15/2016	09/30/2016	01/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop recommendation for allocation of internal PPS provider bonus payments to reflect PPS partner and provider performance relative to patient outcomes		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Present recommendation for allocation of internal PPS provider bonus payments to Executive Committee		Project		In Progress	05/30/2016	03/31/2017	05/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Engage MCO workgroup and participating MCO organizations to reconcile and align PPS and MCO activities related to provider compensation associated with patient outcome		Project		Completed	05/30/2016	03/31/2017	05/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue first internal PPS provider bonus payments for high- performing partners exceeding outcome and quality thresholds		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4



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SBH Health System (PPS ID:36)

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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 Complete first quarterly report to Executive Committee on progress toward aligning provider compensation with patient outcomes.		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop provider value-based compensation framework through the Finance and Sustainability Sub-Committee, Medicaid MCO workgroup and the Executive Committee.		Project		Completed	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Complete first annual evaluation of PPS value-based payment plan and recommend changes, if needed		Project		In Progress	11/01/2015	03/31/2018	11/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY4 Q4	Project	N/A	Completed	04/01/2015	11/30/2016	04/01/2015	11/30/2016	12/31/2016	DY2 Q3
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify community based services relevant to the community, and identify organizations that provide them, to gain an understanding of their willingness in and capability to expand their services and to contractually engage with BPHC to engage patients in their care through outreach activities, peforming patient screening and assessment, helping patients navigate service providers (including engagement and activation with primary care) and providing patient education and selfmanagement assistance		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify CBOs to contract with in DY1, via: 1) project-specific work groups identifying CBOs to target and engage based on the services they provide and how those services address the predominant social determinants of health in the Bronx by primary condition (diabetes, CVD, asthma, etc), based on the initial Bronx CNA (November 2014); 2) CSO implement a survey of current CBO members of our PPS to profile their services and their interest and capacity to participate as partner organizations in our DSRIP projects; 3) hosting weekly forums with groups of CBOs designed to inform them about the CBO role as member organizations and to facilitate their participation in our DSRIP		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2



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SBH Health System (PPS ID:36)

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
projects.										
Task Draft Master Services Agreement (MSA) and exhibits, which will describe legal terms and conditions of partner participation in the PPS and governance structure.		Project		Completed	04/01/2015	05/21/2015	04/01/2015	05/21/2015	06/30/2015	DY1 Q1
Task Solicit comments on MSA from PPS members through distribution to members, opportunity for submission of written comments, and review in Committee and Sub-Committee meetings.		Project		Completed	05/21/2015	06/08/2015	05/21/2015	06/08/2015	06/30/2015	DY1 Q1
Task Finalize MSA.		Project		Completed	07/01/2015	07/23/2015	07/01/2015	07/23/2015	09/30/2015	DY1 Q2
Task Develop and finalize CBO project schedules in concert with Clinical Operational Plans.		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Review and negotiate project schedules with CBOs.		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Execute agreements and project schedules for CBOs.		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop patient engagement and activation protocols for priority projects, target subpopulations or interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	04/01/2016	11/30/2016	04/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Begin patient outreach, engagement, screening/assessment, navigation activation and education for high priority projects and population		Project		Completed	10/15/2016	11/30/2016	10/15/2016	11/30/2016	12/31/2016	DY2 Q3
Task Define patient engagement and patient engagement metrics. Define mechanisms for evaluation, feedback and continuous quality improvement.		Project		Completed	07/22/2015	06/30/2016	07/22/2015	06/30/2016	06/30/2016	DY2 Q1

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public	sgjevuka	Other	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_IDS_M3 _Remediation_Response_with_Narrative_14973.pdf	IDS M3 Remediation Response with narrative and supporting documents.	06/13/2017 03:10 PM
	vchibiso	Training Documentation	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_TRAIN_IDS_	List of completed trainings.	04/19/2017 02:10 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
health services.			M3_8_Combined_Trainings_10909.xlsx		
	vchibiso	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_EHR_IDS_M3 _7_Evidence_of_Discharge_Plans_10908.pdf	Evidence of discharge plans uploaded into EHR.	04/19/2017 02:08 PM
	vchibiso	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_EHR_IDS_M3 _6_Sample_Registries_10907.pdf	Sample reports which demonstrate a process for tracking care outside of hospitals, for example a registry which shows appointments following discharge from hospital.	04/19/2017 02:07 PM
	vchibiso	Contracts and Agreements	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ M3_5_Patient_Flow_Contracts_and_Registries_10906. pdf	Contract or agreement between network partners demonstrating a requirement for tracking care outside of hospitals.	04/19/2017 02:06 PM
	vchibiso	Other	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_IDS_M3 _4_Process_Flow_Diagrams_10903.pdf	Process flow diagrams demonstrating IDS processes.	04/19/2017 02:03 PM
	vchibiso	Contracts and Agreements	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ M3_3_System_Sharing_Data_with_Roles_and_Respon sibilities_10902.pdf	Interoperability Systems shares data across all participating providers, including responsible parties at every stage.	04/19/2017 02:03 PM
	vchibiso	Policies/Procedures	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_P&P_IDS_M3 _2_IT_work_flows_10901.pdf	Process workflows demonstrating how clinical systems share data	04/19/2017 02:01 PM
	vchibiso	Documentation/Certificati on	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_DOC_EHR_C ertifications_10900.pdf	EHR Certifications	04/19/2017 02:00 PM
	vchibiso	Policies/Procedures	36_DY2Q4_PROJ2ai_MDL2ai2_PRES3_P&P_IDS_M3 _1_Interoperability_10898.pdf	HIE Systems demonstrating Clinical Interoperability across all providers.	04/19/2017 01:59 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.	vchibiso	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2ai_MDL2ai2_PRES6_EHR_IDS_M6 _2_Registries_and_EHR_Completeness_10913.pdf	Sample patient registries; EHR completeness reports (necessary data fields sufficiently accurate to conduct population health management)	04/19/2017 02:18 PM
	vchibiso	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2ai_MDL2ai2_PRES6_EHR_IDS_M6 _1_Sample_Registries_10912.pdf	Sample patient registries;	04/19/2017 02:17 PM
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	vchibiso	Meeting Materials	36_DY2Q4_PROJ2ai_MDL2ai2_PRES9_MM_M9_Meet ing_Agenda_and_Minutes_10914.pdf	MCO Meetings Agenda and Attendance	04/19/2017 02:21 PM

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System.	As with previous quarters, Bronx Partners for Healthy Communities (BPHC) continues to gather documents and build relationships with member organizations which
The IDS should include all medical, behavioral, post-acute, long-term	provide diverse services to BPHC-attributed patients. BPHC also continues to develop standard processes, policies and procedures via collaboration between members,
care, and community-based service providers within the PPS network;	with the help of leadership groups representing these members.
additionally, the IDS structure must include payers and social service	
organizations, as necessary to support its strategy.	During, DY2Q4, BPHC executed additional Master Services Agreements (MSAs) with five community pharmacies and a community-based health organization. These



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Milestone Name	estone Name Narrative Text			
	contracts will serve as the foundation for Schedule A contracts with these organizations for specific deliverables and funds disbursement. For those organizations with whom we have MSAs, we continued to develop Schedule A contracts. We signed these contracts with eight organizations committed to expand their care coordination and management capabilities by adopting BPHC's care coordination and management system (CCMS), GSI Health. Schedules A were used with seven organizations to have their DY2 start-up funds contracts extended. There were an additional seven Schedules A issued to organizations to incentivize short-term DSRIP goals. These contracts focused on delivering on select DSRIP pay for performance measures by the end of measurement year (MY) 3. One organization received a contract extension for in-house Patient-Centered Medical Home (PCMH) work.			
	BPHC also continues to focus on strengthening relationships with behavioral health providers. Based on adopted Behavioral Health (BH) work plans, BPHC released requests for proposal (RFPs) for participating member organizations which will implement them and lead member organizations which will manage and facilitate the implementation process. Responses were collected and evaluated, resulting in twelve member organizations selected to implement programs and two to lead them. Contracts were issued to all 14 member organizations in total and we expect them to be signed by mid-April.			
	BPHC continues to contract with technical assistance consultants (TAs) for PCMH support for various member organizations in BPHC. During DY2Q4, BPHC extended existing contracts to fund an additional Federally Qualified Health Center's (FQHC's), Damien Family Care Centers', three sites and seven additional independent provider sites. Letters of Intent (LOI) were collected from TAs for pilot work on PCMH for School Based Health Centers (SBHCs).			
	BPHC started planning contracting and funding distribution to the final group of member organizations; those that provide post-acute services. These organizations provide home health, nursing home, hospice, supportive housing and physical rehabilitation services.			
	During DY2Q4, additional providers were added to BPHC. Of the 778 new MAPP entries added, 31 were identified by SDOH as primary care providers (PCPs). We also added additional organizations, mostly focusing on Children's Health Homes Care Management Agencies (CMAs) to strengthen the Health Home program. BPHC removed the maximum allotted number of providers 10% which were no longer active due to provider turnover at member organizations or organizations becoming inactive.			
	The milestone is on track to be completed by DY4Q4.			
	Bronx Partners for Healthy Communities (BPHC) continues to convene and consult its Health Home Work Group members for collaboration around provider and community education, bottom-up referral processes, and other topics. This Work Group includes the three Health Homes serving the vast majority of BPHC-attributed patients: Bronx Accountable Healthcare Network (BAHN), Community Care Management Partners (CCMP), and Coordinated Behavioral Care (CBC). A particular focus during DY2Q4 has been on the rollout of the Community Health Literacy (CHL) program, which includes community education on Health Homes.			
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	BPHC has worked closely with the Health Home representatives to map referral processes and develop a training curriculum for the seven community-based organizations (CBOs) participating in the CHL program: ArchCare, Bronx Community Health Network, Health People, The Bronx Health Link, BronxWorks, Mary Mitchell Family & Youth Center, and Regional Aid for Interim Needs (R.A.I.N). BPHC recognizes that its partner CBOs, with their deep experience and expertise working with at-risk populations within our community, are seasoned in cultural competency and are critical participants in our PPS for engagement of community members in accessing needed care. In conjunction with its partner Health Homes and CBOs, BPHC is working to use grassroots community education interventions to systemically improve the community's ability to navigate the new healthcare system and obtain the services provided by our PPS.			
	Through the CHL program, CBOs are trained to conduct community education to underserved individuals not well engaged in primary care and supportive Health Home Services. During DY2Q4, 35 Peer Educators, Community Health Workers (CHWs) and Navigators from the partnering CBOs attended a four-day training on Care Navigation and Health Literacy provided by Memorial Sloan Kettering Cancer Center's Immigrant Health and Cancer Disparities Service. The series included a full-day course on Behavioral Health and a primary focus on referring clients to Health Homes. Objectives of the training included ensuring participants are able to: identify the main			



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Milestone Name	Narrative Text			
	areas of behavioral health, understand the role of care coordination, and help community members identify Health Home eligible members and linking them to a Health Home. Training materials also included a list of all BPHC-affiliated Health Homes with their respective referral contacts and affiliated care management agencies (CMAs), as well as an easy to follow workflow on initiating bottom-up referrals.			
	Community education learning sessions conducted by the trained CBOs and referrals to Health Homes began late in DY2Q4 at locations such as community centers, laundromats, churches, nail salons, and on the street in neighborhoods with high-risk populations. BPHC will receive monthly from the participating CBOs on the number of community learners reached with education sessions and the number of resulting made to Health Homes. BPHC will also look to expand the number of CBOs trained on making referrals to Health Homes in the coming months.			
	Remediation narrative in attached Remediation Supporting Documentation.			
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Original Narrative: Bronx Partners for Healthy Communities (BPHC) continues to build an Integrated Delivery System (IDS) that has the capacity and diversity to ensure patients receive appropriate health care and community support. BPHC developed the Clinical Operation Plan (COP) for all projects as well as for overarching, cross-cutting clinical/care delivery elements, and distributed them to our member organizations and PCMH consultants. The COP was reviewed and updated in February 2017. Seven of the largest BPHC providers signed letters pledging to integrate the COP into their policies and procedures.			
	Courses to train various member organizations' staff ensure patients receive appropriate care continued and new ones were developed in DY2Q4. BPHC offered 22 different classes last quarter. Please see workforce narrative. There were 601 participants during the quarter who logged 5,665 hours of class time.			
	To ensure care coordination and planning, BPHC developed work plans and implementation strategies and started the rollout with member organizations for a care coordination management system (CCMS), GSI Health, which has gone live as of end of DY2Q4. This system will be tied electronically to the Bronx RHIO, our Qualifying Entity (QE), which is also being promoted and supported by BPHC among our members. Bronx RHIO itself started implementing a new analytics platform with IMAT which will be able to process more data of various formats from our member organizations, produce more complete records, and generate and distribute registries of higher quality. Using both systems is mandatory for the 14 member organizations projected to participate in the roll out of projects which were developed and adopted last quarter. These projects will support appropriate behavioral health care for patients.			
	In the short term, BPHC incentivized various member organizations to provide appropriate care for patients by developing contracts and paying for narrow, measurable achievements to meet various metric gaps to goal for MY3. In the longer term, BPHC develop and adopted a population health management (PHM) roadmap which addresses patients care strategies through the end of DSRIP. This plan will be the foundation for our patient care improvement incentive/pay-for-performance strategies for the PPS starting DY3, and eventually for promoting value-based arrangements between providers and managed care organizations to ensure sustainability.			
	To help improve the overall quality of care and ensure patients receive appropriate care, quality improvement work continues from previous quarters. BPHC continues to adjust our rapid cycle evaluation (RCEs) metrics. In order to aggressively tackle our continuous quality improvement work, three of our CSO staff are participating in the MAX Train-the-Trainer Series with the State; even though the training started in past January (DY2Q4), they are already passing on the knowledge and expertise to our member organizations by helping guide local projects.			
	To help strengthen community-based organizations' (CBOs') role in patient care, CBOs continued submitting extensive profiles which were organized into a directory. In DY2Q4 BPHC executed an IT project to create an online portal for this directory which will serve providers and patients. The information which is continuously being collected and stored in a Salesforce environment will be further used to populate a Referral Management System (RMS) which BPHC is in the process of procuring.			
	The milestone is completed in DY2Q4.			



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH), which include EHR support and connectivity of data captured therein. Our agreement with Bronx RHIO will continue to serve as the foundation to achieve next quarter's tasks and those in the future to support this Milestone. This quarter the interoperability plan has been updated. We revised our priority list of member organizations for connectivity based on which organizations' clinical information was needed most for projects, who was most willing to participate and the types of organizations DSRIP required. Additionally, most new contracts between BPHC and member organizations require the participation in the HIE. The largest independent practice associations have made it mandatory for new practices joining it to also commit to joining the Bronx RHIO. All the largest members of BPHC representing the majority of its individual providers are connected to the Bronx RHIO and are now troubleshooting and reconciling the data being shared in the system. Registries being generated by the Bronx RHIO and metric reporting is being compared to local data sources for accuracy and completeness. The milestone is on track for completion by DY3Q4.
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.	In past quarters, Bronx Partners for Healthy Communities (BPHC) has conducted an IT needs assessment, and we continue to update the information. The needs assessment showed that the vast majority of practices have a Meaningful Use (MU) and EHR system that is compliant with the Patient-Centered Medical Home (PCMH) 2014 Level 3. BPHC is collecting CMS's EHR certifications from member organizations to confirm EHR systems used by providers meet the MU requirements. For those which do not, packages for IT expansion are being proposed which mostly leverage non-DSRIP funding such as Meaningful Use incentive payments, Data Exchange Incentive Program, and PCMH funding. BPHC assists practices, in collaboration with the Bronx RHIO, in participating in these programs. The MEIPASS website resuming operation six months after the planned date poses a challenge to meeting MU requirements. To mitigate these challenges, BPHC is working with the NYC Department of Health and Mental Hygiene's (DOHMH's) Primary Care Information Project (PCIP) group to offer support to our members. The milestone is on track for completion by DY3Q4.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee. In DY2Q4, BPHC continues to pursue SSP certification for two environme
Achieve 2014 Level 3 PCMH primary care certification and/or meet state- determined criteria for Advanced Primary Care Models for all eligible	Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH) which include EHR support and connectivity of data captured therein. BPHC continues work to ensure all applicable providers meet



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Milestone Name	Narrative Text				
	PCMH recognition and MU accreditation where possible and that we meet our obligation to the previously agreed tasks. BPHC contracted with consultants to perform detailed gap analyses with 166 practices, with 86 locations already evaluated thus far. Of those, 42 practices have already submitted their PCMH 2014 attestations, with all achieving level 3.				
	Contracting is complete with six technical assistance consultant (TA) groups for the work on the remaining eligible practices. We continue to contract for PCMH work at more challenging, non-traditional PCMH setting such as mobile van clinics and HIV clinics. We are also continuing the contract process for work on School Based Health Centers (SBHCs) having collected proposals from the TAs. The proposals detail two pilot programs, each for one of the two largest groups of SBHCs. Eventually we hope to implement PCMH across 41 SBHCs with over 100 primary care providers (PCPs) and 30,000 students.				
participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	We started work on Advance Primary Care (APC) and Transforming Clinical Practice Initiative (TCPI) pilot programs with SDOH-certified consultants for both programs at SBH Health System. Providers participating from SBH Health System have already achieved PCMH 2014 level 3 recognition. We are working on developing contracts for the technical assistance for other practices. The intent is to promote APC and TCPI wherever possible and pursue higher levels of true transformation for practices within the BPHC.				
	During DY2Q4, BPHC started a pilot to build on successful PCMH applications and reinforcing practice transformation. BPHC is working with a TA to on a continuous improvement project: to improve empanelment in a Federally Qualified Medical Center's primary care sites and to help determine the supply and demand for the sizing of behavioral health caseloads. Other possible targeted programs are also being considered.				
	The milestone is on track for completion by DY3Q4.				
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Bronx Partners for Healthy Communities (BPHC) continued to submit and review our Equity Infrastructure Program (EIP) reports with our paired managed care organizations (MCOs). Concurrent to this work, BPHC has reached out to all of the MCOs' quality assurance (QA) leads to begin a process for reviewing BPHC performance on our Equity Performance metrics. Thus far, we have communicated with four plans and anticipate calls with the remaining two in the near future. This initial relationship-building with MCOs' QA teams is intended to establish a regular meeting schedule to review performance data for an extended number of other key performance metrics. The feedback from the MCOs with whom we met has been positive and we will continue to establish periodic calls with each MCO. Both of the BPHC EIP and Equity Performance Program (EPP) contracts specify quarterly reporting and payment cycles. We therefore plan to review performance on these metrics on a quarterly basis as well. The milestone is completed.				
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Bronx Partners for Healthy Communities (BPHC) has continued to reinforce its pivot toward performance in its newest contracts with payment methodologies linked to process and performance targets, since last quarter with Critical Time Intervention (CTI) and Community Health Literacy (CHL) programs. In Q4, BPHC has invited community-based behavioral health partners to participate in an initiative to improve screening for depression, substance use, smoking cessation and primary care and Health Home engagement. 14 organizations are now in various stages of contracting. In addition to start-up funding, distribution will be linked to 1) demonstrated implementation progress of screening and information exchange and 2) % and number of patients screened and followed with appropriate interventions. The program is designed to both bolster data collection and data sharing and reporting capabilities as well as establish adoption of metrics for standardized screening processes that are measurable and have performance targets. As these contracts go into effect, BPHC will assess how effectively these performance payment incentives drive partners to meet higher levels of achievement, and will modify our incentives and payment methodology accordingly. Discussions about performance-based contracting have been held with the Finance & Sustainability Subcommittee as part of our DY2 yearend and DY3 Budget Planning discussion as well as with the Executive Committee. While we are still exploring our overall methodology, we are a performance-based payment opportunity for our largest primary care provider organizations, selected community-based pharmacies and Health Homes. These providers have been invited to help BPHC close the three remaining months of the MY3 period with a strong performance. BPHC has identified impactable DSRIP measures in this short-term and offered a payment incentive for closing care gaps linked to those measures which our providers can demonstrate before the end of MY3. This "Sprint" was launched last month after				



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Milestone Name	Narrative Text
	are calling the longer-time frame for this performance based distribution the "Marathon."
	Finally, we have found the results from our annual financial survey to offer valuable direction for our engagement strategy. While we currently have a strong primary care base, we see a potential for engaging primary care providers previously reticent to join DSRIP by offering to support their PCMH/APC implementation and RHIO interconnectivity work in which BPHC continues to engage Tier 1 and Tier 2 CBOs. We are also planning to launch a focused engagement strategy targeting post-acute care providers including nursing homes, certified home health aides and supportive housing agencies. Finally as part of our engagement strategy, we plan to address our member organizations' continued interest in VBP arrangements and how to prepare for them with a series of tailored learning sessions and webinars. In addition to a "VBP 101" generalized intro course curriculum, we expect to provide in-depth presentations on performance reporting and contracting options to providers who are either already participating in VBP contracts or planning to do so; and a series of VBP seminars designed specifically for behavioral health providers. As we ascertain the needs for specialized housing agencies, respite care and post-acute care providers, we will also develop the relevant material.
ngage patients in the integrated delivery system through outreach and avigation activities, leveraging community health workers, peers, and	This milestone was completed in DY2Q3. Bronx Partners for Healthy Communities (BPHC) continues work in this milestone. During DY2Q4, BPHC continued classes on Motivational Interviewing and Cultural Competency. The Community Health Literacy Program launched two new interactive training series, Seeking and Using Health Insurance and Navigating Healthcare Systems were developed in conjunction with the New York City Human Resource Association's Office of Citywide Health Insurance Access and Memorial Sloan Kettering's Immigrant Health and Cancer Disparities Service, respectively. Community education on Navigating the Healthcare System began early March, while education on the first topic, Seeking and Using Health Insurance continues. A total of 48 unique peer and Community Health Workers (CHWs) have been trained through the Community Health Literacy Program who have trained over 3000 community learners to date; other courses designed to train staff hired with DSRIP funds to support the BPHC Care Management Model also continued in DY2Q4.
culturally competent community-based organizations, as appropriate.	The BPHC CBO Resources Directory continued to develop with more participating organizations providing information. The information was cataloged in Salesforce and a website was developed to ease access to the information. The public website provides advance search capabilities and easy to use profiles of organizations. A system for maintaining the directory's information was implemented.
	In DY2Q4, the Critical Time Intervention (CTI) program began enrolling clients. The program addresses needs of precariously housed individuals with mental health diagnosis, guiding them after a hospital discharge until they are handed over to a health home after nine months of work.

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 & Complete	

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau 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
I	Instructions:
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Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

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

Instructions:

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

- (1) A major risk to successful implementation of 2.a.iii relates to provider access to an electronic care management (CM) and referral management tool that can be shared across BPHC providers. Multiple IT systems are employed by Health Homes (HH) and PCMHs, and some partners lack systems with the necessary capabilities. Building a system with sufficient CM, referral management and system integration capacities in a timely manner poses a significant challenge. BPHC is working with a vendor to create a PPS-wide CM and referral management platform to enhance clinical integration and provider communications. The platform will unify partners' varied IT systems. BPHC will supply data exchange and system interfaces to ensure robust exchange of care management planning information.
- (2) Patient access to and willingness to engage in CM services also pose a risk. BPHC is working with CBO partners to provide education to patients on accessing and navigating the healthcare system, as well as providing CBOs the tools to make direct referrals for patients in need of CM services. To enhance patient activation in care coordination, BPHC will train care coordinators on motivational interviewing.
- (3) A risk exists if PCPs do not see the added value of CM. In such cases PCPs would not refer patients into HH or HH At-Risk services, and thus anticipated improved patient outcomes would not be realized. BPHC is working with its HH partners and primary care organizations to improve provider education on the benefits of CM and to establish expectations and minimum standards for communication and information exchange between Care Managers and PCPs.
- (4) Recruiting and training sufficient CM staff to serve the needs of the Bronx is a challenge, particularly bilingual staff. BPHC's workforce strategy looks to mitigate this risk, by working with community colleges and coordinating with the 1199 Training and Education Fund (TEF), Montefiore CMO, and NYSNA to identify capable workers and provide training in Spanish when needed. BPHC also is coordinating with other Bronx PPSs on workforce strategy to align priorities and reduce competition.
- (5) Maintaining a short-term care management intervention for HH At-Risk patients is necessary to preserve optimal caseloads for Care Coordinators (CCs) and to extend services to as many patients as required under BPHC's speed and scale commitments. However, partners' experience with CM suggests it can be difficult to "graduate" patients out of CM once they have been engaged. BPHC seeks to mitigate this risk by providing training to CCs to set realistic, time-limited goals to allow patients to achieve their objectives and disenroll from care management within the allotted 3- to 9-month intervention period. The PPS is also exploring "step-down" models to ease the transition, such as enrollment in a group of peers after "graduation" from HH At-Risk CM.
- (7) A number of factors—including those listed above—contribute to BPHC's risk of missing patient engagement targets for project 2.a.iii. Another related risk involves the availability of data on patients with CM plans. Issues around access to patient names and CIN numbers have arisen with partners conducting CM on behalf of MCOs. This represents a significant portion of the Comprehensive CM Plans currently being developed within BPHC's provider network. BPHC is pursuing data sharing agreements with these third parties to overcome data access challenges.



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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

Instructions:

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

Benchmarks				
Actively Engaged Speed	Actively Engaged Scale			
DY3,Q4	40,320			

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	5,040	10,080	15,120	20,160
PPS Reported	Quarterly Update	905	1,506	0	5,965
	Percent(%) of Commitment	17.96%	14.94%	0.00%	29.59%
IA Approved	Quarterly Update	0	1,506	0	5,964
IA Approved	Percent(%) of Commitment	0.00%	14.94%	0.00%	29.58%

Marning: PPS Reported - Please note that your patients engaged to date (5,965) does not meet your committed amount (20,160) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii2_PES_ROST_BPHC-PATIENTLIST-2aiii- DY2Q4_5965pts_FINAL_12361.xlsx	2.a.iii Health Home At-Risk Patient Engagement - DY2 Q4	04/25/2017 05:41 PM

Narrative Text :

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

Module Review Status

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



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a workplan and timeline to develop the clinical operations plan (COPs) and implement a strategy for the HH atrisk population that aligns with the patient engagement speed and scale application submission		Project		Completed	04/01/2015	05/15/2015	04/01/2015	05/15/2015	06/30/2015	DY1 Q1
Task Convene representative group of PPS members including Health Homes (HH), PCMHs, SUD providers and SMEs, and others to participate in developing project plan for HH at-risk project (2.a.iii)		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the population to be targeted by the HH at-risk intervention, such as individuals with diabetes, substance use disorders, mild to moderate depression or other single uncontrolled chronic conditions (see requirement #5)		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define a care management (CM) staffing model, in conjunction with Workforce Subcommittee, to address the needs of the target population including staff qualifications, care team roles (including PCP and care manager), functions, and panel size of team members		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop financial model to cost out CM team		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop and document the COP to define the elements of the program including the roles of PCPs and Health Homes, health		Project		Completed	05/01/2015	10/31/2015	05/01/2015	10/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
information exchange and technology requirements, and evidence-based guidelines										
Task Develop project implementation budget		Project		Completed	05/01/2015	10/31/2015	05/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Working with Workforce Subcommittee, design training and recruitment strategy for care managers and care teams		Project		Completed	06/30/2015	10/31/2015	06/30/2015	10/31/2015	12/31/2015	DY1 Q3
Task Submit COP and budget to Quality and Care Innovation Sub- Committee for approval		Project		Completed	08/01/2015	10/31/2015	08/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Prepare/disseminate gap analysis tool based on COP to participating providers to determine CM resource needs against project plan and care management team staffing model		Project		Completed	08/15/2015	10/31/2015	08/15/2015	10/31/2015	12/31/2015	DY1 Q3
Task Identify site-specific implementation teams.		Project		Completed	08/15/2015	10/31/2015	08/15/2015	10/31/2015	12/31/2015	DY1 Q3
Task Launch recruitment and training programs with participating providers		Project		Completed	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Complete assessment of CM staffing needs of each participating site		Project		Completed	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Define metrics for rapid cycle evaluation		Project		Completed	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Use rapid cycle evaluation to track implementation successes and shortcomings and develop corrective actions		Project		Completed	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3



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DSRIP Implementation Plan Project

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
Recruit or contract for PCMH practice certification resources as needed										
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition		Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Case Management / Health Home	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

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 Identify safety net provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Coordinate with Bronx RHIO to develop comprehensive HIE adoption program to encourage and support partner participation and integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin coordinated interface and service development with Bronx RHIO		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish BPHC program to manage support for safety net providers, including, but not limited to primary care providers, mental health and substance use providers, hospitals, and others, to ensure that all are actively sharing health information, coordinating with Bronx RHIO to encourage, track and support partner participation and integration/data sharing		Project		Completed	03/01/2016	04/25/2016	03/01/2016	04/25/2016	06/30/2016	DY2 Q1
Task Track status and manage support to ensure that all PPS safety net providers are actively sharing health information through Bronx RHIO or alternative health information exchange		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating partner EHR use relative to Meaningful Use and PCMH 2014 Level 3 standards		Project		Completed	06/30/2015	08/30/2015	06/30/2015	08/30/2015	09/30/2015	DY1 Q2
Task Establish BPHC program to educate, encourage, track and support eligible safety net providers in acquiring/implementing certified EHR systems, including potential use of incentive-based payments for implementation		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Recruit or contract for EHR implementation resources as needed		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner EHR implementation and progress towards Meaningful Use and PCMH standards		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Track status and manage support to ensure all eligible safety net providers are using certified EHR systems that meet Meaningful Use and PCMH 2014 Level 3 standards		Project		In Progress	10/15/2015	03/15/2018	10/15/2015	03/15/2018	03/31/2018	DY3 Q4
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures to engage at-risk patients with care management plan instituted.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop clinical requirements/use cases and technical requirements for web-based comprehensive care management plan		Project		Completed	05/01/2015	06/30/2015	05/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify qualified coordinated care management (CCMS)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
vendors										
Task Design/document outreach, intake, assessment, and patient engagement process for HH at-risk population that includes development of written comprehensive care management plan and referrals to Health Homes, substance use providers, community-based organizations, and other providers		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene representative group from PPS providers to participate in care management plan development process		Project		Completed	05/01/2015	10/31/2015	05/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Select/contract with CCMS system(s) that meet requirements		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop, in conjunction with Workforce Subcommittee, training curriculum for PPS provider staff		Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Select metrics and use CCMS system to track if care management plan is successful in "reducing patient risk factors"		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement comprehensive care management plan system in all participating sites		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide ongoing technical assistance support to participating sites		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Use rapid cycle evaluation to track implementation successes and shortcomings with regard to the reduction of patient risk factors and develop corrective actions		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify participating primary care practices		Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assess participating practices' care management staffing needs to meet care management service needs of HH at-risk population, with particular attention to the complex needs of patients with co-occurring disorders, homelessness and SUD.										
Task Begin developing partnership agreements with HHs, their downstream Care Management Agencies (CMAs) and primary care practices		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Complete partnership agreements with HHs, their downstream Care Management Agencies (CMAs) and primary care practices that include standards for care management services for HH at- risk patients, data collection and reporting, referral processes, care plan content, communication and other policies and procedures		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify CBO partners that can provide needed social support services to the HH at-risk population		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop policies and procedures for CBO-PCP-HH patient referral to mental health, substance abuse, and other services, patient follow up, use of Care Coordination Management Systems (CCMS) tool for care planning & tracking, participation in case conferences, and other policies and procedures, as needed		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	
Task		Project		Completed	11/01/2015	03/31/2016	11/01/2015	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
Develop contractual agreements with CBOs and HHs to provide social support services to patients assessed as eligible for HH atrisk CM services										
Task Implement CBO-PCP-HH patient referral, patient follow up, care planning & tracking, participation in case conferences, and other protocols for facilitating and documenting service coordination in the CCMS, integrated with EHRs via HIE		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Ensure that select CBOs have access to relevant portions of the electronic care management plan/CCMS and are able to document relevant client information in the care management plan		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute contractual agreements with CBOs and HHs to provide social support services to patients assessed as eligible for HH atrisk CM services		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene work groups composed of PCPs and subject matter experts, (SMEs) including MH/SUD and social service agencies, to define target population, select evidence- based guidelines (EBGs) for target population and make recommendations to		Project		Completed	05/01/2015	09/30/2015	05/01/2015	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
Quality & Care Innovation Sub-Committee (QCI) on EBGs for chronic conditions and collaborative care.										
Task Working with select CBOs, primary care practices and SMEs, including MH/SUD and social service agencies, develop educational materials, suitable to the needs, culture, literacy, and language of the target populations		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task QCI reviews educational materials and revises as needed; QCI approves educational materials		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task QCI agendas begin to include evaluation of evidence-based guidelines as a topic for discussion at least annually		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task CSO implements EBG and educational material dissemination plan across the PPS		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop mechanisms for regular review of project-selected evidence-based guidelines (EBGs) by implementation work group to assure our PPS is utilizing the most up-to-date tools and that those upadated guidelines/protocols continue to be clinically integrated across the PPS		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_OTH_HHAR _M1_Progress_Reports_Health_Home_At-Risk_Intervention_Program_Implementation_10333.pdf	Progress Reports	04/14/2017 03:52 PM
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_P&P_HHAR _M1_Health_Home_At_Risk_Workflow_10331.pdf	Workflow	04/14/2017 03:52 PM
PCMH/APC PCPs in care coordination within the	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_P&P_HHAR _M1_Health_Home_At-Risk_Patient_Flow_10329.pdf	Patient Flow	04/14/2017 03:51 PM
program.	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_P&P_HHAR _M1_Combined_Signature_COP_10326.pdf	COP Signoffs	04/14/2017 03:50 PM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_P&P_HHAR _M1_HHAR_Clinical_Operations_Plan_10325.pdf	Clinical Operations Plan	04/14/2017 03:49 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_OTH_HHARM1_HH@Risk_Strategic_Plan_10324.pdf	Strategic Plan	04/14/2017 03:49 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_HHAR _M5_Remediation_Narrative_14974.docx	HHAR M5 Remediation Narrative	06/13/2017 03:17 PM
	zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_ROST_BPH C_Asthma_Registry_12376.xlsx	Sample Registry	04/25/2017 05:51 PM
	zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_ROST_Diab etesM6_MHHC_Diabetic_Patients_with_Eye_ExamNephropathyFoot_ExamPHQ2_12375.xlsx	Sample Registry	04/25/2017 05:48 PM
Perform population health management by actively	zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_ROST_Diab etesM6_SBH_Diabetes_Preventative_Services_Roster_ 12373.csv	Sample Registry	04/25/2017 05:48 PM
using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_ROST_CVD M4_Montefiore_CVD_Hypertension_Registry_PHI_123 69.pptx	Sample Registry	04/25/2017 05:46 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_HHAR _M5_MMC_sample_registryprotected_10340.pptx	Sample Registry	04/14/2017 03:59 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_HHAR _M5_IFH_sample_registry_fields_10339.docx	Sample Registry	04/14/2017 03:59 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_HHAR _M5_EHR_Completeness_Reports_10338.pdf	EHR Completeness	04/14/2017 03:57 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_HHAR _M5_Acacia_sample_registry_10337.pdf	Sample Registry	04/14/2017 03:57 PM
	zstopak	Rosters	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_ROST_BPH C-PATIENTLIST-2aiii- DY2Q4_5965pts_FINAL_12815.xlsx	Roster of patients engaged with a care management plan.	04/26/2017 12:19 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_OTH_HHAR _M6_Combined_Signature_COP_12015.pdf	Signed COP	04/25/2017 10:13 AM
Develop a comprehensive care management plan for	sgjevuka	Training Documentation	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_TRAIN_Sam ple_Care_Plans_10346.pdf	Sample Care Plans	04/14/2017 04:05 PM
each patient to engage him/her in care and to reduce patient risk factors.	sgjevuka	Meeting Materials	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_MM_HHAR_ M6 _BPHC_Training_Dates_and_Materials_10345.xlsx	Inventory of training materials (BPHC and org specific)	04/14/2017 04:04 PM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_P&P_HHAR _M6_HHAR_Clinical_Operations_Plan_10344.pdf	Clinical Operations Plan	04/14/2017 04:04 PM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES6_P&P_HHAR _M6_Care_Coordination_Process_and_Workflow_1034 3.pdf	Processes and workflow examples from DPDs	04/14/2017 04:03 PM
Establish partnerships between primary care	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_HHAR	HHAR M7 Remediation Narrative	06/13/2017 03:18 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_M7_Remediation_Narrative_14975.docx		
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_HHAR _M7_HH_CM_ReferralTracker_13074.xlsx	HH CM Referral Tracker	04/26/2017 02:55 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_HHAR _M7_HH_CM_Referrals_Rapid_Cycle_Evaluation_1306 8.xlsx	HH CM Referrals Rapid Cycle Evaluation	04/26/2017 02:52 PM
providers and the local Health Home for care management services. This plan should clearly	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_HHAR _M7_Combined_Forms_13021.pdf	PCP and HH agreement forms	04/26/2017 02:34 PM
delineate roles and responsibilities for both parties.	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_M7_H H_and_PCP_Acacia_12867.pdf	Sample of PCP and HH agreement, including workflows, and policies and procedures	04/26/2017 12:49 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_HHAR _M7_Provider_Engagment_10351.xlsx	Provider Engagement	04/14/2017 04:10 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_Connecting_Learners_to_HH_Final_10350.pdf	Guide to Health Home Referrals	04/14/2017 04:10 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTHRefe rrals_to_Health_Home_Program_COP_10348.pdf	COP chapter on referral to Health Home	04/14/2017 04:08 PM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_P&P_6HH AR_M8_Process_and_Group_Decision_Making_12829. pdf	Org specific policies - Group Decision Making	04/26/2017 12:32 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_HHAR _M8_Provider_Engagment_10402.xlsx	Provider Engagement	04/17/2017 09:27 AM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_P&P_HHAR _M8_EHR_Referral_Closed_Loop_10399.pdf	EHR Closed Loop	04/17/2017 09:17 AM
Establish partnerships between the primary care	sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_TEMPL_HH AR_M8_Agreements_with_Social_Service_Agencies_1 0398.xlsx	Social Service Agency Template	04/17/2017 09:12 AM
providers, in concert with the Health Home, with network resources for needed services. Where	sgjevuka	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_EHR_HHAR _M8_EHR_Certification_10361.pdf	EHR Certification	04/14/2017 04:17 PM
necessary, the provider will work with local government units (such as SPOAs and public health	sgjevuka	Training Documentation	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_TRAIN_HH AR_M8_CC_Series_Curriculum_10359.pdf	CC Series Curriculum	04/14/2017 04:15 PM
departments).	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_P&P_HHAR _M8_HHAR_Clinical_Operations_Plan_10358.pdf	HHAR COP	04/14/2017 04:14 PM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_P&P_HHAR _M8_BPHC_Closed_Loop_Referral_Policy_10357.docx	COP chapter on Closed Loop	04/14/2017 04:14 PM
	sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_TEMPL_HH AR_M8Agreements_and_Collaboration_with_Public_ Sector_Agencies_10356.xlsx	Agency template	04/14/2017 04:13 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_HHAR _M8_BPHC-Resource-Directory-flat_file_10355.pdf	Resource Directory flat file	04/14/2017 04:13 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_HHAR _Milestone_9_Remediation_Response_15012.pdf	Remediation Response Narrative and Supporting Documentation	06/14/2017 10:42 AM
	sgjevuka	Policies/Procedures	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_P&P_HHAR _M9_Process_and_Workflow_12821.pdf	Process and Workflow	04/26/2017 12:27 PM
	sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_TEMPL_HH AR_M9_Meetings _Social_Services_Inclusino_in_Risk_Reduction_10531. xlsx	Meeting Schedule Social Services Reducing Risk	04/17/2017 05:38 PM
Implement evidence-based practice guidelines to	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_HHAR _M9_EBP_Protocols_â€"_Chronic_Disease_10530.pdf	EBG Protocols for Chronic Disease	04/17/2017 05:37 PM
address risk factor reduction as well as to ensure appropriate management of chronic diseases.	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_HHAR _M9_EBGs_for_Care_Management_10529.pdf	EBG for Care Management	04/17/2017 05:36 PM
Develop educational materials consistent with cultural and linguistic needs of the population.	nt with cultural sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_TEMPL_HH AR_M9_Agreements_with_Social_Service_Agencies_1 0524.xlsx	Social Service Agreements Template	04/17/2017 05:33 PM
	sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_TEMPL_HH AR_M9_MeetingsEvidence-based_care_10523.xlsx	Meeting Template for EBGs	04/17/2017 05:33 PM
	sgjevuka	Templates	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_TEMPL_HH AR_M9_Training_Template_10522.xlsx	Training Template	04/17/2017 05:32 PM
	sgjevuka	Other	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_HHAR _M9_Development_of_CVD_DM_EBG_10401.pdf	Development of CVD DM EBG	04/17/2017 09:22 AM
	sgjevuka	Meeting Materials	36_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_MM_HHAR_ M9_Development_of_Asthma_EBGs_10400.pdf	Development of Asthma EBG	04/17/2017 09:21 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within	Bronx Partners for Healthy Communities (BPHC) has developed and implemented the Health Home At-Risk Intervention Program across the PPS. A set of policies and procedures to guide program implementation, referred to as the Clinical Operations Plan (COP), was developed by a group of subject matter experts representing organizations from across the BPHC PPS (including Health Homes, primary care practitioners and social service providers) and adopted by PPS partners. The COP includes: identification of the program's target clinical conditions and social risk factors, a comprehensive assessment tool (based on the tool used by Health Homes), a care management staffing model and job descriptions for each member of the team, a list of training requirements for care coordination team members, descriptions of the processes involved in care coordination under this program, and rapid cycle evaluation metrics to measure program progress and success.
the program.	BPHC fostered the conditions necessary to fully implement the care coordination models described in the COP through the deployment of funds to its partners to recruit, hire and/or redeploy personnel to serve in the care coordination team roles. In DY2Q4 BPHC completed the hiring of Care Coordinators and Nurse Care Management Supervisors at its large primary care organizations (FQHCs and hospital-based clinics), which provide primary care services to 97% of BPHC's attributed population. Bronx United Independent Practice Association (BUIPA) also hired International Medical Graduates as Care Coordinators to provide navigation services to patients served by small- to medium-sized practices within the IPA. BPHC has also provided its partners with access to its cloud-based care coordination management system (CCMS).



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Milestone Name	Narrative Text				
	hosted by GSI Health, to foster care coordination and care transitions across settings and organizations.				
Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	This milestone is complete. Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH) which include EHR support and connectivity of data captured therein. BPHC continues work to ensure all applicable providers meet PCMH recognition and MU accreditation where possible and that we meet our obligation to the previously agreed tasks. BPHC contracted with consultants to perform detailed gap analyses with 166 practices, with 86 locations already evaluated thus far. Of those, 42 practices have already submitted their PCMH 2014 attestations, with all achieving level 3. Contracting is complete with six technical assistance consultant (TA) groups for the work on the remaining eligible practices. We continue to contract for PCMH work at more challenging, non-traditional PCMH setting such as mobile van clinics and HIV clinics. We are also continuing the contract process for work on School Based Health Centers (SBHCs) having collected proposals from the TAs. The proposals detail two pilot programs, each for one of the two largest groups of SBHCs. Eventually we hope to implement PCMH across 41 SBHCs with over 100 primary care providers (PCPs) and 30,000 students. We started work on Advance Primary Care (APC) and Transforming Clinical Practice Initiative (TCPI) pilot programs with SDOH-certified consultants for both programs at				
Primary Care accreditation by Demonstration Year (DY) 3.	SBH Health System. Providers participating from SBH Health System have already achieved PCMH 2014 level 3 recognition. We are working on developing contracts for the technical assistance for other practices. The intent is to promote APC and TCPI wherever possible and pursue higher levels of true transformation for practices within the BPHC. During DY2Q4, BPHC started a pilot to build on successful PCMH applications and reinforcing practice transformation. BPHC is working with a TA to on a continuous improvement project: to improve empanelment in a Federally Qualified Medical Center's primary care sites and to help determine the supply and demand for the sizing of behavioral health caseloads. Other possible targeted programs are also being considered. The milestone is on track for completion by DY3Q4.				
Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH), which include EHR support and connectivity of data captured therein. Our agreement with Bronx RHIO will continue to serve as the foundation to achieve next quarter's tasks and those in the future to support this Milestone. This quarter the interoperability plan has been updated. We revised our priority list of member organizations for connectivity based on which organizations' clinical information was needed most for projects, who was most willing to participate and the types of organizations DSRIP required. Additionally, most new contracts between BPHC and member organizations require the participation in the HIE. The largest independent practice associations have made it mandatory for new practices joining it to also commit to joining the Bronx RHIO. All the largest members of BPHC representing the majority of its individual providers are connected to the Bronx RHIO and are now troubleshooting and reconciling the data being shared in the system. Registries being generated by the Bronx RHIO and metric reporting is being compared to local data sources for accuracy and completeness. The milestone is on track for completion by DY3Q4.				
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	In past quarters, Bronx Partners for Healthy Communities (BPHC) has conducted an IT needs assessment, and we continue to update the information. The needs assessment showed that the vast majority of practices have a Meaningful Use (MU) and EHR system that is compliant with the Patient-Centered Medical Home (PCMH) 2014 Level 3. BPHC is collecting CMS's EHR certifications from member organizations to confirm EHR systems used by providers meet the MU requirements. For those which do not, packages for IT expansion are being proposed which mostly leverage non-DSRIP funding such as Meaningful Use incentive payments, Data Exchange Incentive Program, and PCMH funding. BPHC assists practices, in collaboration with the Bronx RHIO, in participating in these programs.				



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Prescribed Milestones Narrative Text					
Milestone Name	Narrative Text				
	The MEIPASS website resuming operation six months after the planned date poses a challenge to meeting MU requirements. To mitigate these challenges, BPHC is working with the NYC Department of Health and Mental Hygiene's (DOHMH's) Primary Care Information Project (PCIP) group to offer support to our members. The milestone is on track for completion by DY3Q4.				
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Remediation narrative in attached Remediation Supporting Documentation. Original narrative: In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Populatio				
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Bronx Partners for Healthy Communities (BPHC) partners created care coordination teams and workflows based on the policies and procedures outlined in the Clinical Operations Plan (COP) developed through the BPHC Improvement Work Groups and Quality and Care Innovations Subcommittee (QCIS). The COP describes the roles, responsibilities, and procedures for primary care practices to refer patients to care management services, assess patient needs, establish self-management goals with patients, identify appropriate interventions, and refer patients to needed services. These elements make up the comprehensive care management plan for at-risk patients. BPHC and its curriculum development and training vendors produced a nine-week Care Coordinator and Trainings, which reached over 80 care coordinators by the end of DY2. The training includes 44 hours of Comprehensive Care Coordinator training, designed and delivered by the Primary Care Development Corporation (PCDC); eight hours of Motivational Interviewing training, designed and delivered by the National Council for Behavioral Health; and eight hours of training on Care Management for SMI/Substance Users delivered by various subject matter experts. In addition to the 60-hour course, Nurse Care Management Supervisors receive an additional two-day training on supervision, delivered by the National Council for Behavioral Health. BPHC aims to facilitate the coordination of care and support services though a single comprehensive care plan as patients move between care settings and organizations. To this end, BPHC has contracted with GSI Health for the provision of a care coordination management system (CCMS). BPHC conducted in-depth vetting of four CCMS				



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Prescribed Milestones Narrative Text						
Milestone Name	Narrative Text					
	vendors in coordination with its stakeholder partners and signed the contract with GSI Health, a third-party population health management system vendor, in November 2016 for the provision of a CCMS.					
	Over 80 care coordination staff members from across the PPS have been trained in the GSI Health platform and BPHC began the roll-out of the tool to provider sites (including FQHCs, hospitals, behavioral health organizations, and community-based organizations) beginning in early March 2017. Care coordination teams use the platform to conduct assessments, care planning, care plan management, operational analytics and reporting. The system facilitates enhanced communication and collaboration between providers, reduces duplication, and provides greater insight into the needs of patients as they navigate through the care delivery system.					
	In preparation for the implementation of the GSI Health platform, five ad hoc work groups were formed immediately following contract execution. These workgroups include the CCMS Steering Committee, BPHC Project Management Team, Implementation / Project Team, Technical Team and Compliance Team. These teams have contributed to decisions surrounding the legal and policy framework for system use, site configuration, operational workflows, and system integration. The progress of the workgroups and GSI Health are reported monthly to the IT Subcommittee and the Executive Committee.					
	Please note that supporting documentation files included here contain PHI - not for public posting!					
	This milestone is complete.					
	Remediation narrative in attached Remediation Supporting Documentation.					
	Original narrative:					
	Bronx Partners for Healthy Communities (BPHC) works closely with its Health Home and primary care partners to ensure access to Health Home care management services. BPHC convenes a Health Home Work Group on a quarterly basis to foster collaboration around provider and community education, bottom-up referral processes and pathways, and other topics.					
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Patient identification and assessment processes established across primary care provider organizations across the PPS for the implementation of the Health Home At-Risk Intervention Program, have also led to an increase in identification of Health Home-eligible patients. The BPHC clinical operations plan (COP), adopted by PPS partners, includes a policy and procedure requiring the identification and referral of Health Home-eligible patients into care coordination services and defines the relevant roles and responsibilities. BPHC has also created a guide to making bottom-up referrals to Health Home, which includes an easy to follow workflow on how to contact and refer patients into any of the three Health Homes affiliated with BPHC: Bronx Accountable Healthcare Network (BAHN), Community Care Management Partners (CCMP), and Coordinated Behavioral Care (CBC).					
	Primary care providers (PCPs) have established partnerships with Health Homes for bottom-up referrals of eligible patients to care management services, including the following roles and responsibilities:					
	Responsibility of PCPs: 1) Participate in assessing primary care patients for Health Home appropriateness using the current NYS Health Home eligibility criteria. 2) Recognizing that patients have a choice in their Health Home assignment, the patient is informed of their eligibility and the benefits of enrolling in the Health Home program. 3) Patients who agree to enrollment receive a bottom-up referral to the partner Health Home care management agency (CMA) or to the lead Health Home.					
	Responsibility of the Health Home: 1) Review referrals submitted by BPHC partners. 2) If the referred patient is deemed eligible and approved by the Managed Care Organization (MCO), the patient is enrolled, and assign to a Health Home care management agency.					



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	Prescribed willestones narrative Text
Milestone Name	Narrative Text
	Responsibility of the Health Home Care Management Agency (CMA): 1) Receive patient assignment from the Health Home. 2) Enroll patient and obtain patient consent for information sharing with the Health Home agency and primary care provider. 3) Care Managers within the CMA share information with Primary Care Providers by email, EMR and pre-visit planning (where possible).
	This milestone is complete.
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Bronx Partners for Healthy Communities (BPHC) considers the management of patient referrals to community-based social service providers an essential element of care coordination. The BPHC clinical operations plan (COP), adopted by PPS partners, includes a policy and procedure requiring referrals to needed services and "closed-loop" referral tracking until the completion of the service and the receipt of the outcome documentation. Care coordinators should include referrals to services as interventions in the comprehensive care management plan and record referral information in the care coordination management system (CCMS), EMR or whichever system is used for care plan documentation. The BPHC Care Coordinator Training also includes a module on Transitions of Care and Closed Loop Referrals.
	BPHC has contracted with various service providers for referrals to services specifically linked to DSRIP disease management projects. Specifically, the PPS has an agreement with a.i.r. bronx (for referrals of patients with asthma in need of home-based interventions) and Health People (for referrals of patients in need of diabetes self-management program enrollment). Furthermore, the PPS has contracted with: four (4) CBOs to provide Critical Time Intervention (CTI) care coordination to seriously mentally ill (SMI) patients with recent hospitalizations who are precariously housed; seven (7) CBOs for community health literacy (CHL) education provision within at-risk communities, including navigating the health care system and accessing primary care and health home services; and 13 community behavioral health organizations for improved screening and referral processes.
	BPHC has developed an online, searchable resource directory of BPHC members that is available via the PPS website and highlights the range of services that BPHC-affiliated organizations can provide to patients. The searchable directory has been made accessible to providers across the network, in order to build a bridge between clinical and social services. The directory is searchable by service type and zip code and connected to the PPS Salesforce platform, allowing partners to keep their information consistently up to date. Through their partnership with BPHC, all primary care providers (PCPs) and Health Homes have access to BPHC social service providers through the BPHC Community Resource Directory, which can be found at: www.BronxResourceDirectory.org.
	The Resource Directory is considered "stage 1" of the PPS's development of a referral management system (RMS). BPHC's Central Services Organization (CSO), in collaboration with the Executive Committee and IT Subcommittee, is in the process of choosing a vendor for the PPS-wide RMS, which will have capability for direct provider-to-provider referral making and tracking for both clinical and social service referrals. Participating providers will agree to a set of referral standards and will participate in a phased roll-out across the PPS during DY3.
	This milestone is complete.
Implement evidence-based practice guidelines to address risk factor	Remediation narrative in attached Remediation Supporting Documentation. Original narrative:
reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	The Health Home At-Risk Improvement Work Group (IWG) identified evidence-based guidelines on care coordination, which have been incorporated into the Clinical Operations Plan (COP). After conducting an in-depth review of the Agency for Healthcare Research and Quality (AHRQ) guidelines, entitled Designing and Implementing Medicaid Disease and Care Management Programs, the group voted to recommend Section 8: The Care Management Evidence Base to the Quality and Care Innovation Subcommittee (QCIS) to serve as BPHC's evidence-based guidelines on care coordination. The group also chose to recommend the full eight-section document to serve as an implementation reference guide for practices engaged in the Health Home At-Risk Intervention Program. The QCIS reviewed the recommendation and voted to approve the guidelines during DY2Q2. The guidelines were then incorporated into the BPHC COP and adopted by BPHC partners. The guidelines have been implemented



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	through the Health Home At-Risk Intervention Program policies and procedures, also found in the BPHC COP.
	The QCIS also examined the patient education materials currently used by BPHC organizations and determined that BPHC patients have sufficient access to culturally and linguistically appropriate resources. The Central Services Organization (CSO) will conduct future evaluations as DSRIP progresses, in order to identify any emerging needs for the development of additional materials for particular programs or populations.
	The CSO collects monthly data on select rapid cycle evaluation (RCE) metrics, to track partner organization progress on priority interventions. RCEs associated with this project track development of comprehensive care management plans and bottom-up referrals to Health Homes. It was the role of the Health Home At-Risk Implementation Work Group to periodically review the RCE data to understand both progress and challenges and to trouble shoot lagging performance with organizational leadership.
	This milestone is complete.

Milestone Review Status

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



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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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

scope of social services provided across the PPS.

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) A key risk associated with BPHC's strategy for 2.b.iii includes the possibility of delayed expansion of the Emergency Department (ED) Navigator program due to recruitment and training challenges. To mitigate this risk, BPHC will stagger the DSRIP program expansion, beginning in the SBH ED and Montefiore's Moses EDs and then moving to other Montefiore EDs. BPHC has contracted with the CMO to help lead program development and training, and other programmatic functions to minimize delays and ensure proper programmatic oversight.

 (2) Patients with BH conditions are more likely to overutilize the ED and may impact DSRIP's goal of reduction in avoidable ED use. CBOs can help mitigate this risk: Parachute NYC is an effective program that provides an alternative to the ED and inpatient admissions through peer-run respite centers and mobile crisis intervention. The program has been challenged by low use. It reaches the end of its funding on June 30, 2016. Discussions with MCOs regarding a payment mechanism to sustain the program are still in progress. To mitigate these risks, BPHC will work with NYCDOHMH, Riverdale Mental Health Association, and the Visiting Nurse Service of New York to develop an approach, negotiate with MCOs regarding program payments and "market" the program more intensively to ED physicians, psychiatrists, Health Homes (HH), and CBOs.

 (3) Many of the targeted patients for this project are in need of social as well as medical services. However, many arrive at the ED during off-hours, limiting the time in which staff can connect patients with PCPs, urgent care centers, HHs and social service providers. In addition, ED providers often lack the knowledge and time to connect patients with social service agencies and Parachute NYC program. To mitigate these risks, BPHC will expand hours of CMO's ED Navigator program to 12-hour days with weekend hours to better account for individuals who arrive at the ED and need support services during off-hours. BPHC will train staff to provide warm hand-offs to s
- (4) IT challenges across providers present additional barriers to 2.b.iii and care coordination efforts. Many of the alternatives to the ED, including urgent care centers, Parachute NYC, PCPs, and CBOs do not have EMR data-sharing capabilities and are not connected to Bronx RHIO. Without these capabilities, patient information is not accessible at the point of care and cannot be shared electronically with patients' existing PCPs. BPHC will expand RHIO connectivity to more PPS providers and increase the use of RHIO alerts to inform PCPs of the patients' ED admission. BPHC will implement an electronic care management and referral management tool to be shared across BPHC providers. BPHC will support a communication plan to make ED and community-based staff aware of the value of the tool for patients through transitions from ED to other settings (SNF, HH, CBO, or other PPS provider).

referrals to completion. BPHC is also developing a web-based directory of CBO providers that will provide comprehensive information on the

(5) Another risk is the ability for ED navigators to identify patients' PCPs and make real-time appointments, especially if patients arrive in ED at off-hours. To mitigate this risk, PPS is investigating means of identifying patient PCPs using RHIO and use of open access scheduling to make appointments without having to call PCP offices.

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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.

Benchr	Benchmarks								
Actively Engaged Speed	Actively Engaged Scale								
DY3,Q4	13,720								

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	2,573	5,145	7,718	10,290
PPS Reported	Quarterly Update	2,916	7,734	0	9,970
	Percent(%) of Commitment	113.33%	150.32%	0.00%	96.89%
IA Ammuniad	Quarterly Update	0	7,734	0	9,970
IA Approved	Percent(%) of Commitment	0.00%	150.32%	0.00%	96.89%

Marning: PPS Reported - Please note that your patients engaged to date (9,970) does not meet your committed amount (10,290) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ2biii_MDL2biii2_PES_ROST_BPHC-PATIENTLIST-2biii- DY2Q4_9970pts_FINAL_13256.xlsx	2.b.iii Patient Engagement DY2 Q4	04/26/2017 05:07 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Stand up program based on project requirements		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key stakeholders and initiate regular ED care triage task force meetings		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct preliminary site visits to participating EDs		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish workflow triage model with input from task force and participating ED site-specific implementation teams		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Draft job descriptions, staffing and recruitment plan, in consultation with the Workforce Subcommittee		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify a documentation platform for templates and tools developed for ED care triage		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template/tool for use by Patient Navigator, including mechanisms to identify patients who are already engaged in HHs and those who are eligible for HHs		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template/tool for assisting patient in selecting a PCP		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template for scheduling follow-up PCP/BH provider/Other provider		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template to be used in identifying patient's need for social supports and the process of referral to CBOs, with particular attention to the complex needs of patients with co-occurring disorders, homelessness and SUD		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	
Task		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop standard procedures for notifying and sharing information with PCP / HH care manager / other provider										
Task Develop standard procedures for referral to behavioral health support services for eligible patients, with particular attention to the complex needs of patients with co-occurring disorders, homelessness and SUD		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop specifications to generate alerts for patients to be targeted in ED care triage; specify criteria for intervention		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training curriculum for Patient Navigators and ED staff using evidence-based care management principles and project specific procedures and tools		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Finalize compilation of all documentation into a Clinical Operations Plan (COP) for ED Care Triage for At-Risk Populations		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Finalize budget for ED Care Triage for At-Risk Populations		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Submit elements of the COP to Quality and Care Innovation Sub- Committee (QCIS) for approval		Project		Completed	04/01/2016	08/31/2016	04/01/2016	08/31/2016	09/30/2016	DY2 Q2
Task Establish plan for data exchange and systems for documenting ED Care Triage activities across the PPS		Project		Completed	04/01/2016	08/31/2016	04/01/2016	08/31/2016	09/30/2016	DY2 Q2
Task Identify and catalogue available community resources, using the CNA as a starting point to create a Community Resources Database		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Survey participating providers to identify gaps in services and identify additional potential community organization partners		Project		Completed	07/15/2015	03/31/2016	07/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Define processes for referral, and access to information among providers, and feedback processes to the practices electronically with interim manual processes as needed in conjunction with IT subcommittee		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and document referral and follow-up procedures for the sites, with a mechanism for sites to audit adherence and report to		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
QCIS										
Task Identify community organizations for inclusion in the initial iteration of the Community Resource Database, sign agreements with with community based organizations and establish process to facilitate feedback to and from community organizations		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Perform regular checks of Community Resource Database to ensure data is up to date and accurate and to identify additional resources to consider including		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with community organization partners to gather feedback and share best practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish the schedule and materials for periodic staff training on the warm transfer and referral tracking		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Orient hospital staff and community-based partners on the project		Project		Completed	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement registry reporting capabilities to track and intervene on patients to be targeted by ED care triage		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Recruit and hire Patient Navigators		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train Patient Navigators, their supervisors, and ED staff using the curriculum developed including use of Community Resource Database, with particular attention to the complex needs of patients with co-occurring disorders, homelessness and SUD		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	06/30/2015	03/31/2018	06/30/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/30/2015	03/31/2018	06/30/2015	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	06/30/2015	03/31/2018	06/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition		Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS wide PCMH subcommittee as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating partner EHR use relative to		Project		Completed	06/30/2015	08/30/2015	06/30/2015	08/30/2015	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
Meaningful Use and PCMH 2014 Level 3 standards										
Task Establish BPHC program to educate, encourage, track and support eligible safety net providers in acquiring/implementing certified EHR systems, including potential use of incentive-based payments for implementation		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Recruit or contract for EHR implementation resources as needed		Project		Completed	11/01/2015	04/01/2016	11/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner EHR implementation and progress towards Meaningful Use and PCMH standards		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Track status and manage support to ensure all eligible safety net providers are using certified EHR systems that meet Meaningful Use and PCMH 2014 Level 3 standards		Project		In Progress	10/15/2015	03/15/2018	10/15/2015	03/15/2018	03/31/2018	DY3 Q4
Task Identify safety net provider data sharing requirements and ENS capabilities and assess partner and QE data sharing capabilities and current HIE participation		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Coordinate with Bronx RHIO to develop comprehensive HIE adoption program to encourage and support partner participation and integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin coordinated interface and service development with Bronx RHIO		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish BPHC program to manage support for safety net providers to ensure that all are actively sharing health information, coordinating with Bronx RHIO to encourage, track and support partner participation and integration/data sharing		Project		Completed	03/01/2016	04/25/2016	03/01/2016	04/25/2016	06/30/2016	DY2 Q1
Task Track status and manage support to ensure that all PPS safety net providers are actively sharing health information through Bronx RHIO/ENS/alternative health information exchange		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor the use of ENS for communications related to ED Care Triage		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor practice transformation sustainability after receiving 2014		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
NCQA level 3 PCMH certification, and provide support as needed.										
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	Completed	09/01/2016	03/31/2018	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement ED care triage protocols, as outlined in Milestone 1		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide technical assistance to site-specific implementation teams		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor the speed with which patients receive an appointment with PCP/specialist/BH. Troubleshoot with PCPs/others as necessary		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Patient Navigation Team conducts telephonic follow-up with patient and PCP/HH/behavioral health/appropriate specilaty service/CBO/other support service to ensure access to care, community support resources and to track appointment completion.		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Modify Clinical Operations Plan procedures to reflect lessons learned, in conjunction with task force		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.		Project		Completed	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016		
Task		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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
Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.										
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

			·		
Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish ED care triage program for at-risk populations	mstanfor	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES1_OTH_ED_M 1_Project_description_&_necessary_resources_and_ke y_challenges_9988.pdf	Project description & necessary resources and key challenges. Includes project description from Clinical Operations Plans as well as challenges from both BPHC hospital partners	04/12/2017 09:42 AM
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).	mstanfor	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES3_OTH_ED_M 3_Detailed_Steps_and_Process_Flows_9989.pdf	Detailed Steps and Process Flows within the ER. The attached workflows include general workflow from Clinical Operations Plan and hospital-specific workflows at SBH and Montefiore.	04/12/2017 09:47 AM
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This	sgjevuka	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES4_OTH_ED_M 4_Not_Participating_10820.docx	BPHC is not participating in M4.	04/18/2017 05:08 PM



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
requirement is optional.)					
Use EHRs and other technical platforms to track all patients engaged in the project.	sgjevuka	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES5_OTH_2.b.iii_ M5_DY2_Q4_Remediation_Supporting_Documentation _15196.pdf	M5 DY2 Q4 Remediation_Supporting Documentation	06/16/2017 01:09 PM
	sgjevuka	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES5_OTH_Document_1ED_M5_Remediation_15033.pdf	Documents from original submission. New documents include MMC and SBH documents showing more in depth screenshots with name, appointments and services rendered.	06/14/2017 02:48 PM
	sgjevuka	Other	36_DY2Q4_PROJ2biii_MDL2biii3_PRES5_OTH_DY2Q 4_Milestone_5_NarrativeRemediation15031.docx	Remediation Narrative	06/14/2017 02:29 PM
	mstanfor	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ2biii_MDL2biii3_PRES5_EHR_ED_M 5_Screenshots_showing_EMR_completeness_Combine d_2_10876.pdf	Screenshots demonstrating completeness of EHR system including evidence of patient name, appointments and services received by patient for ED Care Triage project and PCP transition	04/19/2017 12:22 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	This milestone is completed as of DY2Q4. Bronx Partners for Healthy Communities (BPHC), with the assistance of Montefiore's Care Management Organization (CMO) as vendor and a joint SBH-Montefiore implementation team, has completed the initial implementation of the ED Care Triage project at SBH Health System (SBH) and Montefiore Medical Center (MMC). Both SBH and MMC have completed their hiring process of ED Navigators and other staff assigned to the project. ED Navigation teams at both SBH and MMC were trained by Montefiore's CMO during the quarter. ED Navigators identify patients appropriate for the intervention by utilizing a worklist that identifies patients through a predictive algorithm. ED Navigators engage patients from the worklist, perform an assessment and record that assessment in their respective electronic medical records (EMRs). During the assessment, ED Navigators interview patients and identify appropriate resources to address their specific needs as well as ensure that all patients leave the ED with a primary care provider (PCP) appointment, if it is possible to schedule one. ED Navigators also attempt to reach out to the Health Home care coordinator, if one can be identified. Both hospital teams have established closed-loop referral tracking systems for all appointments made by the navigators and utilize their 30-day post-discharge care coordinators (PDCCs) to verify that patients attended appointments made for them during or soon after their ED visit, particularly the PCP appointment. PDCCs track all clinical and social service referrals to completion. Both SBH and MMC have established protocols to make bottom-up referrals to Health Home as well as share information about the ED visit and any updates from the follow-up calls with the Health Home care coordinator and PCP.
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open	Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH) which include EHR support and connectivity of data captured therein. BPHC continues work to ensure all applicable providers meet
access scheduling.	PCMH recognition and MU accreditation where possible and that we meet our obligation to the previously agreed tasks. BPHC contracted with consultants to perform
a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.	detailed gap analyses with 166 practices, with 86 locations already evaluated thus far. Of those, 42 practices have already submitted their PCMH 2014 attestations, with all achieving level 3.
b. Develop process and procedures to establish connectivity between the	
emergency department and community primary care providers.	Contracting is complete with six technical assistance consultant (TA) groups for the work on the remaining eligible practices. We continue to contract for PCMH work at
c. Ensure real time notification to a Health Home care manager as	more challenging, non-traditional PCMH setting such as mobile van clinics and HIV clinics. We are also continuing the contract process for work on School Based Health
applicable	Centers (SBHCs) having collected proposals from the TAs. The proposals detail two pilot programs, each for one of the two largest groups of SBHCs. Eventually we hope

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Prescribed Milestones Narrative Text

	Prescribed winestones Narrative Text
Milestone Name	Narrative Text
	to implement PCMH across 41 SBHCs with over 100 primary care providers (PCPs) and 30,000 students.
	We started work on Advance Primary Care (APC) and Transforming Clinical Practice Initiative (TCPI) pilot programs with SDOH-certified consultants for both programs at SBH Health System. Providers participating from SBH Health System have already achieved PCMH 2014 level 3 recognition. We are working on developing contracts for the technical assistance for other practices. The intent is to promote APC and TCPI wherever possible and pursue higher levels of true transformation for practices within the BPHC.
	During DY2Q4, BPHC started a pilot to build on successful PCMH applications and reinforcing practice transformation. BPHC is working with a TA to on a continuous improvement project: to improve empanelment in a Federally Qualified Medical Center's primary care sites and to help determine the supply and demand for the sizing of behavioral health caseloads. Other possible targeted programs are also being considered.
	The encounter notification system continues to evolve with implementation of GSI Health as the care coordination management system for the PPS. To ensure care coordination and planning, BPHC developed work plans and implementation strategies and started the rollout with member organizations for a care coordination management system (CCMS), GSI Health, which has gone live as of end of DY2Q4. This system will be tied electronically to the Bronx RHIO, our Qualifying Entity (QE), which is also being promoted and supported by BPHC among our members. BPHC is facilitating conversations between GSI Health, the care coordination management system platform BPHC has implemented, and the Bronx RHIO to ensure encounter alerts are sent to relevant care coordinators through the platform.
	The milestone is on track for completion by DY3Q4.
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).	This milestone is completed as of DY2Q4. As indicated in the Milestone 1 narrative, Bronx Partners for Healthy Communities (BPHC) hospital partners SBH Health System (SBH) and Montefiore Medical Center (MMC) have hired and trained all staff required to implement the intervention. Defined processes and workflows for both SBH and MMC have been developed and are included as part of supporting documentation. Institution-specific processes to identify the patient's PCP so that appointments can be made prior to the patient leaving the ED have also been developed and implemented. Efforts are in place for hospital sites to run reports and audit the number of appointments made by ED navigators/support staff and the number of those appointments that were kept through a closed-loop referral process conducted by the Post-Discharge Care Coordinators. Starting in DY3, primary care sites will be educated on the activities of the ED Care Triage project and additional efforts to foster care coordination across the integrated delivery system will be made. Efforts will also be made to implement continuous quality improvement following the plan do study act methodology starting in DY3. The Clinical Operations Plan (COP) was reviewed by both sites and some site-specific changes were made to the project description based on lessons learned through implementation in conjunction with the joint SBH-MMC project task force.
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.)	As this requirement is optional, BPHC has chosen not to take part in this milestone and will be filing it as complete this quarter.
	Remediation narrative in attached Remediation Supporting Documentation.
Use EHRs and other technical platforms to track all patients engaged in the project.	Original narrative: Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH), which include EHR support and connectivity of data captured therein. In DY2Q4 registries and population health reports continue to be
	developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c)

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter.
	Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee.
	In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. BPHC also continues to find ways to use Salient Interactive Miner protected health information data. The milestone was completed by DY2Q4.

Milestone Review Status

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



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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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



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SBH Health System (PPS ID:36)

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

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

Instructions:

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

- (1) There is often inadequate coordination and communication between hospital-based teams, outpatient care managers (CM), PCPs, SNFs, and home-health care agencies that are key to effective hand-offs among providers. In addition, hospital staff does not always recognize the value of CBOs in managing Care Transitions (CT). To mitigate these risks, Clinical Coordinators (CTCCs), post-discharge care coordinators (PDCCs) and outpatient CMs will have access to an electronic care and referral management tool that can be shared across all BPHC providers. BPHC will assure that partners across multiple settings can use this tool to find and refer to various services needed during transitions of care. Sharing transitional care plans (TCP) through BxRHIO will be instrumental to CT hand offs, as will telephonic follow up to fill gaps and close-loop referral. BPHC will develop training to address cultural competency, language barriers, and detail elements of CT model and roles of each CT team member, including hospital-based staff, outpatient CMs, and CBOs providing social services, with particular attention to warm handoffs, coordination and communication across roles and settings.
- (2) Unstable housing and Behavioral Health (BH) diagnoses including substance use disorder (SUD) may impact readmissions; CBO partners will be engaged to assist in mitigating these risks. To prevent readmissions among SMI patients who are at risk for homelessness, BPHC will fund Health Homes (HH) to provide Critical Time Interventions, an evidence-based, time-limited CT program. In efforts to prevent readmissions and overutilization of the ED among patients with BH diagnoses, SBH Health System (SBH) has partnered with two CBOs through the Medicaid Accelerated eXchange (MAX) Series. BronxWorks and Bronx Crisis Respite Center, CBOs who provide homeless services and crisis respite services respectively, have started to engage SBH BH patients. ED and readmission rates among BH patients have dropped over the six months since the CBO partnerships began. Efforts will be made to expand these CBO partnerships to all BPHC facilities and to develop the CTI program to compliment these services.
- (3) Recruiting and hiring CT staff, particularly Spanish-speaking staff, presents a challenge to readmission reduction efforts. Hospitals may also experience unexpected delays in hiring due to issues with the unions. BPHC is working with local community colleges, CBOs, 1199 Training and Education Fund and NYSNA to help recruit and train care management staff, offer competitive salaries, flexible hours, and job sharing, as feasible, to improve recruitment and retention.
- (4) Existing policies and procedures for early notification of planned discharges differ among hospitals. Notification of HH CMs when patients are being discharged varies, particularly if patients are discharged earlier than expected or from a hospital not subscribed to RHIO alerts. BPHC will require hospitals and PCPs to have RHIO connectivity, to use alerts, and to establish protocols requiring timely notification of discharges to HH CMs. TCPs will be shared with PCPs and HH CMs through RHIO alerts and telephone calls. HHs will be provided with one point of contact in the hospital so that CMs can easily receive relevant updates from the hospital-CT team.

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

Instructions:

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

Benchmarks					
Actively Engaged Speed	Actively Engaged Scale				
DY3,Q4	10,290				

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	1,672	3,345	5,016	6,689
PPS Reported	Quarterly Update	2,141	8,660	0	9,164
	Percent(%) of Commitment	128.05%	258.89%	0.00%	137.00%
IA Approved	Quarterly Update	0	8,660	0	9,164
IA Approved	Percent(%) of Commitment	0.00%	258.89%	0.00%	137.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jdimitra	Rosters	36_DY2Q4_PROJ2biv_MDL2biv2_PES_ROST_BPHC-PATIENTLIST-2biv-	2.b.iv Patient Engagement	04/27/2017 08:59 AM
Julillilla	103(613	DY2Q4_9164pts_FINAL_13543.xlsx	2.b.iv i alient Engagement	04/21/2011 00:59 AW

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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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Engage partners, including health homes (HH), to promote project understanding and partner alignment.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify key stakeholders and initiate Care Transitions (CT) work group		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct preliminary site visits to participating in-patient settings		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Orient hospital staff to the project		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop job description and staffing plan, in consultation with the Workforce Subcommittee		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Map comprehensive list of care and social services used by patients in the home or other non-medical setting		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop criteria for identifying and targeting patients most at risk for readmission, to facilitate the creation of patient registries and alerts		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify electronic patient stratification tool or algorithm to identify the 'at risk' population		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish workflow triage model with input from CT work group and participating site-specific implementation teams		Project		Completed	11/15/2015	02/01/2016	11/15/2015	02/01/2016	03/31/2016	DY1 Q4
Task		Project		Completed	11/15/2015	03/31/2016	11/15/2015	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
Establish plan for data exchange and systems for documenting CT program activities across the PPS										
Task Develop guidelines and assessment template/tools for the determination of HH and CT eligibility by CT team		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template/tools for assisting patient in selecting a PCP		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template/tools for scheduling follow-up PCP appointment, specialty care, CBO care, and/or a medical visit in a non-traditional setting (e.g. house call, telehealth)		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop guidelines and assessment template/tools to be used in identifying patient's need for social supports and the process of referral to CBOs		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop standard procedures for notifying and sharing information with PCP / HH care manager / or other provider, as needed		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop standard procedures for referral to behavioral health support services for eligible patients		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize compilation of all documentation into a Clinical Operations Plan (COP) for CT intervention		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Finalize budget for CT intervention		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Submit elements of COP to Quality and Care Innovation Sub- Committee (QCIS) for approval		Project		Completed	03/01/2016	05/31/2016	03/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task Develop training curriculum for CT staff using evidence-based care management principles and project specific procedures and tools. Training curriculum will emphasize cultural competence and health literacy		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Convene representative group of PPS members to form CT work group, including hospitals, BH and SUD SMEs to review Critical Time Intervention strategies and to create workplan.		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

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 Define the population to be targeted by Critical Time Intervention strategies		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task In conjunction with the Workforce subcommittee, define a Critical Time Intervention staffing model, to address the needs of the target population including staff qualifications, roles, functions, and panel size of team members		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop financial model to cost out Critical Time Intervention team		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document the COP to define the elements of the Critical Time Intervention program including the roles of PCPs, BH specialists, HHs, HIE and technology requirements, and evidence-based guidelines		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Working with Workforce Subcommittee, design training and recruitment strategy for Critical Time Intervention staffing		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop Critical Time Intervention implementation budget		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Submit elements of Critical Time Intervention COP to QCIS for approval		Project		Completed	03/01/2016	05/31/2016	03/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task Prepare/disseminate gap analysis tool based on COP to participating providers to determine Critical Time Intervention resource needs against project plan and care management team staffing model		Project		Completed	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Complete assessment of Critical Time Intervention staffing needs across the PPS in conjunction with the Workforce Subcommittee		Project		Completed	02/01/2016	05/31/2016	02/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task Develop a registry of patients to be targeted for intervention		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish technology interfaces to ensure frequent automated updates of registry data		Project		Completed	04/04/2016	06/30/2016	04/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement CCMS and/or other systems and services with patient registries and other features required for PHM		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
Recruit and hire needed CT staff										
Task Train CT staff and their supervisors		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify implementation teams for Critical Time Intervention		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch recruitment and training programs with Critical Time Intervention participating providers		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanisms for feedback and monitoring for Continuous Quality Improvement (CQI)		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task CT staff implement Care Transitions interventions, using project- specific templates, tools and procedures		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task CT staff conduct telephonic follow-up with patient and PCP/HH/BH/other support service to ensure access to care and all follow up appointments were completed.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Modify COP procedures to reflect lessons learned, in conjunction with task force		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY3 Q2	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task Meet with payers to identify triggers and processes for payer care coordination and chronic care services to ensure coordination and prevent gaps in care and/or redundant services, as part of a value-based payment strategy, outlined below.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop partnership agreements with payers affirming coverage and coordination of service benefits. Include HHs in the development of this payment strategy.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Review final State value-based payment roadmap and PPS value-based payment plan		Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Identify Medicaid MCOs engaged with our attributed patients and actively engage them in developing new and strengthening existing value-based payment arrangements through a structured stakeholder engagement process.		Project		Completed	09/01/2015	11/15/2015	09/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Establish partner value-based payment reporting requirements and procedures to enable ongoing monitoring of value-based payments and care transitions.		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop detailed analysis of PPS partners' existing value-based payment arrangements with Medicaid MCOs and other payers by reviewing claims-level data, with attention to HHs		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage MCOs in defining PPS MCO contracting strategy and organizational requirements necessary to support the development of contracts with Medicaid MCOs		Project		Completed	09/15/2015	12/01/2015	09/15/2015	12/01/2015	12/31/2015	DY1 Q3
Task Engage PPS partners, especially HHs, to assist in defining PPS MCO contracting strategy and organizational requirements necessary to support the development of contracts with Medicaid MCOs		Project		In Progress	11/15/2015	03/31/2018	11/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop or contract with an organizational structure (e.g. HH) or multiple organizational structures to support contracting with Medicaid MCOs and other payers as an integrated system		Project		Completed	11/15/2015	02/15/2016	11/15/2015	02/15/2016	03/31/2016	DY1 Q4
Task Develop value-based payment arrangements for presentation to Medicaid MCOs and other payers		Project		Completed	02/15/2016	03/31/2016	02/15/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop PPS plan, overseen by Finance and Sustainability Sub- committee, to achieve 90% value based payments by DY5 and present to the Executive Committee for review and signoff		Project		Completed	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has agreement in place with MCOs and HHs related to coordination of CT intervention for populations at-risk for readmission										
Task Monitor use of assessment tool to identify HH-eligible patients		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Ensure eligibility is noted in patient's EHR		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor rates of referrals to HH services based on eligibility		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure required social services participate in the project.	DY3 Q2	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop a web-based directory of preferred CBO/social service providers, including medically tailored home food services, that will provide a comprehensive source of information on the scope of social services provided across the PPS.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Analyze Community Needs Assessment data, Medicaid data base/MAPP, and PPS partner data for 30 day hospital readmissions over the past 12 months		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify and catalog available community resources, using the CNA as a starting point to create a Community Resources Database		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Survey participating providers to identify gaps in services and identify additional potential community organization partners		Project		Completed	07/15/2015	03/31/2016	07/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Define processes for referral, and access to information among providers, and feedback processes to the practices electronically with interim manual processes as needed in conjunction with IT subcommittee		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and document referral and follow-up procedures for the sites, with a mechanism for sites to audit adherence and report to QCIS		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify community organizations for inclusion in the initial		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
iteration of the Community Resource Database, sign agreements with with community based organizations and establish process to facilitate feedback to and from community organizations										
Task Perform regular checks of Community Resource Database to ensure data is up to date and accurate and to identify additional resources to consider including		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with community organization partners to gather feedback and share best practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish the schedule and materials for periodic staff training on the warm transfer and referral tracking		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	<u>Hospital</u>	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement policies and procedures for early notification of planned discharges.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop communications plan between in-patient and CT staff		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor early notification of planned discharge and modify procedures as necessary, using CQI		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017		DY2 Q4
Task		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
Provide pre-discharge visits that educate patients and caregivers about their conditions and how to manage them, review discharge summaries and care plans, and perform medication reconciliation										
Task Ensure hospital policies and procedures allow access by care managers for patients identified for CT intervention		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	Completed	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Ensure that transition plans include the following elements: a. Flag patients at if high-risk for readmission b. Medication reconciliation c. Methods to identify and respond to worsening condition d. Interdisciplinary team approach e. Engaged primary provider f. Information dissemination		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement policies and procedures for including care transitions plans in the patient's medical record		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and document required clinical and care management protocols for priority programs, projects and interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	08/15/2015	10/15/2015	08/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Define partner and workforce roles in delivering care based on protocols and planned interventions in priority projects, including expectations for how interventions will be logged, tracked and reported		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Deploy systems to improve and promote effective care transitions, include protocols for tracking and follow-up		Project		Completed	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

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 Operationalize partner and workforce roles by providing gap analysis and appropriate training to clinicians and care management staff (including licensed care managers, care coordinators, patient navigators/community health workers, medical assistants and front-office staff)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish data collection, survey and reporting mechanisms to enable BPHC monitoring to ensure that patients are receiving appropriate health care and community support in priority projects, based on needs identified in prior planning activities		Project		Completed	02/01/2016	06/15/2016	02/01/2016	06/15/2016	06/30/2016	DY2 Q1
Task Review process for rapid cycle evaluation and continuous improvement of data collection, survey and reporting methods based on priority project experience and modify process as needed to ensure patients receive appropriate health care and community support		Project		Completed	08/01/2016	09/01/2016	08/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Monitor record of transition plan in the interoperable EHR, as well as whether PCP has accessed the plan (if feasible)		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene providers from different care settings to define specific information and clinical data to include in the care transition record shared between sending and receiving providers, as patient goes from one care setting to another. Resources designed by the National Transition of Care Coalition will be considered.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish a process and structure to conduct a detailed review of all discharges leading to readmission within 30 days.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Use the analysis and the ongoing review data to inform services to involve in this project.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with partners to define how to document and communicate 30-day transition period of care.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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 Incorporate the 30 day care transition period into payer agreements.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



requirements across the system.

primary care

Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization

patterns, , with an emphasis on tracking patient engagement with

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

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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

DSRIP Quarter **Project Requirements Prescribed** Reporting Original Original **Reporting Year Provider Type Status Start Date End Date** (Milestone/Task Name) Level **Start Date End Date End Date Due Date** and Quarter Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify 04/01/2016 03/31/2017 04/01/2016 03/31/2017 03/31/2017 DY2 Q4 Project Completed targeted patients and track those who are actively engaged for milestone reporting Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated Completed 04/01/2016 03/31/2017 04/01/2016 03/31/2017 03/31/2017 DY2 Q4 Project solution. Disseminate standardized IT protocols and data security

Prescribed Milestones Current File Uploads

Completed

04/01/2016

12/31/2016

04/01/2016

12/31/2016

12/31/2016

DY2 Q3

Project

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Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	mstanfor	Documentation/Certificati on	36_DY2Q4_PROJ2biv_MDL2biv3_PRES1_DOC_CT_M 1_Process_and_WorkflowCombined_9990.pdf	Documentation of process and workflow including responsible resources at each stage of the workflow. Shows implementation of care transitions intervention model across providers.	04/12/2017 10:01 AM
Ensure required social services participate in the project.	mstanfor	Rosters	36_DY2Q4_PROJ2biv_MDL2biv3_PRES3_ROST_CT_ M3_Support_Services_Lists_Combined_9991.pdf	Support services lists. Network of social services, including medically tailored home food services (e.g., R.A.I.N., Gods Love We Deliver), provided in Care Transitions	04/12/2017 10:15 AM
	sgjevuka	Other	36_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_Milest one_4_narrative_for_remediation15036.docx	Remediation Narrative	06/14/2017 02:54 PM
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	sgjevuka	Other	36_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_Care_ Transitions_M4_RemediationEarly_notification_workfl ow_procedure_and_access_contract_15035.pdf	Metric1, workflows p 9. Early Notification of Discharge in the red box. MMC and SBH workflows p 10-14. EDN process p13 and 14. Procedures p 15-17. Metric2 from original submission.	06/14/2017 02:53 PM
·	mstanfor	Other	36_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_CT_M 4_Provider_Engagment_10552.xlsx	Provider engagement numbers demonstrating providers engaged in milestone 4 of care transitions	04/18/2017 09:34 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				project.	
	mstanfor	Contracts and Agreements	36_DY2Q4_PROJ2biv_MDL2biv3_PRES4_CONTR_CT _M4_Contract_demonstrating_access_and_CT_service s_by_transition_care_manager_9992.pdf	Contract. Standard contract demonstrating PPS has program that allows care managers access to visit patients in hospital and provide Care transitions services as defined in metric	04/12/2017 10:20 AM
Protocols will include care record transitions with timely updates provided to the members' providers,	mstanfor	Training Documentation	36_DY2Q4_PROJ2biv_MDL2biv3_PRES5_TRAIN_Car e_Transitions.5.Inventory_of_Training_Schedules_9994 .xlsx	List of training dates. List/inventory of trainings completed to date upon milestone completion. Dates, nature of training, format and number of staff trained included.	04/12/2017 10:35 AM
particularly primary care provider.	mstanfor	Training Documentation	36_DY2Q4_PROJ2biv_MDL2biv3_PRES5_TRAIN_Car e_Transitions.5.Inventory_of_Training_Materials_9993.x lsx	Inventory of written training materials developed for this project.	04/12/2017 10:34 AM
Ensure that a 30-day transition of care period is established.	mstanfor	Policies/Procedures	36_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_CT_M 6_Policies_and_Procedures_for_the_30- day_transition_period_9999.pdf	Policies and procedures. Documentation of policies and procedures demonstrating the requirement that 30d transition of care period is established, implemented and utilized at BPHC.	04/12/2017 10:49 AM
Use EHRs and other technical platforms to track all patients engaged in the project.	sgjevuka	Other	36_DY2Q4_PROJ2biv_MDL2biv3_PRES7_OTH_CT_M 7_Screenshots_showing_EMR_Completeness_updated _11623.pdf	Screenshots demonstrating completeness of EHR system including evidence of patient name, appointments, and services received showing MMC, SBH assessments and transitional care plan	04/24/2017 11:48 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	This milestone is completed as of DY2Q4. Bronx Partners for Healthy Communities (BPHC), with the assistance of its vendor and partner, the Montefiore Care Management Organization (CMO), has completed training for all individuals hired for the Care Transitions Intervention. SBH Health System (SBH) has completed training for all ten DSRIP-funded new hires and the program has been live since late November 2016. Montefiore Medical Center (MMC) has also completed both hiring and IT development for all five budgeted inpatient positions and the inpatient component of Care Transitions intervention went live in DY2Q4. In addition the post-discharge call center is live to support the inpatient component of the program.
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	In efforts to address the needs of behavioral health patients, BPHC launched its Critical Time Intervention (CTI) program in early Q4 with four partner organizations. BPHC has enrolled about 37 patients in the program by the end of DY2Q4. In addition to the standardized training provided for all four organizations in Q3, two partners, Visiting Nurse Service of New York (VNSNY) and SCO Family of Services (SCO), receive additional ongoing training from Center for Urban Community Services (CUCS) in the form of monthly support calls. BPHC has worked closely with inpatient psychiatric and medical providers to establish workflows to identify patients who meet the criteria of the target population to engage patients and provide a warm handoff to the CTI team while the patient is still in the hospital. Efforts will continue to DY3 to define the workflow for identifying and involving the Health Home in the CTI program.
	BPHC aims to facilitate the coordination of care and support services though a single comprehensive care plan as patients move between care settings and organizations.

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SBH Health System (PPS ID:36)

Prescribed Milestones Narrative Text

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Milestone Name	Narrative Text				
	To this end, BPHC has contracted with GSI Health for the provision of a care coordination management system (CCMS).				
	Over 80 care coordination staff members from across the PPS have been trained in the GSI Health platform and BPHC began the roll-out of the tool to provider sites (including FQHCs, hospitals, behavioral health organizations, and community-based organizations) beginning in early March 2017. Care coordination teams, including the hospital-based teams at SBH use the platform to conduct assessments, care planning, care plan management, operational analytics and reporting. The system facilitates enhanced communication and collaboration between providers, reduces duplication, and provides greater insight into the needs of patients as they navigate through the care delivery system.				
	The focus of PPS efforts to date has been on developing a general Value-Based Payment strategy in line with updated guidance from NYS. Transitions and coordination of care will be an important part of that strategy in DY3.				
	As part of the project's initial implementation, hospital-based care transitions care coordinators (CTCCs) will identify if a patient is eligible for Health Home, mark eligibility in the EMR and make a bottom-up referral to Health Home following an institution specific process. As mentioned in the milestone 4 narrative below, additional efforts were made during Q4 to identify and generate policies and workflows for access by outside care coordinators (Health Home care coordinators and care coordinators from the PCPs office) who will be consulted and integrated into the care transitions process. These efforts have started over the course of the quarter and will be one of the foci of CSO's continuous quality improvement (CQI) efforts with the partners starting in DY3. In addition, efforts to contact and involve a managed care organization (MCO) care manager (if the MCO assigns one) will be considered by the PPS Network Partner hospitals. Hospitals already grant access to Health Home coordinators some of whom already visit their patients on the unit. Policies indicating the hospital access have been included as supporting documentation. CTCCs in the inpatient units will communicate timing and information on planned discharges to Health Home care coordinators who will continue transition services once the patient is discharged. Health Home care coordinators also already receive real-time alerts when patients are admitted to and discharged from the hospital.				
Engage with the Medicaid Managed Care Organizations and Health	Bronx Partners for Healthy Communities (BPHC) continues to convene and consult its Health Home Work Group members for collaboration around provider and community education, bottom-up referral processes, and other topics. This Work Group includes the three Health Homes serving the vast majority of BPHC-attributed patients: Bronx Accountable Healthcare Network (BAHN), Community Care Management Partners (CCMP), and Coordinated Behavioral Care (CBC).				
Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	The following tasks below were originally part of the IDS milestone 8 and have been marked as completed since that milestone has been retired. The tasks are no longer consistent with the updated state issued guidance for completion of Care Transitions milestone 2.				
	Meet with payers to identify triggers and processes for payer care coordination and chronic care services to ensure coordination and prevent gaps in care and/or redundant services, as part of a value-based payment strategy, outlined below. (complete)				
	Develop partnership agreements with payers affirming coverage and coordination of service benefits. Include HHs in the development of this payment strategy. (complete)				
	Develop PPS plan, overseen by Finance and Sustainability Sub-committee, to achieve 90% value based payments by DY5 and present to the Executive Committee for review and signoff (complete)				
	The following tasks will be adjusted from DY2Q4 to DY3Q4: Given the changes in DSRIP VBP direction where the PPS is no longer the VBP contracting entity, BPHC is in the process of revising its strategy for the completion of tasks under this milestone. The deadlines of relevant tasks have been adjusted to accommodate longer term decision making around VBP strategy and collaboration with MCOs.				



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Prescribed Milestones Narrative Text

	Prescribed Milestones Narrative Text
Milestone Name	Narrative Text
	A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. Identify Medicaid MCOs engaged with our attributed patients and actively engage them in developing new and strengthening existing value-based payment arrangements
	through a structured stakeholder engagement process.
	Engage MCOs in defining PPS MCO contracting strategy and organizational requirements necessary to support the development This milestone is completed as of DY2Q4. During Q4, all Care Transitions staff members were trained on making referrals to community-based organizations (CBOs) that
	include processes and workflows for the team at each site to make referrals. Special attention was paid to CBOs that address social determinants of health including food pantries, housing services, home care and other social services. The workflows enable staff to communicate those referrals to patients and the community agencies as well as a build a closed-loop referral process to make sure patients engaged with those organizations during the 30-day transition period.
	BPHC has contracted with various service providers for referrals to services specifically linked to DSRIP disease management projects. Specifically, the PPS has an agreement with a.i.r. bronx (for referrals of patients with asthma in need of home-based interventions) and Health People (for referrals of patients in need of diabetes self-management program enrollment). Furthermore, the PPS has contracted with: four (4) CBOs to provide Critical Time Intervention (CTI) care coordination to seriously mentally ill (SMI) patients with recent hospitalizations who are precariously housed; seven (7) CBOs for community health literacy (CHL) education provision within at-risk communities, including navigating the health care system and accessing primary care and health home services; and 13 community behavioral health organizations for improved screening and referral processes.
Ensure required social services participate in the project.	BPHC has developed an online, searchable resource directory of BPHC members that is available via the PPS website and highlights the range of services that BPHC-affiliated organizations can provide to patients. The searchable directory has been made accessible to providers across the network, in order to build a bridge between clinical and social services. The directory is searchable by service type and zip code and connected to the PPS Salesforce platform, allowing partners to keep their information consistently up to date. Through their partnership with BPHC, all primary care providers (PCPs) and Health Homes have access to BPHC social service providers through the BPHC Community Resource Directory, which can be found at: www.BronxResourceDirectory.org.
	The Resource Directory is considered "stage 1" of the PPS's development of a referral management system (RMS). BPHC's Central Services Organization (CSO), in collaboration with the Executive Committee and IT Subcommittee, is in the process of choosing a vendor for the PPS-wide RMS, which will have capability for direct provider-to-provider referral making and tracking for both clinical and social service referrals. Participating providers will agree to a set of referral standards and will participate in a phased roll-out across the PPS during DY3.
	Remediation narrative in attached Remediation Supporting Documentation.
	Original narrative:
	This milestone is completed as of DY2Q4. Care Transitions Care Coordinators (CTCCs) are employed by the both BPHC hospitals and have access to all units on which
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the	they are deployed. They serve the role of transition care manager as mentioned in the milestone requirement. A contract appears in supporting documentation that shows CTCCs have access to the units and patients they serve due to the fact that they are hospital employees. The hospital-based CTCCs are well integrated into their
patient in the hospital to develop the transition of care services.	respective units, attend interdisciplinary rounds where they learn about the timing of planned discharges, and develop relationships with medical residents and social workers to determine the time of discharge so that they may complete the transitional care plan (TCP) on time. Additional efforts were made during Q4 to identify and generate policies and workflows for access by outside care coordinators (Health Home care coordinators and care coordinators from the PCPs office) who will be consulted and integrated into the care transitions process. These efforts have started over the course of the quarter and will be one of the foci of CSO's continuous quality improvement (CQI) efforts with the partners starting in DY3. In addition, efforts to contact and involve a managed care organization (MCO) care manager (if the MCO assigns one) will be considered. Hospitals already grant access to Health Home coordinators some of whom already visit their patients on the unit. Policies indicating the

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Prescribed Milestones Narrative Text

Prescribed Milestones Narrative Text					
Milestone Name	Narrative Text				
	hospital access have been included as supporting documentation. CTCCs in the inpatient units will communicate timing and information on planned discharges to Health Home care coordinators who will continue transition services once the patient is discharged. Health Home care coordinators also already receive real-time alerts when patients are admitted to and discharged from the hospital.				
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	This milestone is completed as of DY2Q4. Transitional Care Managers (TCMs) at the hospitals will share the transitional care plan (TCP), the document of care record transition, with either the Health Home (HH) care coordinator or primary care provider (PCP) prior to discharge via fax, secure email or through the Bronx RHIO. The TCP will also be shared with the post-discharge care coordinators (PDCCs) who make post-discharge phone calls within the 30 days following discharge. Post-discharge protocols at both SBH Health System and Montefiore Medical Center include efforts to share any changes to the TCP that occur as a result of the post-discharge calls with the HH care coordinator and PCP. When feasible, PDCCs will make every effort to contact the primary care provider and HH care coordinator by telephone and share a verbal update of any changes to the TCP that occur as a result of the post-discharge calls. PDCCs will also either secure email or fax any updated TCPs or documentation of post-discharge calls to the HH care coordinator and PCP. In efforts to address the needs of behavioral health patients, BPHC launched its Critical Time Intervention (CTI) program in early Q4 with four partner organizations. BPHC has enrolled about 37 patients in the program by the end of DY2Q4. Information is shared directly from hospital to CTI provider at the time of referral while patient is still in the hospital. BPHC aims to facilitate the coordination of care and support services though a single comprehensive care plan as patients move between care settings and organizations. To this end, BPHC has contracted with GSI Health for the provision of a care coordination management system (CCMS).				
	Over 80 care coordination staff members from across the PPS have been trained in the GSI Health platform and BPHC began the roll-out of the tool to provider sites (including FQHCs, hospitals, behavioral health organizations, and community-based organizations) beginning in early March 2017 CTI providers will be among the first organizations to document and share information in GSI. Care coordination teams, including the hospital-based teams at SBH use the platform to conduct assessments, care planning, care plan management, operational analytics and reporting. The system facilitates enhanced communication and collaboration between providers, reduces duplication, and provides greater insight into the needs of patients as they navigate through the care delivery system.				
Ensure that a 30-day transition of care period is established.	This milestone is completed as of DY2Q4. The post-discharge care coordinator (PDCC) teams are fully staffed at both hospital systems – SBH Health System (SBH) and Montefiore Medical Center (MMC). Over the 30-day care transition period, post-discharge care coordinators (PDCCs) will update primary care providers (PCPs) and Health Home (HH) care coordinators of any changes to the transitional care plan (TCP) that result from the post-discharge calls. MMC has added additional staff to its existing unit of PDCCs, trained new hires on the new assessment and the PDCCs are making calls for all patients discharged from the inpatient units for a full period of 30 days following discharge. MMC has also trained PDCCs in their outpatient psychiatry post-discharge call center to utilize a standard assessment form and follow up on patients discharged from Montefiore psychiatry units. SBH is relying heavily on the Critical Time Intervention (CTI) program and HH program to complete the 30-day transition activities for patients discharged from psychiatric units. SBH PDCCs have been making calls on all patients discharged from medical units without an identified Health Home coordinator. If a HH care coordinator can be identified, SBH PDCCs contact the coordinator, inform her about reasons for the hospital visit as well as red flags for readmission and explain that the patient should be supported for the next 30 days to prevent a readmission. If the patient is not yet enrolled in a HH or the coordinator cannot be reached, SBH PDCCs will continue to follow the patient and make calls during the 30-days after discharge. SBH PDCC's will attempt to reach out to the HH during the 30-day period. MMC calls all patients identified as high risk by the inpatient team that have a completed TCP for the full 30-day care transition period. MMC PDCCs will attempt to reach the HH as well but do not stop making calls until the 30-day care transition period is completed.				
Use EHRs and other technical platforms to track all patients engaged in the project.	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please				

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter.
	Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee.
	In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. BPHC also continues to find ways to use Salient Interactive Miner protected health information data.
	The milestone was completed by DY2Q4.

Milestone Review Status

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



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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSEI ID	i iie i ype	i ile Naille	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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SBH Health System (PPS ID:36)

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.

This project marks a significant cultural shift in how care is delivered to and experienced by patients. Lack of provider buy-in is a risk for successful implementation. To mitigate this risk, BPHC will: (a) provide project-specific training and technical assistance (TA) on the IMPACT model processes and protocols to primary care providers (PCPs) and their care teams through an experienced training consultant over a 6-month training period. Training and TA will assess and provide guidance on building an effective care team. In addition, the training and TA will place an emphasis on providing culturally competent care for depression, including an understanding of cultural barriers to care and health literacy and stigma among the patient population; (b) provide technical assistance for those organizations seeking to introduce primary care (PC) into behavioral health (BH) sites or BH into PC sites. BPHC will connect organizations implementing co-location with peers that have successfully co-located PC and BH. BPHC will also seek ways to incentivize physician participation, e.g., offering access to tools for population health management, including registries and care coordination. TA will include an emphasis on providing culturally competent care for BH issues. Regulatory and reimbursement barriers currently in place discourage effective integration of PC and BH through co-location due to cost, paperwork, and length of approval process. To mitigate this risk, BPHC requested and received the following waivers from the State: Article 28 facilities may provide mental health or substance abuse services provided those services comprise no more than 49% of a facility's annual visits and the facility complies with various provisions of the new integrated services regulations; Articles 31 and 32 facilities may provide physical health services provided those services comprise no more than 49% of a facility's annual visits and the facility complies with various provisions of the new integrated services regulations.

Article 28 and Article 32 facilities may treat their patients in the home, but there is no system yet for reimbursement for such visits. SDOH, OMH, and OASAS have yet to grant any waivers that would allow two different providers licensed by different agencies to share space, e.g., a common waiting room used by an Article 28 and Article 31 facility. To mitigate this risk, BPHC will continue to advocate to the State for these waivers to ensure project goals and milestones are met.

The shortage of psychiatrists in our PPS, as noted by our CNA, poses a sizable risk to the success of this project. BPHC will mitigate this risk by exploring the use of tele-psychiatry to increase BPHC's psychiatric capacity as implementation begins. Staff recruitment efforts will focus on identifying additional psychiatrists, and we will also launch a recruitment program targeted towards attracting and retaining nurses, licensed clinical social workers (LCSWs), psychologists, and psychiatric NPs and physician assistants (PAs) to perform the roles of therapist and depression care managers at participating sites. We will also consider recruiting for licensed master social workers (LMSWs) with the expectation that they pass the LCSW exam within a year of hire, and contract with 1199 Training and Employment Funds to provide training. BPHC will also reach out to other PPSs in the region to collaborate on workforce issues that may impact recruitment strategies, including compensation.

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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									
DY3,Q4	64,260								

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	10,681	21,362	32,043	42,724
PPS Reported	Quarterly Update	22,273	44,972	0	88,253
	Percent(%) of Commitment	208.53%	210.52%	0.00%	206.57%
IA Annualisad	Quarterly Update	0	44,972	0	88,253
IA Approved	Percent(%) of Commitment	0.00%	210.52%	0.00%	206.57%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ3ai_MDL3ai2_PES_ROST_BPHC-PATIENTLIST-3ai- DY2Q4_88253pts_FINAL_12383.xlsx	3.a.i patient engagement DY2 Q4	04/25/2017 05:56 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

	Models Selected	
Model 1	Model 2	Model 3

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Finalize contract with vendor			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize contracts with Primary Care and Behavioral Health Providers engaged in project.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current state, including physical health services, current PCMH level if applicable, IT infrastructure, interoperability, staffing, etc.			Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed			Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assess current state of PCPs engaged in project, including behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc											
Task Develop best practice policies and procedures, by PCBH workgroup to be reviewed by the Quality & Care Innovation Sub-committee (QCIS)			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Educate leadership within each organization participating in project of the benefits of co located behavioral health services within a primary care setting.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition			Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.			Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Develop mechanisms to monitor progress towards completion and sustainability of co-located services, evaluate barriers, and develop mechanisms for continuous quality improvement			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition			Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS as			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
needed											
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Provide support, trainings, resources and education to participating providers as needed to ensure successful completion of co-located and integrated behavioral health services.			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish regularly scheduled meetings with vendor and PCBH workgroup to choose evidence based guidelines and protocols including medication management, care engagement and processes for collaborative care meetings.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In collaboration with BPHC Workforce Sub-committee, assign roles and responsibilities for practice specific implementation of evidence based guidelines and protocols and action plans to engage PCPs with behavioral health specialists			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize collaborative care practices, reviewed and approved by the QCIS			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current participating providers practice models with vendors and PCBH workgroup. The PPS will begin working with approximately 60 sites and their			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4



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SBH Health System (PPS ID:36)

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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
staff, including administrators, providers, and care team staff.											
Task Complete best practice care protocols draft, including those needed for specific conditions, for QCIS review			Project		Completed	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Finalize PPS wide evidence- based protocols with approval by QCIS			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Perform Gap analysis to identify key priorities for participating providers to meet best practice standards			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Provide vendor and CSO support as needed for successful implementation of protocols.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize and implement evidence- based practice guidelines			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize and implement evidence- based practice guidelines			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop mechanisms for evaluation, accountability, and continuous quality improvement			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop mechanisms for regular review of project- selected Evidence Based Guidelines (by project quality councils) to assure our PPS is utilizing the most up-to- date tools and that those upadated guidelines/protocols continue to be clinically integrated across the PPS			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY4 Q2	Model 1	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Screenings are documented in Electronic Health			Project		Completed	09/01/2015	03/31/2017	09/01/2015	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
Record.											
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	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess participating providers current rates of patient assessments			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Educate leadership within each participating organization around benefits of providing preventative care screenings using industry standard questionnaires regularly.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess participating providers current process for identifying unmet needs			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize draft policies and procedures to facilitate and document behavioral health screenings by PCBH workgroup, and approval by QCIS			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform gap analysis,including provider capability for documenting screenings in EMR, and identify steps to meet standards.			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Provide education/trainings needed to ensure success in conjunction with Workforce Sub-committee			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Finalize policy around timely documentation of screenings in the electronic health record.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop process to monitor progress towards completing screenings on 90% of patient population using approved screenings			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	
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	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
Assess participating providers current procedures for patients who receive a positive screening, as well as for completion of referrals.											
Task Create and Finalize policies on implementing "warm transfers" for patients who have a positive screening.			Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Provide education/training as needed to ensure successful implementation.			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitor success and sustainability of implemented "warm transfer" protocols and engage sites in continuous quality improvement			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor success and sustainability of implemented screening protocols			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor success with timely and accurate documentation in the electronic health record.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor success towards completion of screenings on 90% of eligible patients engaged in project, engage sites with continuous quality improvement as needed to ensure success.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Provide education and training as needed to achieve goal			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
actively engaged patients for project milestone											
reporting. Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.			Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Develop a project specific strategy for tracking patient engagement, employing PHM tools and processes outlined below.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
technical support, ensure frequent automated updates											
of registry data											
Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task											
Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task											
Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q2	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Finalize contract with vendor			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize contracts with Behavioral Health and Primary Care Providers engaged in project.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current state, including physical health and			Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health services, current PCMH level if applicable, IT infrastructure, interoperability, staffing, etc.											
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed			Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Educate leadership within each organization participating in project of the benefits of co located primary care services within a behavioral health setting.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition			Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities.			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.			Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition			Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Develop best practice policies and procedures by PCBH workgroup, send for review and approval by QCIS			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Provide support, trainings, resources and education to			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating providers as needed to ensure successful completion of co-located and integrated primary care services.											
Task Develop mechanisms to monitor progress towards completion and sustainability of co-located services, evaluate barriers, and develop mechanisms for continuous quality improvement			Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS as needed.			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed.			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Assess current state of BH practices engaged in project, including Primary care service delivery capabilities, (e.g.exam room structure) work flow, IT infrastructure, interoperability, staffing, etc.			Project		In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Assess current participating providers practice models with vendors and PCBH workgroup			Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task In collaboration with BPHC Workforce Sub-committee, assign roles and responsibilities for practice specific implementation of evidence based guidelines and protocols and action plans to engage PCPs with			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health specialists											
Task Finalize PPS wide evidence- based protocols with approval by QCIS.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform Gap analysis to identify key priorities for participating providers to meet best practice standards.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize and implement evidence- based practice guidelines.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish regularly scheduled meetings with vendor and PCBH workgroup to choose evidence based guidelines and protocols including medication management, care engagement and processes for collaborative care meetings.			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Finalization of collaborative care practices, reviewed and approved by the QCIS			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Complete best practice care protocols draft, including those needed for specific conditions, for QCIS review			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop mechanisms for evaluation, accountability, and continuous quality improvement			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop mechanisms for regular review of project- selected Evidence Based Guidelines (by project quality councils) to assure our PPS is utilizing the most up-to- date tools and that those upadated guidelines/protocols continue to be clinically integrated across the PPS.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide vendor and CSO support as needed for successful implementation of protocols.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY4 Q2	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task			Project		In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.											
Task Screenings are documented in Electronic Health Record.			Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Educate leadership within each participating organization around benefits of providing preventative care screenings using industry standard questionnaires regularly. Recognize that BH patients with conditions other than depression still require depression screening with industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT. In this colocation model also educate around Primary Care preventive screenings including: age appropriate cancer screenings, alcohol, tobacco and substance use screenings, CVD and DM screenings, vaccinations, etc.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess participating providers current process for identifying unmet physical needs of patients, The PPS			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
will begin working with approximately 50 sites and their staff, including administrators, providers, and care team staff.											
Task Develop process to monitor progress towards completing industry standard questionnaires/screening (such as PHQ-2 or 9 for those screening positive, SBIRT) on 90% of patient population.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Assess participating providers' current procedures for patients who receive a positive screening, as well as for completion of referrals, and adapt to include screenings performed by PCP.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize draft policies and procedures to facilitate and document behavioral health and primary care screenings by PCBH workgroup, approval by QCIS			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform gap analysis,including provider capability for documenting screenings in EMR, and identify steps to meet standards.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize policy around timely documentation of screenings in the electronic health record.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor success with timely and accurate documentation in the electronic health record.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor success and sustainability of implemented screening protocols.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Assess participating providers current rates of patient assessments.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor success towards completion of screenings on 90% of patients engaged in project, as needed to ensure success.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Create and Finalize policies on implementing "warm			Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
transfers" back to BH specialist for patients who have a positive screening.											
Task Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor success and sustainability of implemented "warm transfer" protocols and engage sites in continuous quality improvement			Project		In Progress	12/31/2016	12/31/2017	12/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task Provide education/training as needed to ensure success in conjunction with Workforce Sub-committee			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide education and training as needed to achieve goal.			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide education/training as needed to ensure successful implementation.			Project		In Progress	12/01/2015	03/31/2018	12/01/2015	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	Model 2	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.			Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Develop a project specific strategy for tracking patient engagement, employing PHM tools and processes outlined below.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define population health management (PHM)			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements, establish PHM function and recruit or contract with partner for PHM staff											
Task Perform current state assessment of E.H.R. capabilities.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
are actively engaged for milestone reporting.											
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q2	Model 3	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Asses the current state of participating primary care sites, including behavioral health service delivery capabilities, IT infrastructure, staffing, etc.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Educate senior leadership of participating providers regarding IMPACT Model and requirements.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize contracts with providers participating in IMPACT collaborative care model and vendor			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform gap analysis by practice to identify key changes required for successful transition to an IMPACT collaborative care model incorporating behavioral health.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize and implement strategy for moving provider networks towards an IMPACT Model.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish PCBH workgroup to integrate IMPACT model standards into best practice protocol design. Utilize the IMPACT manual.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	
Task			Project		In Progress	03/31/2016	03/31/2018	03/31/2016	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
Monitor provider transformation sustainability and success with implementation of IMPACT Model through continuous quality improvement											
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	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Assess current participating providers practice models with vendors and PCBH workgroup, The PPS will begin working with approximately 75 sites and their staff, including administrators, providers, and care team staff.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop best practice care protocols draft, integrating IMPACT model standards into best practice protocol design. Utilize the IMPACT manual.			Project		Completed	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize PPS wide evidence- based protocols with approval by QCIS			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform Gap analysis to identify key priorities for participating providers to meeting best practice standards.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide support as needed to ensure successful implementation.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize and implement evidence- based practice guidelines.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Monitor success of developed protocols, updates made as needed with approval by QCIS											
Task Assess current participating providers' practice to begin to formulate implementable policies and procedures for psychiatric consultation.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop draft evidence-based policies and procedures for consulting with a psychiatrist case review			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Finalize policies, procedures and protocols with approval by the QCIS.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide education, training and resources as needed for successful implementation of policies and procedures.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement policies, procedures and protocols for successful consultation with psychiatrist.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor success of developed policies, procedures and protocol, as well as sustainability for consulting with psychiatrist.			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanisms for continuous quality improvement			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Determine the type of DCM needed for each participating provider to meet the DCM role requirements, in conjunction with Workforce Sub-Committee, .											
Task Update policies, protocols, procedures, and organizational structure as necessary to implement and/or formally create the role of DCM with Workforce Sub-committee			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Finalize the formal hiring and creation of DCM role with Workforce Sub-committee			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Ensure that this staff member is identified as such in the Electronic Health Record (E.H.R.).			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish requirements of IMPACT Model DCM role by PCBH workgroup and approval by QCIS			Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Perform gap analysis to identify key priorities for participating providers to be successful with implementation of the role for the DCM with the IMPACT model with Workforce Sub-committee			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create/provide training protocols and procedures for DCM role to ensure they are proficient in all required IMPACT interventions			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement IMPACT model policies, procedures and protocols.			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide resources, training, education as needed, assuring that DCM meets role requirements according to the IMPACT model.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.			Project		Completed	03/31/2016	03/31/2017	03/31/2016		03/31/2017	
Task			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Establish continuous quality improvement. Develop mechanisms for evaluation, accountability, and											
continuous quality improvement Milestone #12											
Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft policies and procedures regarding the psychiatrists' responsibilities around treatment and follow-up care with patients.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize job-related policies and procedures regarding psychiatrists' responsibilities for approval by QCIS			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Provide assistance with resources for hiring designated psychiatrists, as needed.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop mechanisms for evaluation, accountability, and continuous quality improvement			Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide training of designated psychiatrists to ensure they are able to adequately perform the requirements of the position			Project		Completed	12/31/2015	09/30/2016	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Provide training for IMPACT collaborative care teams, including collaborative care case consultation			Project		Completed	12/31/2015	09/30/2016	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Provide training for care teams on IMPACT model and designated psychiatrist's role.			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY4 Q2	Model 3	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	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		In Progress	12/31/2015	03/31/2018	12/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assess participating providers current rates of patient assessments.											
Task Provide education and training as needed to achieve goal.			Project		In Progress	12/31/2015	03/31/2018	12/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop process to monitor, via EHRs/RHIO/CCMS, progress towards completing screenings on 90% of patient population using approved screenings			Project		In Progress	12/31/2015	03/31/2018	12/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Monitor success towards completion of screenings on 90% of patients engaged in project, engage sites with continuous quality improvement as needed to ensure success.			Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q2	Model 3	Project	N/A	In Progress	12/31/2015	03/31/2018	12/31/2015	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		In Progress	12/31/2015	03/31/2018	12/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, within 10-12 weeks of the start of the treatment plan. Align with IMPACT model.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Evidence Based Protocols for stepped care, as aligned with IMPACT model, are approved by QCIS			Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement IMPACT model aligned protocols related to stepped care across practices using the IMPACT model			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop mechanisms for evaluating successful stepped care, accountability, and continuous quality improvement			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Use EHRs or other technical platforms to track all	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a project specific strategy for tracking patient engagement, employing PHM tools and processes outlined below.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.			Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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SBH Health System (PPS ID:36)

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 Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, with an emphasis on tracking patient engagement with primary care.			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop collaborative evidence-based standards of care including medication management and care engagement process.	mchieric	I Meeting Materials		The meeting documentation demonstrates that participants have met to discuss collaborative evidence-based standards of care, including medication management and care engagement.	04/18/2017 12:56 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES2_P&P_M2_Ado ption_of_COP_10687.pdf	Participants signed off documentation detailing how evidence-based protocols were developed and that they would implement policies and procedures that align with the enclosed guide	04/18/2017 12:54 PM
	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES2_P&P_M2_CO P_10686.pdf	Examples of clinical operations plan documents implemented by participants	04/18/2017 12:50 PM
Develop collaborative evidence-based standards of	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES6_P&P_M6_Ado ption_of_COP_10696.pdf	Documentation detailing how the evidence-based protocols were developed. Documentation of policy surrounding evidence-based guidelines and the sources of the guidelines used.	04/18/2017 01:38 PM
care including medication management and care	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES6_P&P_M6_CO P_10695.pdf	documentation of evidence-based practice guidelines	04/18/2017 01:36 PM
engagement process.	mchieric	Meeting Materials	36_DY2Q4_PROJ3ai_MDL3ai3_PRES6_MM_M6_Meet ing_Agenda_Notes_&_Attendance_10694.pdf	Inventory of meeting materials related to development of collaborative evidence-based standards of care including medication management and care engagement process.	04/18/2017 01:34 PM
	sgjevuka	Training Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES10_TRAIN_M10 _TA_and_Training_11093.pdf	Training Plans	04/20/2017 02:16 PM
Utilize IMPACT Model collaborative care standards,	repstein	Implementation Plan & Periodic Updates	36_DY2Q4_PROJ3ai_MDL3ai3_PRES10_IMP_M10_Implementation_Assessments_11042.pdf	IMPACT Implementation Assessments	04/20/2017 10:46 AM
including developing coordinated evidence-based care standards and policies and procedures for care engagement.	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES10_P&P_M10_A doption_of_COP_10702.pdf	Participants signed off on the clinical operations agreements, affirming that IMPACT implementation follows the policies and procedures disseminated by BPHC.	04/18/2017 01:53 PM
	mchieric	Report(s)	36_DY2Q4_PROJ3ai_MDL3ai3_PRES10_RPT_M10_C OP_10701.pdf	The clinical operations plans for IMPACT implementation	04/18/2017 01:52 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES11_OTH_M11_I MPACT_Intervention_UPDATED_11103.pdf	Sample demonstrating IMPACT interventions	04/20/2017 02:27 PM
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	mchieric	Screenshots	36_DY2Q4_PROJ3ai_MDL3ai3_PRES11_SS_M11_IM PACT_Patient_Education_10707.pdf	Patient education materials	04/18/2017 02:02 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES11_EHR_M11_E HR_Screenshot_DCM_10704.pdf	Screenshots from EHR identifying depression care manager	04/18/2017 01:58 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_OTH_Integrat ed_Care_Patient_Example_PHI_PT_NAME_2017-06-14_15192.pdf	Remediation Supporting documentation Password for files: PCBHDY2Q4	06/16/2017 01:04 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_OTH_BH_Car e_Management_Reg_DY2Q4_remediation_PHI_2017- 06-14_15191.pdf	remediation supporting documentation - Password for files: PCBHDY2Q4	06/16/2017 01:04 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_OTH_3.a.iM	Remediation supporting documentation - PHI Files	06/16/2017 01:03 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
			8_RemediationPHI_Files_15190.pdf		
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_OTH_PCBH_ Remediation_M8_15185.docx	PCBH Remediation Narrative	06/16/2017 12:51 PM
	mchieric	Rosters	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_ROST_M8_D epression_Registry_10726.pdf	Local tracking registry	04/18/2017 02:27 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_EHR_M8_Tra ck_between_Providers_10725.pdf	Sample report demonstrating process for tracking patients	04/18/2017 02:26 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_EHR_M8_EH R_Completeness_10724.pdf	Screenshots demonstrating completeness of EHR	04/18/2017 02:25 PM
	mchieric	Screenshots	36_DY2Q4_PROJ3ai_MDL3ai3_PRES8_SS_M8_EHR_ Screenshot_PCP_and_BH_10723.pdf	screenshot from EHR showing PC and BH treatment	04/18/2017 02:24 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_Integrat ed_Care_Patient_Example_PHI_PT_NAME_2017-06-14_15189.pdf	Remediation supporting documentation Password for files: PCBHDY2Q4	06/16/2017 01:01 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_BH_Car e_Management_Reg_DY2Q4_remediation_PHI_2017- 06-14_15188.pdf	Remediation Supporting Documentation - Password for Montefiore files: PCBHDY2Q4	06/16/2017 01:00 PM
	sgjevuka Other		36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_3.a.iM 4_RemediationPHI_Files_15187.pdf	3.a.i. M4 Remediation - PHI Files	06/16/2017 12:59 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_PCBH_ Remediation_M4_15186.docx	PCBH Remediation Narrative	06/16/2017 12:54 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_EHR_M4_Tra ck_between_Providers_10692.pdf	Sample report which demonstrates process for tracking patients between multitple providers in the EHR or other technical platforms	04/18/2017 01:20 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_EHR_M4_EH R_Completeness_10691.pdf	Screenshots demonstrating completeness of EHR system including evidence of patient name, appointments, and services received by patient	04/18/2017 01:18 PM
	mchieric	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES4_EHR_M4_Tra ck_between_Providers_10690.pdf	Screenshots in EHR showing treatment by both medical and behavioral health providers	04/18/2017 01:07 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES12_OTH_M12_E HR_Screenshot_Psych_updated_11108.pdf	EHR identifying Psychiatrist for eligible patients	04/20/2017 02:32 PM
	sgjevuka	Training Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES12_TRAIN_M12 _TA_and_Training_11107.pdf	Training Plans	04/20/2017 02:31 PM
Designate a Psychiatrist meeting requirements of the IMPACT Model.	mchieric	Rosters	36_DY2Q4_PROJ3ai_MDL3ai3_PRES12_ROST_M12_ IMPACT_Participants_MHHC_10713.docx	List of IMPACT patients	04/18/2017 02:12 PM
	mchieric	Rosters	36_DY2Q4_PROJ3ai_MDL3ai3_PRES12_ROST_M12_ Registry_UCHC_10711.xlsx	List/inventory of IMPACT participants and designated Psychiatrist	04/18/2017 02:10 PM
	mchieric	Policies/Procedures	36_DY2Q4_PROJ3ai_MDL3ai3_PRES12_P&P_M12_C OP_10709.pdf	documentation of the policies and procedures in place to follow up with care of patients	04/18/2017 02:09 PM



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	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_OTH_Integra ted_Care_Patient_Example_PHI_PT_NAME_2017-06- 14_15195.pdf	remediation supporting documentation - Password for files: PCBHDY2Q4	06/16/2017 01:07 PM
_	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_OTH_BH_Ca re_Management_Reg_DY2Q4_remediation_PHI_2017-06-14_15194.pdf	Remediation Supporting documentation - Password for files: PCBHDY2Q4	06/16/2017 01:07 PM
	sgjevuka	Other 36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_OTH_3.a.i M15_RemediationPHI_Files_15193.pdf Remediation supporting documents		Remediation supporting documentation	06/16/2017 01:06 PM
Use EHRs or other technical platforms to track all	sgjevuka	Other	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_OTH_PCBH _Remediation_M15_15184.docx	PCBH Remediation Narrative	06/16/2017 12:49 PM
patients engaged in this project.	mchieric	Rosters	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_ROST_M15_ Depression_Registry_10722.pdf	Report, local tracking registries for tracking patients between providers	04/18/2017 02:22 PM
	mchieric	Screenshots	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_SS_M15_Track_between_Providers_10720.pdf	screenshots demonstrating treatment by primary care and behavioral health providers. Demonstrates process for tracking patients.	04/18/2017 02:21 PM
mchieric		EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_EHR_M15_E HR_Completeness_10719.pdf	EHR screenshots demonstrating completeness	04/18/2017 02:20 PM
	mchieric	Report(s)	36_DY2Q4_PROJ3ai_MDL3ai3_PRES15_RPT_M15_E HR_Screenshot_All_Providers_10718.pdf	Screenshots of sample reports demonstrates process for tracking patients between multiple providers	04/18/2017 02:19 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Bronx Partners for Healthy Communities (BPHC) continues to collaborate with its vendor and partner, the Institute for Family Health (IFH), to provide ongoing trainings and technical assistance (TA) around integration of primary care and behavioral health services. Individualized TA and coaching in this area of work have focused on building buy-in from primary care providers (PCPs) on both meeting the NCQA standards and DSRIP requirements for co-location of primary care and behavioral health, including care planning, care coordination, documentation in shared EHR, and care teams. Trainings have emphasized and addressed screening for both behavioral health and substance abuse, establishing workflows, and medication management for PCP's. There are now 58 unique sites across seven organizations participating in Model 1 of PCBH, which includes 26 School-based Health Centers (SBHC) at Montefiore.
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.	In past quarters, Bronx Partners for Healthy Communities (BPHC) has conducted an IT needs assessment, and we continue to update the information. The needs assessment showed that the vast majority of practices have a Meaningful Use (MU) and EHR system that is compliant with the Patient-Centered Medical Home (PCMH) 2014 Level 3. BPHC is collecting CMS's EHR certifications from member organizations to confirm EHR systems used by providers meet the MU requirements. For those which do not, packages for IT expansion are being proposed which mostly leverage non-DSRIP funding such as Meaningful Use incentive payments, Data Exchange Incentive Program, and PCMH funding. BPHC assists practices, in collaboration with the Bronx RHIO, in participating in these programs. The MEIPASS website resuming operation six months after the planned date poses a challenge to meeting MU requirements. To mitigate these challenges, BPHC is working with the NYC Department of Health and Mental Hygiene's (DOHMH's) Primary Care Information Project (PCIP) group to offer support to our members.



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Prescribed Milestones Narrative Text

	Prescribed Milestones Narrative Text
Milestone Name	Narrative Text
	The milestone is on track for completion by DY3Q4.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	All participating organizations have completed workflows for their practices, including evidence-based standards and guidance on how to manage medications in primary care as outlined in the Bronx Partners for Healthy Communities (BPHC) Clinical Operations Plan (COP). Each participating organization has committed to implementation of the COP and adopting the policies and procedures within. In DY2Q4, individualized technical assistance was provided through coaching calls and on-site trainings to address provider capacity around psychopharmacology in each organization. While trainings on psychopharmacology and medication management have been provided across partners and workflows are in place, the need for training for new staff as part of onboarding will be necessary. It is also anticipated that as we begin to conduct continuous quality improvement process via PDSAs (plan-do-study-act) with project sites that there may need to be adjustments to workflows. This milestone is completed by DY2Q4.
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.	Our training vendor and partner, Institute for Family Health (IFH), continues to provide and coordinate trainings on screenings. The focus has been on depression screening with the PHQ 2/9 tools, and also supporting participants in making the changes needed in their electronic health record (EHR) systems so that screenings can be documented, tracked and reported. The CSO has identified one site who is actively implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) methodology for addressing substance abuse, but most organizations have not felt prepared to implement SBIRT as of yet. Most practices are focused on refining their screening methods within newly implemented workflows, as well as implementing patient conferencing, such that they felt implementing the full SBIRT methodology was something they were not ready to take on. Starting in DY3, substance abuse screening and increasing site readiness for implementing SBIRT will be prioritized. This milestone is on track for completion by DY3Q4.
	Remediation narrative in attached Remediation Supporting Documentation.
Use EHRs or other technical platforms to track all patients engaged in this project.	Original narrative: In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. The level of detail has been expanded for the focus areas of diabetes, asthma, and mental health. Currently, eleven registries are being generated on varying schedules and delivered to the member organizations. As the organizations are implementing these registries into workflows there is a parallel quality improvement process. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for many processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenets and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-Summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee. In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. Bronx Partners for Healthy Communities (BPHC) also continues to find ways to use Salient Interactive Miner protected health information data.
Co-locate primary care services at behavioral health sites.	Bronx Partners for Healthy Communities (BPHC) continues to collaborate with its vendor and partner, the Institute for Family Health (IFH), to provide ongoing trainings and technical assistance around integration of primary care and behavioral health services. In DY2Q4, the needs for training and technical assistance in this area were explored with further depth. There is a need to invest further support in raising awareness and capacity to perform physical health screenings that can be integrated into behavioral



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	Prescribed Milestones Narrative Text
Milestone Name	Narrative Text
	health settings, particularly diabetes screening and monitoring for patients taking antipsychotics. Coaching topics have addressed contracting for shared physical space and/or satellite locations, as well as hiring staff in an integrated or co-located setting. BPHC is looking at shared measures across projects, which would include physical health screenings such as diabetes and hypertension screening for Model 2, that will inform the vendor and the CSO of sites' progress in achieving co-location goals for behavioral health providers. Coaching calls continued this quarter and emphasized population health management and the technical needs for effectively tracking patients. The majority of the 13 sites that have committed to Model 2 have an existing primary care practice physically co-located, trainings and coaching have been provided to adopt the new workflows and the overall transformations laid out in project 3ai, these components will be part of the monitoring and evaluation of model 2 implementation. This milestone is on track for completion by DY3Q4.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	All participating organizations have completed workflows for their practices, including evidence-based standards and guidance on how to manage medications in primary care as outlined in the Bronx Partners for Healthy Communities (BPHC) Clinical Operations Plan (COP). Each participating organization has committed to implementation of the COP and adopting the policies and procedures within. In DY2Q4, individualized technical assistance was provided through coaching calls and on-site trainings to address provider capacity around psychopharmacology in each organization. While trainings on psychopharmacology and medication management have been provided across partners and workflows are in place, the need for training for new staff as part of onboarding will be necessary. It is also anticipated that as we begin to conduct continuous quality improvement process via PDSAs (plan-do-study-act) with project sites that there may need to be adjustments to workflows. This milestone is completed by DY2Q4.
Conduct preventive care screenings, including physical and behavioral health screenings.	Our training vendor and partner, Institute for Family Health (IFH), continues to provide and coordinate trainings on screenings. The focus has been on depression screening with the PHQ 2/9 tools, and also supporting participants in making the changes needed in their electronic health record (EHR) systems so that screenings can be documented, tracked and reported. The CSO has identified one site who is actively implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) methodology for addressing substance abuse, but most organizations have not felt prepared to implement SBIRT as of yet. Most practices are focused on refining their screening methods within newly implemented workflows, as well as implementing patient conferencing, such that they felt implementing the full SBIRT methodology was something they were not ready to take on. Starting in DY3, substance abuse screening and increasing site readiness for implementing SBIRT will be prioritized. This milestone is on track for completion by DY3Q4.
Use EHRs or other technical platforms to track all patients engaged in this project.	Remediation narrative in attached Remediation Supporting Documentation. Original narrative: In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. The level of detail has been expanded for the focus areas of diabetes, asthma, and mental health. Currently, eleven registries are being generated on varying schedules and delivered to the member organizations. As the organizations are implementing these registries into workflows there is a parallel quality improvement process. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for many processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenets and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-Summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee. In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. Bronx Partners for Healthy Communities (BPHC) also continues to find ways to use Salient Interactive Mi



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Milestone Name	Narrative Text
	The milestone was completed by DY2Q4.
Implement IMPACT Model at Primary Care Sites.	The total number of unique IMPACT sites is 51, which is inclusive of 20 school-based health centers (SBHCs) that are under Morris Heights Health Center practices. Bronx Partners for Healthy Communities (BPHC) continues to collaborate with its vendor and partner, the Institute for Family Health (IFH), to provide ongoing trainings and technical assistance around integration of primary care and behavioral health services. The Clinical Operations Plans (COP) have been adopted by all the participating organizations and key elements have been integrated into local policies and procedures. Bronx Partners for Healthy Communities (BPHC) and IFH are working closely with the organizations to identify challenges to implementation as they arise, and address through responsive training and technical assistance coaching calls. The assessment tool utilized in DY2Q3 is being revised to encompass other elements of integration that may be relevant to sites implementing multiple integration models. This assessment tool will look more broadly at the capacities and technical aspects of implementation, in addition to the ability to conduct population health management. IFH and BPHC also plan to work with key leadership and clinical providers to conduct interactive sessions that will increase buy-in and full adoption of collaborative care in their settings, meaning staff are functioning under the IMPACT workflow, the site workforce reflects staffing needs for collaborative care, EHR changes have been made to conduct population health management, a local tracking registry is in place for patients enrolled in IMPACT, and the primary care and behavioral health staff are meeting regularly with the Consulting Psychiatrist to provide Stepped Care. This milestone is on track for completion by DY3Q4.
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	All participating organizations have completed workflows for their practices, including evidence-based standards and guidance on how to manage medications in primary care as outlined in the Clinical Operations Plan (COP). Each organization committed to implementation of the COP and adopting the policies and procedures within. In this past quarter, individualized technical assistance was provided through coaching calls and on-site trainings to address provider capacity around psychopharmacology in each organization. While trainings on psychopharmacology and medication management have been provided across partners and workflows are in place, the need for training for new staff as part of onboarding will be necessary. It is also anticipated that as we begin to conduct PDSAs with project sites that there may need to be adjustments to workflows. This milestone is completed in DY2Q4.
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Identifying and hiring Depression Care Managers (DCM) continues to be a challenge, in particular because many sites are seeking bilingual DCMs to serve their populations in a culturally responsive manner. However, all participating organizations have hired DCMs and are working to meet the needs of growing collaborative care populations as they continue to expand IMPACT at their sites. Building capacity for DCMs has been a priority focus through the Problem Solving Treatment (PST) training and the complementary supervisor training for those staff who will be supervising DCMs. Additionally, sites are asked to align workflows for IMPACT with care coordination when the capacity allows, to ensure that referrals to Health Home At-risk or Health Homes are administered for eligible patients, and trainings will include information on care coordination, which will inform staff on when to refer patients to either health home program. Many of Bronx Partners for Healthy Communities (BPHC) partners have applied for a "Mental Health Corps," behavioral health staff who are placed by the NYC Department of Health and Mental Hygiene (DOHMH) as part of the NYC Mayor's Office Thrive initiative to increase access to behavioral health services. BPHC's Central Services Organization (CSO) is actively promoting this opportunity to smaller primary care providers within BPHC who have challenges staffing up and will provide application support. New DCMs will also receive training (via in person or web recording) in Behavioral Activation, Problem Solving Treatment, Warm Hand-offs, Screening, and Collaborative Care/IMPACT as part of onboarding. This milestone is completed as of DY2Q4.
Designate a Psychiatrist meeting requirements of the IMPACT Model.	Each of the participating organizations has hired a Consulting Psychiatrist (CP), or has designated an existing staff person to fill this role until their IMPACT programs meet capacity. Onboarding trainings have been achieved (collaborative care, medication management, and individual coaching) for new staff, there will continue to be trainings or staff sessions to build buy-in around collaborative care practices and IMPACT workflows. Bronx Partners for Healthy Communities (BPHC) and Institute for Family Health (IFH), its vendor and partner, are working together to schedule collaborative care trainings. These trainings would ideally take place during staff meetings where all critical members can be present to work on improving the communications and workflow between the primary care staff and behavioral health staff. IFH will continue to provide assistance through technical assistance coaching calls around site-specific implementation challenges for the CP, these primarily relate to technical aspects of reporting treatment among providers and staff supervision. This milestone is completed as of DY2Q4.
Measure outcomes as required in the IMPACT Model.	The IMPACT model Implementation Assessment utilized in DY2Q3 explores the quality of implementation taking place and being utilized specifically for IMPACT implementation. This is being revised to be more inclusive of other cross-model measures that will assess implementation of integration across the spectrum. The previously implemented Training and Technical Assistance Needs Assessment specifically addressed the providers' current rates of patient assessment, with the focus on



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	PHQ 2/9. The information from the assessment will inform the new implementation assessment tool, which will also intersect with the measures to be tracked for this project. Bronx Partners for Healthy Communities' (BPHC) Central Service Organization (CSO) has continued to work closely with the DSRIP Program Directors (DPDs), CSO liaisons/operational leads embedded at each of the largest seven primary care organization partners, to create strategies for tracking important data via electronic health records (EHRs), this includes screening rates and scores, local disease (depression) registries, documenting warm hand-offs, and recording treatment by both behavioral health and primary care providers. Including this type of documentation in the EHR will be critical for effective quantitative reporting and monitoring of IMPACT outcomes. Necessary changes to the EHR are being made across the sites to track screening rates and report on key metrics for integration, as indicated above. This will also include integration of patient records between the primary care and behavioral health providers. This milestone is on track for completion by DY3Q4.
Provide "stepped care" as required by the IMPACT Model.	Implementation of stepped care has been addressed through training and technical assistance coaching. The first step was the implementation of the Clinical Operations Plan (COP), which includes evidence-based guidelines on "stepped care" for sites implementing the IMPACT Model. The Implementation Assessment which took place in DY2Q3 looked at current workflows and practices in place to identify where technical assistance could target how the Depression Care Manager (DCM) worked collaboratively with the primary care provider and the Consulting Psychiatrist to ensure that clients are receiving stepped care. "Stepped care" guidance was obtained through the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington. Coaching for sites will include support for improving how the primary care provider and their patient are guided through treatment by the DCM and Consulting Psychiatrist. Future assessments will look at how effectively stepped care is being implemented in the IMPACT settings, beginning in DY3Q1. This milestone is on track for completion by DY3Q4.
Use EHRs or other technical platforms to track all patients engaged in this project.	Remediation narrative in attached Remediation Supporting Documentation. Original narrative: In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. The level of detail has been expanded for the focus areas of diabetes, asthma, and mental health. Currently, eleven registries are being generated on varying schedules and delivered to the member organizations. As the organizations are implementing these registries into workflows there is a parallel quality improvement process. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for many processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenets and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-Summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee. In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. Bronx Partners for Healthy Communities (BPHC) also continues to find ways to use Salient Interactive Mi



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
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
lestone d-Point Assessment	Completed	Mid-Point Assessment	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau 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.b.i – Evidence-based strategies for disease management in high risk/affected populations (adult only)

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

Instructions:

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

- (1) Some primary care physicians (PCPs) may resist the imposition of standard treatment protocols and new workflows. To mitigate this risk, our disease management work groups bring PCPs and other project participants together to review and develop consensus on evidence-based (EB) guidelines and workflows for each disease-specific intervention. Members have recommended these EB protocols to the PPS Quality & Care Innovation Subcommittee and the Executive Committee for approval to deploy across the PPS. Implementation of these protocols is part of contractual agreements between partners and the PPS. BPHC is allocating the necessary resources to provide online and in-person training, support and follow-up with PCPs and other care team members at times that accommodate their clinical schedules to encourage adoption of program elements.
- (2) Not all physicians and other PCMH care team members currently document self-management goals (SMG) in the medical record in a way that is conducive to demonstrating completion for reporting purposes. The CSO is working closely with providers to provide them with the necessary IT support to ensure such documentation is possible. We are also working with the Bronx RHIO to collect this data from all partners. This will allow the Bronx RHIO to create tool which will allow the monitoring of this requirement in close to real-time for reporting purposes and allow the CSO to address challenges quickly.
- (3) It will be challenging to recruit and train sufficient care management staff to serve the needs of the Bronx population. Recruiting Spanish-speaking care management staff will be a particular risk. BPHC's workforce strategy mitigates this risk through work with community colleges and coordination with the 1199 Training and Education Fund, Montefiore CMO, and NYSNA. BPHC recently committed to funding a recruiter to support its partners with its workforce recruiting goals, including for care management staff.
- (4) Attaining PCMH 2014 Level 3 recognition is difficult and resource-intensive, particularly for smaller primary care practices. The CSO is providing technical and financial assistance, including IT support and training, to primary care practices as they work to attain the recognition. BPHC has been recognized by NYS for its approach to PCMH support of its network further discussion of this approach can be found in the narrative for project 2.a.i.
- (5) Medication adherence is a chronic problem for individuals with CVD. Organizations that could be instrumental in helping patients with medication adherence such as home care agencies and MCOs are handicapped by policies and/or regulations. To mitigate these risks, BPHC formed and began convening a Pharmacy Workgroup. The kickoff was held on February 25th and included representatives from 7 of the 10 BPHC pharmacies. This workgroup is brainstorming strategies to support medication adherence of BPHC patients, and is exploring best practices of its workgroup members including opt-in care management services provided by pharmacies, whereby patients will be alerted by the pharmacy in the event of a missed prescription refill and may elect to have the pharmacy contact the prescribing physician to resolve medication prescription issues.
- (6) Providers may not implement EHR systems that meet MU and PCMH 2014 Level 3 standards, interoperability challenges may present and/or

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providers may resist participating in the IDS. BPHC used gap analyses to develop a program to monitor and deploy assistance to providers at risk, support practices by deploying internal community, external consulting resources and provide customized technical assistance, coaching, and training modules. Two team members have recently joined the BPHC CSO team to specifically focus on MU.



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

Instructions:

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

Benchmarks								
Actively Engaged Speed	Actively Engaged Scale							
DY3,Q4	21,560							

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	3,504	7,007	10,511	14,014
PPS Reported	Quarterly Update	5,588	9,618	0	15,486
	Percent(%) of Commitment	159.47%	137.26%	0.00%	110.50%
IA Annualisad	Quarterly Update	0	9,618	0	15,486
IA Approved	Percent(%) of Commitment	0.00%	137.26%	0.00%	110.50%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ3bi_MDL3bi2_PES_ROST_BPHC-PATIENTLIST-3bi- DY2Q4_15486pts_FINAL_12385.xlsx	3.b.i patient engagement DY2 Q4	04/25/2017 05:57 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	06/30/2015	03/31/2018	06/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create a Transitional Work Group (CVD/DM TWG) comprised of representatives from partner organizations to support development of and approve elements of the COP		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task Identify DSRIP project requirements which are related to PCMH elements and incorporate into PCMH strategy and project planning documents		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify relevant evidence-based guidelines for HTN and hyperlipidemia in conjunction with the CVD/DM TWG		Project		Completed	05/04/2015	09/30/2015	05/04/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify patient criteria for smoking cessation interventions (counsel to quit, smoking cessation medication, non-medication smoking cessation strategy)		Project		Completed	06/11/2015	09/30/2015	06/11/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify partner organizations participating in project (sites and CBOs)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a workplan and timeline to develop the clinical operations plan (COPs) and implement a strategy for the CV population that aligns with the patient engagement speed and scale application submission		Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Develop the COP to define the program elements, define the required and suggested components of those elements, and		Project		Completed	05/04/2015	10/31/2015	05/04/2015	10/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
identify relevant resources to achieve them. Elements include health information exchange and technology requirements, and evidence-based guidelines and high-value treatment protocols										
Task Develop the project implementation budget		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Design training and recruitment strategy in conjunction with workforce team and CVD/DM TWG		Project		Completed	07/28/2015	03/31/2016	07/28/2015	03/31/2016	03/31/2016	DY1 Q4
Task Submit elements of the COP to Quality and Care Innovation Sub-Committee (QCIS) for approval		Project		Completed	07/23/2015	10/31/2015	07/23/2015	10/31/2015	12/31/2015	DY1 Q3
Task Identify clinical champions and operational leaders in each participating organization to develop and lead implementation of the program at each of their providers/sites. These facility-based champions/leaders form the Site-Specific Implementation Team		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Prepare/disseminate gap analysis tool based on COP to participating providers to determine implementation support needs		Project		Completed	01/15/2016	06/30/2016	01/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task Hold webinar for participating partner organizations		Project		Completed	01/15/2016	03/31/2016	01/15/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create rapid deployment collaborative, comprised of representatives from partner organizations to support implementation of the COP. This group replaces the TWG and will be the implementation work group.		Project		Completed	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop mechanisms for regular review of project-selected evidence-based guidelines (EBGs) by implementation work group to assure our PPS is utilizing the most up-to-date tools and that those upadated guidelines/protocols continue to be clinically integrated across the PPS		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	06/30/2015	03/31/2018	06/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Practitioner - Primary Care Provider	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.			(PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
PPS uses alerts and secure messaging functionality.		Project		In Progress	09/30/2015	03/31/2018	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify safety net provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Coordinate with Bronx RHIO to develop comprehensive HIE adoption program to encourage and support partner participation and integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin coordinated interface and service development with Bronx RHIO, including connectivity to the SHIN-NY.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish BPHC program to manage support for safety net providers to ensure that all are actively sharing health information, coordinating with Bronx RHIO to encourage, track and support partner participation and integration/data sharing		Project		Completed	03/01/2016	04/25/2016	03/01/2016	04/25/2016	06/30/2016	DY2 Q1
Task Track status and manage support to ensure that all PPS safety net providers are actively sharing health information through Bronx RHIO or alternative health information exchange		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Not Started	01/01/2018	03/31/2018	01/01/2018	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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assess eligible participating partner EHR use relative to Meaningful Use and PCMH 2014 Level 3 standards										
Task Establish BPHC program to educate, encourage, track and support eligible safety net providers in acquiring/implementing certified EHR systems, including potential use of incentive-based payments for implementation		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Recruit or contract for EHR implementation resources as needed		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner EHR implementation and progress towards Meaningful Use and PCMH standards		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Track status and manage support to ensure all eligible safety net providers are using certified EHR systems that meet Meaningful Use and PCMH 2014 Level 3 standards		Project		In Progress	10/15/2015	03/15/2018	10/15/2015	03/15/2018	03/31/2018	DY3 Q4
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition		Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Monitor progress with achieving 2014 NCQA level 3 PCMH		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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										DSRIP
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	Reporting Year and Quarter
certification, support provided by PPS as needed.										
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
frequent automated updates of registry data										
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify/establish the protocols for the 5A's of tobacco control and services/programs to incorporate into COP		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify/develop member educational material and smoking cessation support tools for inclusion in COP		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Survey participants to determine capability of sites' EHR systems for providing point of care reminders		Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Site-Specific Implementation Teams work with their IT teams to		Project		Completed	05/01/2016	03/31/2017	05/01/2016	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
implement point-of-care prompts to facilitate tobacco control protocols into EHR workflows, including documentation										
Task Site-specific Implementation Teams establish and map interim manual processes to fulfill protocols in COP		Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish the schedule and materials for periodic staff training to incorporate the use of the EHR to prompt the use of 5 A's of tobacco control.		Project		Completed	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide guidance for ongoing assesment to ensure that practices are following training requirements and protocols		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	05/04/2015	03/31/2017	05/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define target population, select EBGs for target population and present recommendation to Quality & Care Innovation Sub-Committee (QCIS)		Project		Completed	05/04/2015	12/31/2015	05/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task QCIS reviews and recommends EBGs for adoption and implementation across the PPS		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develops educational materials suitable to the needs, culture and language of the target populations in conjunction with select CBOs, PCPs, and SMEs		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Present educational materials to QCIS for review		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify clinical champions to drive adoption of guidelines		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Implement EBG and educational material dissemination plan across the PPS with support of RDC and site-specific implementation teams		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q4	Project	N/A	Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate across project specific workgroups to establish the care management model/organizational structure and processes most appropriate for achieving project outcomes; include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers		Project		Completed	06/30/2015	10/31/2015	06/30/2015	10/31/2015	12/31/2015	DY1 Q3
Task Present care management model to QCIS for review and approval		Project		Completed	06/30/2015	10/31/2015	06/30/2015	10/31/2015	12/31/2015	DY1 Q3
Task Working with Workforce Subcommittee, design training and recruitment strategy for care managers and care teams		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Begin to recruit, hire and train new and existing staff as needed.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Site-specific implementation teams, with support from CSO and in coordination with PCMH work, establish care coordination team and implement care coordination processes (e.g., community service/program referrals and tracking, communication, PCP alerts, education materials, coordination among team members, frequency and purpose of patient contact.) Ensure these include coordination with the Health Home care manager, where applicable.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a mechanism to gather feedback and share best practices		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4



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Provide guidance for ongoing assesment to ensure that practices are following requirements and protocols										
Task Identify and document required clinical and care management protocols for priority programs, projects and interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	08/15/2015	10/15/2015	08/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Define partner and workforce roles in delivering care based on protocols and planned interventions in priority projects, including expectations for how interventions will be logged, tracked and reported.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Deploy systems to improve and promote effective care transitions		Project		Completed	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4
Task Operationalize partner and workforce roles by providing gap analysis and appropriate training.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish data collection, survey and reporting mechanisms to enable BPHC monitoring to ensure that patients are receiving appropriate health care and community support in priority projects, based on needs identified in prior planning activities		Project		Completed	02/01/2016	06/15/2016	02/01/2016	06/15/2016	06/30/2016	DY2 Q1
Task Review process for rapid cycle evaluation and continuous improvement of data collection, survey and reporting methods based on priority project experience and modify process as needed to ensure patients receive appropriate health care and community support		Project		Completed	08/01/2016	09/01/2016	08/01/2016	09/01/2016	09/30/2016	DY2 Q2
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	In Progress	05/19/2015	03/31/2019	05/19/2015	03/31/2019	03/31/2019	DY4 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		In Progress	12/31/2015	03/31/2019	12/31/2015	03/31/2019	03/31/2019	DY4 Q4
Task Review Million Hearts resources and other relevant literature related to implementation of similar programs and identify documents most relevant for PPS, including strategies to ensure that Medicaid patients are not charged a co-pay for blood pressure checks		Project		Completed	05/19/2015	03/31/2016	05/19/2015	03/31/2016	03/31/2016	DY1 Q4



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Task Conduct research into current coverage for such visits by Medicaid and coding for non-billable visits, etc.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct gap analysis to assess resources required to meet this requirement		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Meet with other PPSs to consider lobbying MCOs to cover such visit copays (make providers whole)		Project		In Progress	10/15/2015	03/31/2019	10/15/2015	03/31/2019	03/31/2019	DY4 Q4
Task Conduct periodic meetings/learning collaboratives with PCP practice partners to gather feedback and share best practices		Project		In Progress	09/30/2016	03/31/2019	09/30/2016	03/31/2019	03/31/2019	DY4 Q4
Task Provide guidance for ongoing assesment to ensure that practices are providing access for such visits		Project		In Progress	09/30/2016	03/31/2019	09/30/2016	03/31/2019	03/31/2019	DY4 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task In conjunction with Workforce Subcommittee, identify relevant training resources and nursing competencies to create protocols (standardized across PPS) for inclusion in the COP		Project		Completed	07/28/2015	03/31/2016	07/28/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify site-specific staff members responsible for BP measurement training and documenting training has occurred		Project		Completed	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Provide guidance for ongoing assesment of staff competencies to ensure that practices are following training requirements and protocols		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure	DY3 Q4	Project	N/A	Completed	07/07/2015	03/31/2017	07/07/2015	03/31/2017	03/31/2017	DY2 Q4



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readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Using EBGs identified in the COP, determine blood pressure program parameters and stratification levels for identification, enrollment and hypertension visit frequency		Project		Completed	07/07/2015	06/30/2016	07/07/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish processes to use registry (see requirement 4), to reach out to patients and establish the process and person responsible for staff training on such processes.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Support site-specific implementation teams to ensure that scheduling resources/technology fulfills project requirements.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with PCP practice partners to gather feedback and share best practices		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide guidance for ongoing assesment of competencies to ensure that practices are following training requirements and protocols		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	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 has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Determine criteria/limitations for use of once-daily and single dose medication regimens based on feedback from partners, review of MCO formularies and review of clinicial literature; include recommendations in COP										
Task Determine current status of the above regimens in payor and provider formularies, ease of prescribing in various EHRs		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish protocols for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors for inclusion in COP		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop mechanisms for regular review of medication recommondations to assure our PPS is utilizing the most up-to- date tools and that any updated guidelines/protocols continue to be clinically integrated across the PPS		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY3 Q4	Project	N/A	Completed	05/04/2015	03/31/2017	05/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task Self-management goals are documented in the clinical record.		Project		Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify best practices for identification and follow-up of self- management goals into COP		Project		Completed	05/04/2015	12/31/2015	05/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify relevant training resources /competencies in conjuction with workforce subcommittee		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish plan to integrate self-management goals into the EHR with interim manual processes as needed		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish requirements and processes to ensure documentation of the goals		Project		Completed	01/15/2016	03/31/2017	01/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish the schedule and materials for periodic staff training on person-centered methods that include documentation of self-management goals		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Provide guidance for ongoing assesment of competencies to ensure that practices are following training requirements and protocols										
Task Develop feedback mechansims for accountability, and continuous quality improvement, including assessment of patient adherence to self-management plan and opportunities to increase adherence.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	Completed	05/15/2015	03/31/2017	05/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Define processes for referral, and access to information among providers, and feedback processes to the practices electronically with interim manual processes as needed in conjunction with IT subcommittee		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and document referral and follow-up procedures for the sites, with a mechanism for sites to audit adherence		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify community organizations for inclusion in the initial iteration of the Community Resource Database, sign agreements with with community based organizations and establish process to facilitate feedback to and from community organizations		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Perform regular checks of Community Resource Database to ensure data is up to date and accurate and to identify additional resources to consider including		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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community organization partners to gather feedback and share best practices										
Task Establish the schedule and materials for periodic staff training on the warm transfer and referral tracking		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	06/11/2015	03/31/2017	06/11/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify minimal and recommended SBPM protocols needed to satisfy project requirements, including identification of patients' needs and linkage to support		Project		Completed	06/11/2015	12/18/2015	06/11/2015	12/18/2015	12/31/2015	DY1 Q3
Task Conduct gap analysis with partners to identify implementation support needs		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Individual sites adopt protocols for at-home BP monitoring		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify staff member(s) at each site responsible for training patients in self-blood pressure monitoring, including equipment evaluation		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish workflow at each site to address patient-reported BP values that are out of range, including how are values reported and staff member(s) responsible for following up		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct webinars/conference calls to ensure that all practices have protocols in place and are adhering to them		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Define training requirements in conjuction with Workforce Subcommittee		Project		Completed	07/28/2015	09/30/2016	07/28/2015	09/30/2016	09/30/2016	DY2 Q2



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Task Identify nursing competencies and training resources to support SBPM in conjuction with Workforce Subcommittee		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Create patient communication materials in coordination with the Cultural Competency/Health Literacy orkstream		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with community organization partners to gather feedback and share best practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish schedule and materials for periodic staff training on the warm transfer and referral follow-up process		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Using EBGs identified in the COP, determine parameters for patient stratification, identification, and hypertension visit frequency		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish processes to use registry (see requirement 4), to reach out to patients and establish processes and person responbile for staff training on such processes.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Support site-specific implementation teams to ensure that scheduling resources/technology fulfills projecct requirements.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct periodic meetings/learning collaboratives with sites to gather feedback and share best practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide guidance for ongoing assesment of competencies to ensure that sites are following training requirements and protocols		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4



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Develop feedback mechansims for accountability and continuous quality improvement										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	07/07/2015	03/31/2017	07/07/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Define criteria for referral to Quitline		Project		Completed	07/07/2015	12/31/2015	07/07/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish and document process for referral to Quitline and patient follow-up		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create culturally-competent communication materials at appropriate health literacy levels materials with the Quitline telephone number and website		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	12/31/2015	03/31/2020	12/31/2015	03/31/2020	03/31/2020	DY5 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		Not Started	06/30/2017	03/31/2020	06/30/2017	03/31/2020	03/31/2020	DY5 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	01/15/2016	09/30/2017	01/15/2016	09/30/2017	09/30/2017	DY3 Q2
Task Using claims data to identify "hotspot" areas/patient groups for outreach		Project		In Progress	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Identify and mitigate service shortages to address these		Project		Not Started	09/30/2017	03/31/2018	09/30/2017	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
"hotspots" which can include mobile services and use of churches and community centers for education and blood pressure screening.										
Task Implement 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, if feasible.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Establish linkages to health homes for targeted patient populations		Project		In Progress	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Implement the Stanford Model through partnerships with community based organizations, including Health People		Project		In Progress	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify relevant resources and protocols earmarked as useful by Million Hearts to incorporate into COP, including noting relevance by provider type (PCP, non-PCP and behavioral health providers)		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify relevant patient tools for inclusion in COP		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review Action Guide related to HTN and SBPM and incorporate into guidelines/protocols in COP		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify clinical champions from the Site-Specific Implementation Team in each participating organization (PCP, non-PCP and behavioral health providers) to drive adoption of Million Hearts		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
strategies and materials identified in COP										
Task Develop mechanisms for regular review of Million Hearts resources to assure our PPS is utilizing the most up-to-date tools and that any updates are clinically integrated across the PPS.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		In Progress	06/30/2016	03/31/2020	06/30/2016	03/31/2020	03/31/2020	DY5 Q4
Task Identify current tools and services available to members for relevant MCOs across the PPS, including telehealth, care management, and stipends for completing recommended preventive screenings.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Distribute materials regarding extant services and benefits available to members to providers participting in project		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Build prompts to these tools and services into provider EHRs		Project		Not Started	04/01/2017	03/31/2020	04/01/2017	03/31/2020	03/31/2020	DY5 Q4
Task Where feasible, make agreements with MCO related to coordination of services for high risk populations, including smoking cessation services, weight management, and other preventive services relevant to this project.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Communicate payor information and include information on availability/how to access in training programs		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify sites participating in project		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Ensure that all participating practices have signed MSA		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify opportunities to coordinate processes, education and communication including incorporation of increased blood pressure identification for screening checks into PCMH workflow processes.		Project		Completed	05/15/2015	03/31/2016	05/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Ensure that hypertension program training is incoporated/included in other care coordination training sessions.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor activity/engagement and make periodic reports to QCIS / EC		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop feedback mechansims for accountability and continuous quality improvement for Site-Specific Implementation Teams.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_IDS_M6 _2_Registries_and_EHR_Completeness_12653.pdf	Registries and EHR Completeness	04/26/2017 10:19 AM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_IDS_M6 _1_Sample_Registries_12651.pdf	Sample Registries	04/26/2017 10:19 AM
Lies EUDs or other technical platforms to trook all	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_CVDM4 _CVD_Registries_12644.pdf	CVD Registries	04/26/2017 10:15 AM
Use EHRs or other technical platforms to track all patients engaged in this project.	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_CVD_M 4_Sample_File_12638.xlsx	Sample Data Collection and Tracking System File	04/26/2017 10:09 AM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_CVD_M 4Sample_data_collection_and_tracking_system_126 36.pdf	Sample Data Collection and Tracking System	04/26/2017 10:08 AM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES4_OTH_EHR_C ertifications_12634.pdf	EHR Certifications	04/26/2017 10:07 AM
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES5_OTH_Updated _Guidance_on_CVD_M51_17_17_13025.pdf	Evidence that this milestone has been pushed back	04/26/2017 02:35 PM
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES6_TRAIN_CVDM 6_Written_Training_Materials_12261.pdf	Written Training Materials	04/25/2017 03:46 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES6_TRAIN_CVDM 6_Training_Sign-in_Sheets_12258.pdf	Training Sign-in Sheets	04/25/2017 03:46 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES6_TRAIN_CVDM 6_Union_Hypertension_and_Elevated_Cholesterol_Trai ning_Information_&Training_sign-in_sheets_12254.pdf	Training Information	04/25/2017 03:44 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_CVDM6 _Polices_and_Procedures_12252.pdf	Policies and Procedures	04/25/2017 03:43 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_P&P_CVDM7 _Care_Coordination_Policies,_Procedures,_Process_a nd_Workflow_12292.pdf	Care Coordination Policies, Procedures, Process and Workflow	04/25/2017 04:08 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_TRAIN_IDS_ M3_8_Combined_Trainings_12290.xlsx	Combined Trainings	04/25/2017 04:06 PM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _7_Evidence_of_Discharge_Plans_12287.pdf	Evidence of Discharge Plans	04/25/2017 04:05 PM
Develop care coordination teams including use of	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _6_Sample_Registries_12285.pdf	Sample Registries	04/25/2017 04:05 PM
nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes,	6338	Contracts and Agreements	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_CONTR_IDS_ M3_5_Patient_Flow_Contracts_and_Registries_12281. pdf	Patient Flow Contracts and Registries	04/25/2017 04:03 PM
medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _4_Process_Flow_Diagrams_12280.pdf	Process Flow Diagrams	04/25/2017 04:02 PM
management.	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _3_System_Sharing_Data_with_Roles_and_Responsibi lities_12276.pdf	System Sharing Data with Roles and Responsibilities	04/25/2017 04:01 PM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _2_IT_work_flows_12275.pdf	IT Work Flows	04/25/2017 04:00 PM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_IDS_M3 _1_Interoperability_12271.pdf	Interoperability	04/25/2017 03:57 PM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_CVD_M 7_EHR_Vendor_Documentation_12267.pdf	EHR Vendor Documentation	04/25/2017 03:51 PM
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES9_TRAIN_CVD_ M9_Training_sign-in_Sheets_12300.pdf	Training Sign-in Sheets	04/25/2017 04:12 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES9_TRAIN_CVD_ M9_Training_Information_12299.pdf	Training Information	04/25/2017 04:12 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES9_P&P_CVD_M 9_Polcies_and_Procedures_12297.pdf	Policies and Procedures	04/25/2017 04:11 PM
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	6338	Rosters	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_ROST_CVD M10_Montefiore_PHM_Output_List_of_Patients_Elevat ed_BP_Without_HTN_12952.xlsx	PHM Output List of Patients Elevated BP Without HTN Part 2	04/26/2017 01:56 PM
	6338	Rosters	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_ROST_PHM _Output_List_of_Patients_Elevated_BP_Without_HTN_	PHM Output List of Patients Elevated BP Without HTN Part 1	04/26/2017 01:54 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			12948.pdf		
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_TRAIN_CVD M10_MHHC_EBG_Training_Materials_12684.pptx	Written Training Materials	04/26/2017 10:37 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_TRAIN_CVD _M10_Training_Sign-in_Sheets_12683.pdf	Training Sign-in Sheets	04/26/2017 10:36 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_TRAIN_CVD M10_Union_Training_Information_&_Training_sign-in_sheets_12680.pdf	Training Information	04/26/2017 10:35 AM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_P&P_CVD_ M10_PHM_Protocls_12675.pdf	Local PHM Protocols	04/26/2017 10:34 AM
	6338	Documentation/Certificati on	36_DY2Q4_PROJ3bi_MDL3bi3_PRES10_DOC_EHR_ Certifications_12672.pdf	EHR Certifications	04/26/2017 10:33 AM
Dropariba anno deilu ragimana ar fiyad daga	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES11_OTH_Combi ned_Signature_COP_12991.pdf	Combined Signature COP	04/26/2017 02:16 PM
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES11_P&P_VII.b.iv _Medication_Management_for_Patients_with_CVD_129 85.pdf	Medication Management for Patients with CVD Policies and Procedures	04/26/2017 02:13 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_TRAIN_6C VDM12_MMC_Self- Management_Goals_Written_Training_Materials_12315 .pdf	Written Training Materials Part 2	04/25/2017 04:22 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_TRAIN_CVD _M12_Written_Training_Materials_12314.pdf	Written Training Materials Part 1	04/25/2017 04:22 PM
Document patient driven self-management goals in the medical record and review with patients at each	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_TRAIN_CVD _M12_Training_Sign-in_sheets_12312.pdf	Training Sign-in Sheets	04/25/2017 04:21 PM
visit.	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_TRAIN_CVD _M12_Training_Information_12311.pdf	Training Information	04/25/2017 04:20 PM
	6338	Screenshots	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_SS_4CVD M12_Montefiore_Self- Management_Goals_Screenshot_12310.pdf	Screenshots Part 2	04/25/2017 04:20 PM
	6338	Screenshots	36_DY2Q4_PROJ3bi_MDL3bi3_PRES12_SSCVD_M 12_Screenshots_12307.pdf	Screenshots Part 1	04/25/2017 04:19 PM
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	6338	Screenshots	36_DY2Q4_PROJ3bi_MDL3bi3_PRES13_SS_Resourc e_Directory_Deck_April_2017_12698.PDF	BPHC Resource Directory Information	04/26/2017 10:48 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES13_TRAIN_CVD _M13_Written_Training_Materials_12336.pdf	Written Training Materials	04/25/2017 04:43 PM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES13_TRAIN_CVD _M13_Training_Dates_and_Number_of_Staff_Trained_ 12334.pdf	Training Dates and Number of Staff Trained	04/25/2017 04:43 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES13_P&P_CVD_ M13_Policies_and_Procedures_of_referral_process_12 333.pdf	Policies and Procedures of Referral Process	04/25/2017 04:42 PM
	6338	Contracts and Agreements	36_DY2Q4_PROJ3bi_MDL3bi3_PRES13_CONTR_CV D_M13_Inventory_of_CBO_Attestations_and_Agreeme nts_12332.xlsx	Inventory of CBO Attestations and Agreements	04/25/2017 04:41 PM
	6338	Report(s)	36_DY2Q4_PROJ3bi_MDL3bi3_PRES14_RPT_CVD_S elf-Blood_Pressure_Cuffs_Prescribed_12771.pdf	Self-Blood Pressure Monitor Prescriptions	04/26/2017 11:41 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_CVD _M14_Written_Training_Materials_12710.pdf	Written Training Materials	04/26/2017 11:04 AM
Develop and implement protocols for home blood pressure monitoring with follow up support.	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_CVD _M14_Training_Sign-in_Sheets_12709.pdf	Training Sign-in Sheet	04/26/2017 11:03 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_CVD _M14_Training_information_12708.pdf	Training Information	04/26/2017 11:03 AM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES14_P&P_CVD_ M14_Policies_Process_and_Workflow_12706.pdf	Local Policies and Procedures	04/26/2017 11:02 AM
	6338	Report(s)	36_DY2Q4_PROJ3bi_MDL3bi3_PRES15_RPT_forBron te_BPHC-HTN-Registry_noVisit-in-yr_12925.xlsx	HTN Registry	04/26/2017 01:42 PM
	6338	Rosters	36_DY2Q4_PROJ3bi_MDL3bi3_PRES15_ROST_List_ of_Targeted_Hypertension_Patients_12898.pdf	List of Targeted Hypertension Patients	04/26/2017 01:18 PM
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES15_OTH_CVDM 15_Union_Documenation_of_Implementation_12724.pd f	Documentation of Implementation	04/26/2017 11:11 AM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES15_OTH_CVD_ M15_Vendor_System_Documentation_12722.pdf	Vendor System Documentation	04/26/2017 11:10 AM
	6338	Documentation/Certificati on	36_DY2Q4_PROJ3bi_MDL3bi3_PRES15_DOC_EHR_ Certifications_12718.pdf	EHR Certifications	04/26/2017 11:09 AM
Facilitate referrals to NYS Smoker's Quitline.	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES16_P&P_12CV DM16_MMG_Smoking_Cessation_EPIC_Screenshots_ 2_12729.pdf	Policies, Process and Workflow Part 2	04/26/2017 11:15 AM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES16_P&PCVD_ M16_Policies_Process_and_Workflow_12727.pdf	Policies, Process and Workflow Part 1	04/26/2017 11:14 AM
Adopt strategies from the Million Hearts Campaign.	zstopak	Rosters	36_DY2Q4_PROJ3bi_MDL3bi3_PRES18_ROST_CVD _M18_Provider_Engagment_13479.xlsx	Provider Engagement List	04/26/2017 09:39 PM
	6338	Report(s)	36_DY2Q4_PROJ3bi_MDL3bi3_PRES18_RPT_CVD_S elf-Blood_Pressure_Cuffs_Prescribed_12777.pdf	Self-Blood Pressure Cuffs Prescribed	04/26/2017 11:45 AM
	6338	Training Documentation	36_DY2Q4_PROJ3bi_MDL3bi3_PRES18_TRAIN_CVD _M18_Written_Training_Materials_12737.pdf	Written Training Materials	04/26/2017 11:20 AM
	6338	Policies/Procedures	36_DY2Q4_PROJ3bi_MDL3bi3_PRES18_P&P_CVD_	Policies and Procedures	04/26/2017 11:19 AM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			M18_Policies_and_Procedures_12734.pdf		
Engage a majority (at least 80%) of primary care providers in this project.	sgjevuka	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_3.b.i_M 20_Remediation_Narrative_15013.docx	Remediation Narrative	06/14/2017 10:54 AM
	sgjevuka	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_3.b.i _M20_Remediation_Revised_Provider_List_14980.xlsx	M20 Remediation Revised Provider List	06/13/2017 03:37 PM
	6338	Other	36_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_CVD_ M20_Provider_Engagment_12743.xlsx	Provider Engagement	04/26/2017 11:22 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text		
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Bronx Partners for Healthy Communities' (BPHC) cardiovascular disease (CVD) Clinical Operations Plan (COP) remains the foundational document for implementation of best practices in CVD management. The COP is based on the DSRIP Domains 1 and 3 requirements and measures, and was created using input from the CVD-Diabetes Clinical Work Groups from DY1. First distributed to our partners in December 2015, BPHC has mechanisms in place for regular review and update of the document. These review protocols were approved by our BPHC Quality and Care Innovation Subcommittee (QCIS) in March 2016. In February 2017 we released the third version of the COP, using input from the CVD-Diabetes Implementation Work Group (IWG). It includes chapters on target population, evidence-based guidelines (EBGs), referral protocols, patient flows, care team roles, and patient/caregiver education and engagement. With regard to EBGs, BPHC did not define a single set of guidelines for hypertension, but the COP states required elements for guidelines selected, and recommends "Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure" (JNC 7), with modifications to age range control recommendations and shorter follow-up. For management of cholesterol, BPHC selected the American College of Cardiology/American Heart Association's "2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults." As part of the project, practitioners are trained in EBGs and-evidence based practices. DSRIP Program Directors (DPDs), our embedded liaison/program lead at the largest seven primary care organization partners, encompassing more than 90% of our primary care visits were tasked with ensuring their organizations adopt the EBGs from the COP. This quarter, the project management team and implementation team members from our primary care partners secured signed organizational commitments from these seven organizations adopting the COP—including the ADA regulations-for		
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH), which include EHR support and connectivity of data captured therein. Our agreement with Bronx RHIO will continue to serve as the foundation to achieve next quarter's tasks and those in the future to support this Milestone. This quarter the interoperability plan has been updated. We revised our priority list of member organizations for connectivity based on which organizations' clinical information was needed most for projects, who was most willing to participate and the types of organizations DSRIP required. Additionally, most new contracts between BPHC and member organizations require the participation in the HIE. The largest independent practice associations have made it mandatory for new practices joining it to also commit to joining the Bronx RHIO. All the largest members of BPHC representing the majority of its individual providers are connected to the Bronx RHIO and are now troubleshooting and reconciling the data being shared in the system. Registries being generated by the Bronx RHIO and metric reporting is being compared to local data sources for accuracy and completeness. The milestone is on track for completion by DY3Q4.		
Ensure that EHR systems used by participating safety net providers meet	In past quarters, Bronx Partners for Healthy Communities (BPHC) has conducted an IT needs assessment, and we continue to update the information. The needs		
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	assessment showed that the vast majority of practices have a Meaningful Use (MU) and EHR system that is compliant with the Patient-Centered Medical Home (PCMH)		



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Demonstration Year 3.	2014 Level 3. BPHC is collecting CMS's EHR certifications from member organizations to confirm EHR systems used by providers meet the MU requirements. For those which do not, packages for IT expansion are being proposed which mostly leverage non-DSRIP funding such as Meaningful Use incentive payments, Data Exchange Incentive Program, and PCMH funding. BPHC assists practices, in collaboration with the Bronx RHIO, in participating in these programs. The MEIPASS website resuming operation six months after the planned date poses a challenge to meeting MU requirements. To mitigate these challenges, BPHC is working with the NYC Department of Health and Mental Hygiene's (DOHMH's) Primary Care Information Project (PCIP) group to offer support to our members. Bronx Partners for Healthy Communities (BPHC) is continuing to execute a comprehensive plan to support our safety net providers in Meaningful Use (MU) and Patient-Centered Medical Home (PCMH) which include EHR support and connectivity of data captured therein. BPHC continues work to ensure all applicable providers meet PCMH recognition and MU accreditation where possible and that we meet our obligation to the previously agreed tasks. BPHC contracted with consultants to perform detailed gap analyses with 166 practices, with 86 locations already evaluated thus far. Of those, 42 practices have already submitted their PCMH 2014 attestations, with all achieving level 3. Contracting is complete with six technical assistance consultant (TA) groups for the work on the remaining eligible practices. We continue to contract for PCMH work at more challenging, non-traditional PCMH setting such as mobile van clinics and HIV clinics. We are also continuing the contract process for work on School Based Health Centers (SBHCs) having collected proposals from the TAs. The proposals detail two pilot programs, each for one of the two largest groups of SBHCs. Eventually we hope to implement PCMH across 41 SBHCs with over 100 primary care providers (PCPs) and 30,000 students. We star		
Use EHRs or other technical platforms to track all patients engaged in this project.	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population		



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	management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee.		
	In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. BPHC also continues to find ways to use Salient Interactive Miner protected health information data.		
	The milestone was completed by DY2Q4.		
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	The cardiovascular disease (CVD) Clinical Operations Plan (COP) includes a chapter on this topic, written in Policy & Procedure (P&P) format as well as suggested resources. Bronx Partners for Healthy Communities (BPHC) policy states that primary care providers (PCPs) should ask about tobacco use and willingness to quit for all patients 12 years of age or older at every visit, while pediatricians should ask about the tobacco use status of adolescent patients and family members. Patients who indicate they smoke or use tobacco some days or every day should be advised to quit and the PCP (or another designated member of staff) should discuss and/or provide cessation methods or strategies with patients who indicate a willingness to quit. DSRIP Program Directors (DPDs), our embedded liaison/program lead at the largest seven primary care organization partners, were tasked with ensuring their respective organizations adopt the evidence-based guidelines (EBGs) from the COP. As part of the project, practitioners are being trained in their organization's electronic health records (EHR) prompts and practices. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system. Beginning in DY2Q3 and continuing through DY2Q4, the project management team at the Central Services Organization (CSO) has been conducting gap analyses of the CVD milestones and supporting documentation with DPDs and site-specific implementation team members. These discussions included in-depth discussions of use the EHR to prompt providers to complete the 5 A's of tobacco control. The CSO project management team and the DPDs are working together to collect and compile training documentation and EHR screenshots for MAPP submission. More than half of these partners, encompassing more than 80% of our PPS's primary care visits, have implemented such prompts to date. The other partners are continuing to use organization-specific processes to ensure implementation occurs by the completion date. To li		
	situation. The requirements for this milestone were completed by DY2Q4.		
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	As outlined in Milestone 1, in Demonstration Year (DY) 1, Bronx Partners for Healthy Communities (BPHC) confirmed adoption of the CVD Clinical Operation Plan (COP) for its seven largest primary care organization partners. It includes chapters on target population, evidence-based guidelines (EBGs), referral protocols, patient flows, care team roles, and patient/caregiver education and engagement. Mechanisms for regular review of the evidence-based guidelines (EBGs) have been approved by our BPHC Quality and Care Innovation Subcommittee (QCIS). In February 2017, BPHC released the third version of the COP, using input from the CVD-Diabetes Implementation Work Group (IWG).		
	The EBGs for hyperlipidemia are: American College of Cardiology/American Heart Association's "2013 ACC/AHA Blood Cholesterol Guidelines." BPHC has chosen not to define specific EBGs for the treatment of hypertension, as there are several cardiovascular EBGs in existence which address hypertension, some of which had already been adopted by our partners. The workgroup decided that to fulfill the DSRIP requirements, "sites participating must adopt hypertension EBGs that contain at a minimum the following elements:		



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	blood pressure control for the general population is defined as <140/90.		
	This goal is intended for the population aged 18-75, though certain sub-groups may require tighter control.		
	• Follow-up blood pressure monitoring occurs within 2-4 weeks for any blood pressure reading that exceeds the goal.		
	Assessment of risk for coronary vascular disease, such as screening for lipid disorders, and treatment, should follow current clinical guidelines (USPTF, ACC/AHA 2013)."		
	DSRIP Program Directors (DPDs), our embedded liaison/program lead at the largest seven primary care organization partners, were tasked with ensuring their respective organizations adopt the EBGs from the COP. As part of the project, practitioners have been trained in the project-specific EBGs and evidence-based practices. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		
	Bronx Partners for Healthy Communities (BPHC) continues to build an Integrated Delivery System (IDS) that has the capacity and diversity to ensure patients receive appropriate health care and community support. BPHC developed the Clinical Operation Plan (COP) for all projects as well as for overarching, cross-cutting clinical/care delivery elements, and distributed them to our member organizations and PCMH consultants. The COP was reviewed and updated in February 2017. Seven of the largest BPHC providers signed letters pledging to integrate the COP into their policies and procedures.		
	Courses to train various member organizations' staff ensure patients receive appropriate care continued and new ones were developed in DY2Q4. BPHC offered 22 different classes last quarter. For a complete list, please see Workforce narratives/reporting.		
	There were 601 participants during the quarter who logged 5,665 hours of class time.		
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	To ensure care coordination and planning, BPHC developed work plans and implementation strategies and started the rollout with member organizations for a care coordination management system (CCMS), GSI Health, which has gone live as of end of DY2Q4. This system will be tied electronically to the Bronx RHIO, our Qualifying Entity (QE), which is also being promoted and supported by BPHC among our members. Bronx RHIO itself started implementing a new analytics platform with IMAT which will be able to process more data of various formats from our member organizations, produce more complete records, and generate and distribute registries of higher quality. Using both systems is mandatory for the 14 member organizations projected to participate in the roll out of projects which were developed and adopted last quarter. These projects will support appropriate behavioral health care for patients.		
	In the short term, BPHC incentivized various member organizations to provide appropriate care for patients by developing contracts and paying for narrow, measurable achievements to meet various metric gaps to goal for MY3. In the longer term, BPHC develop and adopted a population health management (PHM) roadmap which addresses patients care strategies through the end of DSRIP. This plan will be the foundation for our patient care improvement incentive/pay-for-performance strategies for the PPS starting DY3, and eventually for promoting value-based arrangements between providers and managed care organizations to ensure sustainability.		
	To help improve the overall quality of care and ensure patients receive appropriate care, quality improvement work continues from previous quarters. BPHC continues to adjust our rapid cycle evaluation (RCEs) metrics. In order to aggressively tackle our continuous quality improvement work, three of our CSO staff are participating in the MAX Train-the-Trainer Series with the State; even though the training started in past January (DY2Q4), they are already passing on the knowledge and expertise to our member organizations by helping guide local projects.		
	To help strengthen community-based organizations' (CBOs') role in patient care, CBOs continued submitting extensive profiles which were organized into a directory. In DY2Q4 BPHC executed an IT project to create an online portal for this directory which will serve providers and patients. The information which is continuously being collected and stored in a Salesforce environment will be further used to populate a Referral Management System (RMS) which BPHC is in the process of procuring.		



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	The milestone is completed in DY2Q4.		
	Bronx Partners for Healthy Communities (BPHC) has made significant progress in Q4 toward implementation of such drop-in clinics. Two of our federally-qualified health center (FQHC) partners – Union Community Center (UCHC) and Morris Heights Health Center (MHHC) – and one of our hospital partners – SBH Health System (SBH) – have opened such clinics. UCHC is piloting a no-copay, drop-in blood pressure clinic to assist its hypertensive patients in gaining better control of their condition. The clinic is open to any Medicine/Family Practice UCHC patients aged 18 or older with uncontrolled or recently diagnosed hypertension, and is open one hour each day on Mondays, Wednesday and Fridays.		
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	MHHC has also begun piloting the initiative, opening nursing visit slots specifically for patients with hypertension. At MHHC, care coordinators, medical office assistants, and nursing ensure that, in conjunction with being offered an at-home blood pressure monitor and education, hypertension patients are advised that they may walk into the clinic, no appointment needed and the nurse will evaluate and check their blood pressure. If the patient's blood pressure has changed, the nurse will do one of three things: 1) provide education only, 2) provide education and titrate medication per standard order protocol, or 3) consult with primary care provider (PCP). This initiative began in fall 2016. For more information about MHHC's at-home blood pressure monitoring program and hypertension standard orders, see Milestone 14.		
copayment or advanced appointment.	SBH opened its clinic in DYQ4 at its main campus. Its operations faced some challenges due to changes in staff and challenges in securing proper equipment. As of March, however, SBH has identified alternative resources for equipment and staff and is making efforts to expand access. In DY3Q1 and DY3Q2, SBH plans to explore opening clinics at one or more of its four community-based ambulatory clinics.		
	For our other partners, BPHC is encouraging increased access to no copay, drop-in blood pressure checks as part of its performance improvement efforts for controlling high blood pressure. The Central Services Organization (CSO) has provided resources to support these efforts. The Clinical Operations Plan (COP) includes a chapter on this topic. It also includes Million Hearts resources on providing drop-in opportunities for patients with hypertension, case studies of successful implementation and strategies to ensure that Medicaid patients are not charged a co-payment for blood pressure checks. BPHC has also distributed information about free, self-service blood pressure checks at local community-based pharmacies in Harlem (upper Manhattan), the Bronx and Brooklyn, which are provided as part of a City of New York initiative. This information was also shared with the cross-PPS workgroup in which BPHC participates. This milestone is on track for completion by DY3Q4.		
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	The requirements for this milestone were completed by DY2Q4. In DY2Q4, Bronx Partners for Healthy Communities (BPHC) identified hypertension as a priority area for performance improvement. As a result of this focus, all of our partners have redoubled their efforts to ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. The topic was included in the performance improvement meeting the Central Services Organization (CSO) conducted with the population health teams at our largest primary care partner organizations in February and March 2017. Education in correct blood pressure measurement has been included in the medical assistant (MA) training curriculum developed by the Workforce Subcommittee, as measuring and recording blood pressure is an important job responsibility for these individuals. Training for MAs continued in DY2Q4. Training for all types of staff is also a topic of the cross-PPS CVD learning consortium, which is a monthly call with members of seven PPSs participating in the CVD project, including Advocate Community Providers, Care Compass Network, Nassau Queens Performing Provider System, H+H OneCity Health, Montefiore Hudson Valley Collaborative, Suffolk Care Collaborative and Catholic Medical Partners. Following the meetings, selected resources, both PPS-developed and third-party resources, are exchanged. As outlined in Milestone 1, BPHC's cardiovascular disease (CVD) Clinical Operations Plan (COP) remains the foundational document for implementation of best practices in cardiovascular disease (CVD) management. In February 2017, BPHC released the third version of the COP which includes a revised chapter on measuring and recording blood pressure. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		
Identify patients who have repeated elevated blood pressure readings in	The requirements for this milestone were completed by DY2Q4.		



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the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	As outlined in Milestone 1, BPHC's cardiovascular disease (CVD) Clinical Operations Plan (COP) remains the foundational document for implementation of best practices in cardiovascular disease (CVD) management. In February 2017, BPHC released the third version of the COP which includes a revised chapter on this requirement. In the chapter we clarify our suggested definition for the activity: Identification of patients with elevated blood pressure (last 2 readings within 12 months are blood pressure>140/90) but lacking a diagnosis of hypertension; these patients should be scheduled for a visit or directed to a drop-in blood pressure clinic and possible diagnosis of hypertension within 2-4 weeks. This definition was developed by our chief medical officer (CMO) at Bronx Partners for Healthy Communities (BPHC), using input from the CVD/Diabetes Transitional Work Group (TWG). All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		
	We hold regular meetings with the Bronx RHIO to ensure that this task is able to be fulfilled by the cross-project population health resources being developed by the Bronx RHIO. While this resource is not currently available, our CMO and the analytics team have conducted extensive conversations with our DSRIP Program Directors (DPDs) to ensure that we are able to gather this information. We also have developed a guide on population health measures that includes details instructions on the requirement, as well as potential interventions to improve performance on the measure. Examples of partner registries and CSO-developed resources can be found in the attached Supporting Documentation material.		
	The requirements for this milestone were completed by DY2Q4.		
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	As outlined in Milestone 1, Bronx Partners for Healthy Communities' (BPHC) Cardiovascular Disease Clinical Operations Plan (COP) remains the foundational document for implementation of 3.b.i. The COP includes a chapter on this topic, written in Policy & Procedure (P&P) format, that where patients' insurance status allows and it is medically appropriate, primary care providers will preferentially prescribe combination drugs, once-daily formulations, and 90-day supplies. Additionally, the COP included the recommendation that where adherence is an issue, BPHC will assist patients in finding pharmacies that offer blister packs, and pill boxes, etc. BPHC has prepared a guide for its members that contain a list of services by pharmacy, including those pharmacies which offer Medication Therapy Management (MTM), medication synchronization, delivery service, refill reminders, blister packing, immunizations, on-site blood pressure checks, client care coordination, languages spoken and label languages. This document was also shared with the cross-PPS workgroup in which the CSO project lead for the CVD project participates. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		
	In DY2Q4, BPHC identified hypertension as a priority area for performance improvement. We also have developed a guide on population health measures that includes details instructions on the requirement, and details the preferential prescription policy as one of the potential interventions to improve performance on the "Controlling High Blood Pressure" DSRIP measure. As a result of this focus, our partners have redoubled their efforts to ensure that patients are prescribed convenient formulations of CVD medications.		
	This topic has been an area of focus for the BPHC Pharmacy Workgroup as well, which met most recently in February 2017. As part of the work of the Pharmacy Workgroup, BPHC distributed guidance to providers on writing prescriptions which allow substitution of products if the initial product is not covered by insurance.		
	The requirements for this milestone were completed by DY2Q4.		
Document patient driven self-management goals in the medical record and review with patients at each visit.	Since this milestone is also used as part of the measurement of patient engagement, it has been an area of focus for our partners for the past year. The Clinical Operations Plan (COP) includes a chapter on this topic, written in Policy & Procedure (P&P) format. The recommendations were based on and aligned with the National Committee for Quality Assurance Patient-Centered Medical Home 2014 guidance on patient self-management goals.		
	This topic was also included in the current state assessment/gap analysis that the project management team at the Central Services Organization (CSO) conducted with partner organizations in DY2Q3 and DY2Q4. All of the partners participating in this project have begun documenting self-management goals (SMG) in their respective		



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	medical record. Given the variety of EHR systems used by our partners, significant creativity and diversity has been shown by our partners in developing solutions to capture goals in the medical record, while ensuring that these goals are patient-driven. They are also able to successfully measure and report metrics on this topic electronically using EHR records. Also in DY2Q4, the GSI Health care coordination management system (CCMS) implementation plan was developed and rolled out at some member organizations, which allows for documentation and sharing of patient-driven SMGs. The system will use data stored in Bronx RHIO for many processes, which will improve cross-site communication. Care coordination is one of our core tenets and we are excited to have a vendor and IT solution to support it. Please refer to the population health management (PHM) work stream for more details.		
	The requirements for this milestone were completed by DY2Q4.		
	BPHC considers the management of patient referrals to community-based social service providers an essential element of care coordination. The BPHC clinical operations plan, adopted by PPS partners, includes a policy and procedure requiring referrals to needed services and "closed-loop" referral tracking until the completion of the service and the receipt of the outcome documentation. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	BPHC has contracted with various service providers for referrals to services specifically linked to DSRIP disease management projects. Specifically the PPS has an agreement with a.i.r. bronx (for referrals of patients with asthma in need of home-based interventions) and Health People (for referrals of patients in need of diabetes self-management program enrollment). Furthermore the PPS has contracted with: four (4) CBOs to provide Critical Time Intervention (CTI) care coordination to SMI patients with recent hospitalizations who are precariously housed; seven (7) CBOs for community health literacy education provision within at-risk communities, including navigating the health care system and accessing primary care and health home services; and 13 community behavioral health organizations for improved screening and referral processes.		
	Care coordinators should include referrals to services as interventions in the comprehensive care management plan and record referral information in the care coordination management system (CCMS), EMR or whichever system is used for care plan documentation. The BPHC Care Coordinator Training also includes a module on Transitions of Care and Closed Loop Referrals.		
	BPHC has developed an online, searchable resource directory of PPS members that is available via the PPS website and highlights the range of services that BPHC affiliated organizations can provide to patients. The searchable directory has been made accessible to providers across the network, in order to build a bridge between clinical and social services. The directory is searchable by service type and zip code and connected to the PPS Salesforce platform, allowing partners to keep their information consistently up to date. Through their partnership with Bronx Partners for Healthy Communities (BPHC), all primary care providers and Health Homes have access to BPHC social service providers through the BPHC Community Resource Directory www.BronxResourceDirectory.org.		
	The resource directory is considered "stage 1" of the PPS's development of a referral management system (RMS). BPHC's Central Services Organization (CSO), in collaboration with the Executive Committee and IT Subcommittee, is in the process of choosing a vendor for the PPS-wide RMS, which will have capability for direct provider-to-provider referral making and tracking for both clinical and social service referrals. Participating providers will agree to a set of referral standards and will participate in a phased roll-out across the PPS during DY3.		
Develop and implement protocols for home blood pressure monitoring with follow up support.	The requirements for this milestone were completed by DY2Q4. As outlined in Milestone 1, Bronx Partners for Healthy Communities' (BPHC) cardiovascular disease (CVD) Clinical Operations Plan (COP) remains the foundational document for implementation of 3.b.i. The COP includes a chapter on this topic, written in Policy & Procedure (P&P) format. The COP identifies the Million Hearts guidelines "Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians" as the minimum self-blood pressure monitor (SBPM) program. DSRIP Program Directors (DPDs) are tasked with ensuring that protocols are in place at each organization to emphasize each patient with hypertension be offered an at-home blood pressure monitoring cuff and be provided with in-office patient education on now to use the cuff. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system.		



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	All DPDs were charged with creating and producing workflows of their protocols, which must include instructing the patients what to do in the case of alarm values, and identifying the entities or individuals(s) responsible for being contacted in such instances. The Central Services Organization (CSO), also tracks the number of automatic blood pressure monitor prescriptions written each quarter. One of our community-based pharmacy partners, Total Care, has produced and distributed monitoring guides for patients to record and track monitoring at home. In DY2Q4, BPHC identified hypertension as a priority area for performance improvement. We also have developed a performance improvement guide that details home blood pressure monitoring as one of the potential interventions to improve performance on the "Controlling High Blood Pressure" DSRIP measure. For example, the CVD implementation team and its hypertension champion at Morris Heights Health Center (MHHC) have been working to develop standard order best practices. The primary focus of the standard order is to remove some of the burden of the primary care provider (PCP) and to give nurses a tool to manage primary hypertension. Additionally, nurses will ensure than all patients with a diagnosis of hypertension are given a prescription for a blood pressure cuff. The care coordinator, medical office assistant, and nurses will ensure that the patient understands how to use the blood pressure cuff, will log it on a blood pressure tracker, and will instruct the patient about the availability of no co-pay, drop-in checks (see Milestone 8). BPHC's Chief Medical Officer (CMO) has also focused on the topic of home blood pressure monitoring as part of her physician engagement work. Practices are also strongly recommended to carry out telephonic titration of blood pressure medications by a non-traditionally, this topic has been an area of focus for the BPHC Pharmacy Workgroup. The group developed a list of Medicaid Managed Care Plans that cover fully automatic blood press			
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	The requirements for this milestone were completed by DY2Q4. The Clinical Operations Plan (COP) includes a chapter on this specific activity (which should be fulfilled with the cross-project registry), written in Policy & Procedure (P&P) format. Beginning in DY2Q1, participating organizations identified the individual(s) responsible at each organization responsible for performing such work, and to identify a workflow to identify and outreach to such patients in line with the COP. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system. In DY2Q3, the Bronx RHIO finished development of and began distributing worklists of such patients to five of our largest seven clinical partners, encompassing more than 80% of our patients. Samples of these worklists can be found in the Supporting Documentation materials. In DY2Q4, Bronx Partners for Healthy Communities (BPHC) identified hypertension as a priority area for performance improvement. We also have developed a guide on population health measures that includes details instructions on the requirement, and details outreach to hypertension patients overdue for a visit as one of the potential interventions to improve performance on the "Controlling High Blood Pressure" DSRIP measure. The guide encourages implementation of this intervention along with other CVD best practices.			
Facilitate referrals to NYS Smoker's Quitline.	The requirements for this milestone were completed by DY2Q4. As outlined in Milestone 1, Bronx Partners for Healthy Communities' (BPHC) cardiovascular disease (CVD) Clinical Operations Plan (COP) remains the foundational document for implementation of 3.b.i. The COP includes a chapter on this topic, written in Policy & Procedure (P&P) format. BPHC policy states that PCPs should ask about tobacco use and willingness to quit for all patients aged 12 years and older at every visit, while pediatricians should ask about the tobacco use status of adolescent patients and family members. Patients who indicate they smoke or use tobacco some days or every day should be advised to quit and the PCP (or another designated member of staff) should discuss and/or provide cessation methods or strategies with patients who indicate a willingness to quit, including a referral to the NYS Smoker's Quitline (documented in EMR). All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system. Partners participating in the project have been charged with identifying the entities or individuals(s) responsible for oversight of Quitline referrals. Partner sites have implemented a workflow meeting the COP requirements; with EHR updates implemented as part of a coordinated strategy that began in Q3.			



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Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Bronx Partners for Healthy Communities (BPHC) has partnered with Health People to provide the Diabetes Self-Management Program (DSMP) and Lower Extremity Amputation Prevention (LEAP) peer-led classes for adults with diabetes in the Bronx. Health People, a community-based organization that began over 25 years ago as a support group for women with AIDS, utilizes the peer model of training people most affected by disease to educate others and advocate for the community. Its goal is to empower residents by teaching them how to manage and/or prevent chronic illness through effective health management and self-care. Although the class focuses on individuals with Type 2 diabetes, participants tend to have multiple chronic diseases, including cardiovascular disease. The classes focus on nutritional food choices, healthy portion size, exercise, mental health, goal-setting, navigating the healthcare system and self-care. All of these aspects have a positive impact on cardiovascular health. Participants in the program have reported significant improvements in blood pressure and weight loss of up to 30 lbs. Health People worked with BPHC's partner organizations to identify patients with diabetes to receive training to become peer educators and lead the courses. Training was completed in August 2016, with classes beginning in September. Fourteen peer coaches graduated from the program, all of whom are compensated for their training and teaching, and we have a planned capacity for up to 800 students. As of March, 24 classes in English and in Spanish have been completed, are in progress, or are planned, comprising 283 participants. Health People believes strongly in bringing programs to high-risk neighborhoods and individuals. Their organizing philosophy holds that the DSMP peer-based model relies on human connections and behavior patterns, and so patients are most likely to attend classes if hosted at organizations where patients already regularly gather or live. For this reason, Health People has organized classes at comm
Adopt strategies from the Million Hearts Campaign.	Disease Self-Management Program. This milestone is on track for completion by DY5Q4. The requirements for this milestone were completed by DY2Q4. The Clinical Operations Plan (COP) includes a chapter on this topic, which includes patient educational materials and provider tools from the Million Hearts patient tools and educational materials selected by the CVD/Diabetes Transitional Work Group (TWG) as recommended resources. These tools include algorithms for blood pressure treatment, non-traditional visits, self-management and motivational interviewing. Million Hearts resources were also included in the COP chapters on home blood pressure monitoring, and drop-in no-copay blood pressure checks. The topic was included in the project requirement one-on-one meetings with DSRIP Program Directors (DPDs) that the project management team at the Central Services Organization (CSO) conducted with partner organizations in November and December 2016. All of our largest primary care partner organizations agreed to adopt and implement a P&P on this topic into their system. To facilitate adoption of strategies from the Million Hearts Campaign, Bronx Partners for Healthy Communities (BPHC) has been working with its clinical partners to implement at-home blood pressure monitoring (see Milestone 14), referrals to the NYS Smoker's Quitline (Milestone 16), and drop-in no-copay blood pressure checks (Milestone 8). Practices are also strongly recommended to carry out telephonic titration of blood pressure medications by a non-traditional provider (registered nurse or pharmacist) via standing orders or titration algorithms, which can be standardized for the practice or customized by the PCP for the specific patient.



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	BPHC has also distributed information about free, self-service blood pressure checks at local pharmacies in Harlem, the Bronx and Brooklyn, which are provided as part of the "Take Care New York" initiative, as well as free blood pressure consultations that are provided through the New York Public Library (NYPL). BPHC has also prepared a guide for its members that contain a list of services by pharmacy, including those pharmacies which offer Medication Therapy Management (MTM), medication synchronization, delivery service, refill reminders, bister packing, immunizations, on-site blood pressure checks, client care coordination, languages spoken and label languages. This document was also shared with the cross-PPS workgroup in which the project lead for the CVD project participates.
	Provider engagement list in PIT and attached
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Bronx Partners for Healthy Communities' (BPHC's) senior leadership has had calls with each of the Medicaid Managed Care Organizations (MCOs) with which we have an EPP contract to gain transparency around those measures, which include: Follow-up care for Children Prescribed ADHD Medications-Initial Phase, Follow-up care for Children Prescribed ADHD Medications-Continuation Phase, Controlling High Blood Pressure, and Medical Assistance with Smoking and Tobacco Use Cessation-Discussed Cessation Medications. Our Chief Medical Officer (CMO) also met recently with Health First's medical director and the medical director of CVS's Minute Clinic to gain traction on the transparency of Self Blood Pressure Monitor coverage from Pharmacy Benefits Managers—who are not required to share their durable medical equipment (DME) coverage. BPHC continues to collect information on partner initiatives in anticipation of requesting coverage support of such programs/equipment by MCOs in the future. This milestone is on track for completion by DY5Q4.
	The requirements for this milestone were completed by DY2Q4.
	As outlined in Milestone 1, in Demonstration Year (DY) 1, Bronx Partners for Healthy Communities (BPHC) confirmed adoption of the CVD Clinical Operation Plan (COP) for its seven largest primary care organization partners. To confirm implementation, the project management team have conducted multiple gap analyses and one-on-one reviews of supporting documentation with DPDs and implementation team. These partners encompass more than 80% of our PCPs and more than 90% of our primary care visits.
Engage a majority (at least 80%) of primary care providers in this project.	Additionally, BPHC continues to fund Patient-Centered Medical Home (PCMH) transformation support which takes the form of BPHC-funded expert PCMH consultants, who were paired with partners using a matching process which utilized partner preferences. In DY2, BPHC developed guidance outlining the links between the DSRIP projects to the PCMH requirements, emphasizing that PCMH implementation is the foundation for the disease-management DSRIP work.
	In our second wave of provider engagement with smaller organizations, project participation materials continue to emphasize that participation in 3.b.i is required for all adult primary care practices. The CSO has committed to providing additional support to the smaller partners, and has identified a lead to steer the supporting documentation compilation and vetting processes for all partners.
	Provider engagement list in PIT and attached.

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	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Complete	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Complete	



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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.b.1.5 - 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) Some primary care physicians (PCPs) may resist the imposition of standard treatment protocols and new workflows. To mitigate this risk, our disease management work groups bring PCPs and other project participants together to review and develop a consensus on evidence-based (EB) guidelines and workflows for each disease-specific intervention. Members recommend these EB protocols to the PPS Quality & Care Innovation Subcommittee and the Executive Committee for approval to deploy across the PPS. Implementation of these protocols is part of contractual agreements between partners and the PPS. BPHC is allocating the necessary resources to provide online and in-person training, support and follow up with physicians and other care team members at times that accommodate their clinical schedules to encourage adoption of program elements.
- (2) It will be challenging to recruit and train sufficient care management staff to serve the needs of the Bronx population. Recruiting Spanish-speaking care management staff will be a particular risk. BPHC's workforce strategy mitigates this risk, through work with community colleges and coordination with the 1199 Training & Education Fund, Montefiore CMO, and NYSNA to identify capable workers and provide training in Spanish when needed. BPHC is also using alternative employment tactics, such as flexible hours and job sharing where feasible, to attract a broader pool of workers. BPHC recently committed to funding a recruiter to support its partners with its workforce recruiting goals, including for care management staff.
- (3) Medication adherence is a chronic problem for individuals with diabetes. Organizations that could be instrumental in helping patients with medication adherence, such as home care agencies and MCOs are handicapped by policies and/or regulations. To mitigate these risks, BPHC is working with MCOs to institute policy changes that will promote medication adherence. Additionally, this year, BPHC formed and began convening a Pharmacy Workgroup. The kickoff was held on February 25th and included representatives from 7 of the 10 BPHC pharmacies. This workgroup is brainstorming strategies to support medication adherence of BPHC patients, and is exploring best practices of its workgroup members including opt-in care management services provided by pharmacies, whereby patients will be alerted by the pharmacy in the event of a missed prescription refill and may elect to have the pharmacy contact the prescribing physician to resolve medication prescription issues.
- (4) Enhancing patient self-management and self-efficacy is anticipated to be a particular risk to the project's success. It is challenging to effectively motivate and engage chronically ill patients over the long term to embrace changes in behavior and self-manage their condition. Many patients do not appreciate the effects of uncontrolled diabetes, risks that are compounded in the Bronx population by low health literacy and educational attainment. These challenges are exacerbated by the complex, multi-organ nature of diabetes, requiring an interdisciplinary treatment approach. Among its mitigation tactics, BPHC is implementing the Stanford Model across the PPS to address this risk. BPHC has contracted with Health People, a CBO that is a certified Stanford Model trainer.
- (5) Providers may not implement EHR systems that meet MU and PCMH 2014 Level 3 standards, interoperability challenges may present and/or providers may resist participating in the IDS. BPHC is using gap analyses to develop a program to monitor and deploy assistance to providers at risk, support practices by deploying internal community, external consulting resources and provide customized technical assistance, coaching, and

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training modules. Two team members have recently joined the BPHC CSO team to specifically focus on MU.

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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				
DY2,Q4	18,060			

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	4,515	9,030	13,545	18,060
PPS Reported	Quarterly Update	9,197	18,527	0	27,783
	Percent(%) of Commitment	203.70%	205.17%	0.00%	153.84%
IA Annualisad	Quarterly Update	0	18,521	0	27,783
IA Approved	Percent(%) of Commitment	0.00%	205.11%	0.00%	153.84%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ3ci_MDL3ci2_PES_ROST_BPHC-PATIENTLIST-3ci- DY2Q4_27783pts_FINAL_12387.xlsx	3.c.i Patient Engagement DY2 Q4	04/25/2017 06:01 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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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	04/01/2015	03/31/2018	04/01/2015	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	06/30/2015	03/31/2018	06/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create a Transitional Work Group (CVD/Diabetes TWG) comprised of representatives from partner organizations to support development of and approve elements of the COP		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task Identify DSRIP project requirements which are related to PCMH elements and incorporate into PCMH strategy and project planning documents		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify relevant evidence-based guidelines for diabetes		Project		Completed	05/04/2015	09/30/2015	05/04/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify partner organizations participating in project (sites and CBOs)		Project		Completed	04/01/2015	11/01/2015	04/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Develop a workplan and timeline to develop the clinical operations plan (COPs) and implement a strategy for the diabetes population that aligns with the patient engagement speed and scale application submission		Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Develop the COP to define the program elements, define the required and suggested components of those elements, and identify relevant resources to achieve them. Elements include health information exchange and technology requirements, and evidence-based guidelines and high-value treatment protocols		Project		Completed	05/04/2015	10/31/2015	05/04/2015	10/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop the project implementation budget										
Task Design training and recruitment strategy in conjunction with workforce team and CVD/DM TWG		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Submit elements of the COP to Quality and Care Innovation Sub-Committee (QCIS) for approval		Project		Completed	07/23/2015	10/31/2015	07/23/2015	10/31/2015	12/31/2015	DY1 Q3
Task Identify clinical champions and operational leaders in each participating organization to develop and lead implementation of the program at each of their providers/sites. These facility-based champions/leaders form the Site-Specific Implementation Team		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Prepare/disseminate gap analysis tool based on COP to participating providers to determine implementation support needs		Project		Completed	01/15/2016	06/30/2016	01/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task Hold webinar for participating partner organizations		Project		Completed	01/15/2016	03/31/2016	01/15/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create a rapid deployment collaborative, comprised of representatives from partner organizations to support implementation of the COP and to provide updates to QCIS. and to update the COP annually.		Project		Completed	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop mechanisms for regular review of project-selected Evidence Based Guidelines (by project quality councils) to assure our PPS is utilizing the most up-to-date tools and that those updated guidelines/protocols continue to be clinically integrated across the PPS.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
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	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify sites participating in project. In order to meet the 80% participation rate target, project participation materials distributed to sites indicate that 3.c.i is required for all adult primary care practices.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	
Task		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that all participating practices have signed MSA										
Task Identify opportunities to coordinate processes, education and communication into PCMH workflow processes.		Project		Completed	05/15/2015	03/31/2016	05/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with other BPHC project-specific workgroups and teams to ensure that diabetes management training is incoporated/included in other care coordination training sessions.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitor acitivity/engagement and make periodic reports to QCIS / EC		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop methodology for evaluation, feedback and Continuous Quality Improvement.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate to establish the care team and care coordination/management framework/organizational structure and processes most appropriate for achieving project outcome, including nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Present care management model to QCIS for review and approval		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish care coordination teams and processes; include community service and program referrals and tracking,		Project		Completed	12/31/2015	03/31/2017	12/31/2015	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
communication, PCP alerts, education materials, coordination among team members, frequency and purpose of patient contact. Ensure these include coordination with the Health Home care manager, where applicable.										
Task Working with Workforce Subcommittee, design training and recruitment strategy for care coordinators/managers and care teams with a training focus on improving health literacy, patient self-efficacy.		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify site-specific implementation teams.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Launch recruitment and training programs with participating providers		Project		Completed	04/01/2016	10/31/2016	04/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Identify and document required clinical and care management protocols for priority programs, projects and interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	08/15/2015	10/15/2015	08/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Define partner and workforce roles in delivering care based on protocols and planned interventions in priority projects, including expectations for how interventions will be logged, tracked and reported.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Deploy systems to improve and promote effective care transitions, include protocols for tracking and follow-up		Project		Completed	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4
Task Operationalize partner and workforce roles by providing gap analysis and appropriate training.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish data collection, survey and reporting mechanisms to enable BPHC monitoring to ensure that patients are receiving appropriate health care and community support in priority projects, based on needs identified in prior planning activities		Project		Completed	02/01/2016	06/15/2016	02/01/2016	06/15/2016	06/30/2016	DY2 Q1
Task Review process for rapid cycle evaluation and continuous improvement of data collection, survey and reporting methods based on priority project experience and modify process as		Project	_	Completed	08/01/2016	09/01/2016	08/01/2016	09/01/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
needed to ensure patients receive appropriate health care and community support										
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	12/31/2015	03/31/2017	12/31/2015	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	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	01/15/2016	03/31/2017	01/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Using claims data identify "hotspot" areas/patient groups for outreach		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and mitigate service shortages to address these "hotspots" which can include mobile services and use of churches and community centers for education and blood pressure screening.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement 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, if feasible.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish linkages to health homes for targeted patient populations		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement the Stanford Model through partnerships with community based organizations, including Health People		Project		Completed	01/15/2016	03/31/2017	01/15/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has agreement in place with MCO related to coordination of		Project		In Progress	06/30/2016	03/31/2020	06/30/2016	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
services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Identify current tools and services available to members for relevant MCOs across the PPS, including telehealth, care management, stipend for completing recommended preventive screenings.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Distribute materials regarding extant services and benefits available to members to providers participting in project		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Build prompts to these tools and services into provider EHRs		Project		Not Started	04/01/2017	03/31/2020	04/01/2017	03/31/2020	03/31/2020	DY5 Q4
Task Where feasible, make agreements with MCO related to coordination of services for high risk populations, including smoking cessation services, weight management, and other preventive services relevant to this project.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Communicate payor information and include information on availability/how to access in training programs		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	06/30/2015	03/31/2017	06/30/2015	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	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	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
Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.										
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Site-specific implementation teams establish processes to use PHM tools/registry, to identify, reach out and track patients due for preventive services.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Ensure that IT solutions (within registry or other) allow for "closed loop processing" e.g., tracking of patient through completion of any given preventive service.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct training around closed loop processing/referral and preventive service tracking.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Provide guidance for ongoing assesment to ensure that practices are following requirements and protocols, and offer guidance to develop mechanisms for continuous quality improvement.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify safety net provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Coordinate with Bronx RHIO to develop comprehensive HIE adoption program to encourage and support partner participation and integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin coordinated interface and service development with Bronx RHIO		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish BPHC program to manage support for safety net providers to ensure that all are actively sharing health information, coordinating with Bronx RHIO to encourage, track and support partner participation and integration/data sharing		Project		Completed	03/01/2016	04/25/2016	03/01/2016	04/25/2016	06/30/2016	DY2 Q1
Task Track status and manage support to ensure that all PPS safety net providers are actively sharing health information through Bronx RHIO or alternative health information exchange		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify community organizations for inclusion in the initial iteration of the Community Resource Database, sign agreements with with community based organizations and establish process to facilitate feedback to and from community organizations		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		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
Perform regular checks of Community Resource Database to ensure data is up to date and accurate and to identify additional resources to consider including										
Task Conduct periodic meetings/learning collaboratives with community organization partners to gather feedback and share best practices		Project		Completed	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Not Started	01/01/2018	03/31/2018	01/01/2018	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	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess eligible participating partner EHR use relative to Meaningful Use and PCMH 2014 Level 3 standards		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish BPHC program to educate, encourage, track and support eligible safety net providers in acquiring/implementing certified EHR systems, including potential use of incentive-based payments for implementation		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Recruit or contract for EHR implementation resources as needed		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner EHR implementation and progress towards Meaningful Use and PCMH standards		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	10/15/2015	03/15/2018	10/15/2015	03/15/2018	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
Track status and manage support to ensure all eligible safety net providers are using certified EHR systems that meet Meaningful Use and PCMH 2014 Level 3 standards										
Task Assess eligible participating PCP PCMH recognition status and opportunity to expand access to primary care based on PCMH-enabled practices		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Recruit or contract for PCMH practice certification resources as needed		Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish BPHC program to educate on the benefits of, and encourage, track and support PCPs and facility based senior leadership in achieving PCMH 2014 Level 3 recognition, including potential use of incentive-based payments for achieving recognition		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Perform gap analysis by practice and identify key priorities.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Finalize strategy to support primary care physicians with achieving 2014 NCQA Level 3 PCMH certification by sub committees, including trainings and education.		Project		Completed	10/01/2015	04/15/2016	10/01/2015	04/15/2016	06/30/2016	DY2 Q1
Task Begin actively encouraging, tracking and supporting partner efforts towards PCMH recognition		Project		Completed	01/01/2016	11/30/2016	01/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Monitor progress with achieving 2014 NCQA level 3 PCMH certification, support provided by PPS as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Monitor practice transformation sustainability after receiving 2014 NCQA level 3 PCMH certification, and provide support as needed.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

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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	sgjevuka	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES2_OTH_3.c.i_M2 _Remediation_Narrative_14984.docx	Remediation Narrative	06/13/2017 03:45 PM
management evidence-based best practices.	sgjevuka	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES2_OTH_3.c.i _M2_Remediation_Revised_Provider_List_14983.xlsx	Remediation Revised Provider List	06/13/2017 03:44 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Rosters	36_DY2Q4_PROJ3ci_MDL3ci3_PRES2_ROST_Diabet es_M2_Provider_Engagment_11389.xlsx	Provider Engagement	04/21/2017 04:25 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_P&P_DM_M3_ Care_Coordination_and_Vendor_Doc_11979.pdf	Care Coordination Policies, Procedures, Process and Workflow and Vendor System Documentation	04/25/2017 09:30 AM
	6338	Training Documentation	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_TRAIN_DM_M 3_Training_Materials_11977.pdf	Training Dates, Number of Staff Trained, and Written Training Materials	04/25/2017 09:28 AM
	6338	Training Documentation	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_TRAIN_IDS_M 3_8_Combined_Trainings_11866.xlsx	Combined Trainings	04/24/2017 05:19 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_IDS_M3 _7_Evidence_of_Discharge_Plans_11865.pdf	Evidence of Discharge Plans	04/24/2017 05:18 PM
Develop care coordination teams (including diabetes	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_IDS_M3 _6_Sample_Registries_11864.pdf	Sample Registries	04/24/2017 05:17 PM
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.	6338	Contracts and Agreements	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_CONTR_IDS_ M3_5_Patient_Flow_Contracts_and_Registries_11863. pdf	Patient Flow Contracts and Registries	04/24/2017 05:16 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_IDS_M3 _4_Process_Flow_Diagrams_11861.pdf	Process Flow Diagrams	04/24/2017 05:15 PM
	6338	Contracts and Agreements	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_CONTR_IDS_ M3_3_Systems_Sharing_Data_with_Roles_and_Respo nsibilitie_11860.pdf	System Sharing Data with Roles and Responsibilities	04/24/2017 05:14 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_IT_work _flows_11859.pdf	IT Work Flows	04/24/2017 05:13 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_IDS_M3 _Interopperability_11858.pdf	Interoperability	04/24/2017 05:12 PM
	sgjevuka	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_OTH_3.c.i_M4 _REAL_Data_Hotspotting14993.pdf	REAL Data Hotspotting Remediaton	06/13/2017 04:22 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_P&P_DM_M4_ Referrals_to_Health_Home_Process_and_Workflow_12 006.pdf	Referrals to Health Home Process and Workflow	04/25/2017 10:06 AM
Develop "hot spotting" strategies, in concert with	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_OTH_DM_M4 _HH_Attestation_and_Agreement_Inventory_12003.xlsx	Health Home Attestation and Agreement Inventory	04/25/2017 10:04 AM
Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk	6338	Training Documentation	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_TRAIN_M4_W ritten_Training_Materials_11875.pdf	Written Training Materials	04/24/2017 05:34 PM
neighborhoods.	6338	Training Documentation	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_TRAIN_M4_Tr aining_Sign_in_Sheets_11873.pdf	Training Sign-in Sheets	04/24/2017 05:33 PM
	6338	Training Documentation	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_TRAIN_M4_Tr aining_Information_11872.pdf	Training Information	04/24/2017 05:32 PM
	6338	Policies/Procedures	36_DY2Q4_PROJ3ci_MDL3ci3_PRES4_P&P_M4_Loc al_Policies_and_Procedures_11871.pdf	Local Policies and Procedures	04/24/2017 05:31 PM



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Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Rosters	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_ROST_Diabet esM6_Acacia_Diabetics_missing_A1c_Eye_Exam_Nep ropathy-Q12017_12910.xlsx	Diabetic Patients Overdue for Preventative Services Part 4	04/26/2017 01:29 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_OTH_Diabetes M6_Montefiore_and_IFH_Diabetes_Registry_11991.pdf	Diabetes Registries	04/25/2017 09:46 AM
Use EHRs or other technical platforms to track all patients engaged in this project.	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_OTH_IDS_M6 _1_Sample_Registries_11983.pdf	Sample Registries	04/25/2017 09:36 AM
	6338	Rosters	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_ROST_Diabet esM6_SBH_Diabetes_Preventative_Services_Roster_1 1893.csv	Diabetic Patients Overdue for Preventative Services Part 2	04/24/2017 05:47 PM
	6338	Rosters	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_ROST_Diabet esM6_Union_Diabetes_Preventive_Services_Roster_11 884.xlsx	Diabetic Patients Overdue for Preventative Services Part 3	04/24/2017 05:44 PM
	6338	Rosters	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_ROST_Diabet esM6_MHHC_Diabetic_Patients_with_Eye_Exam _NephropathyFoot_ExamPHQ2_11882.xlsx	Diabetic Patients Overdue for Preventative Services Part 1	04/24/2017 05:43 PM
	6338	Other	36_DY2Q4_PROJ3ci_MDL3ci3_PRES6_OTH_IDS_M6 _2_Registries_and_EHR_Completeness_11879.pdf	Registries and EHR Completeness	04/24/2017 05:39 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.	Bronx Partners for Healthy Communities' (BPHC) diabetes Clinical Operations Plan (COP) remains the foundational document for implementation of best practices in diabetes disease self-management. The COP is based on the DSRIP Domains 1 and 3 requirements and measures, and was created using input from the CVD-Diabetes Clinical Work Groups. First distributed to our partners in December 2015, BPHC has mechanisms in place for regular review and update of the document. These review protocols were approved by our BPHC Quality and Care Innovation Subcommittee (QCIS) in March 2016. In February 2017, BPHC released the third version of the COP, using input from the CVD-Diabetes Implementation Work Group (IWG). It includes chapters on target population, evidence-based guidelines (EBGs), referral protocols, patient flows, care team roles, and patient/caregiver education and engagement. This latest version of the COP updated the evidence-based guidelines (EBGs) for the treatment of diabetes, replacing the American Diabetes Association (ADA) Standards of Medical Care in Diabetes—2015 with the 2016 guidelines of the same name. As part of the project, practitioners are trained in EBGs and-evidence based practices.
	DSRIP Program Directors (DPDs), our embedded liaison/program lead at the largest seven primary care organization partners, encompassing more than 90% of our primary care visits were tasked with ensuring their organizations adopt the EBGs from the COP. This quarter, the project management team and implementation team members from our primary care partners secured signed organizational commitments from these seven organizations adopting the COP—including the ADA regulations-for their organization. This milestone is on track for completion by DY3Q4.
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	The requirements for this milestone were completed this quarter, DY2Q4. As outlined in Milestone 1, in Demonstration Year (DY) 1, Bronx Partners for Healthy Communities (BPHC) confirmed adoption of the Diabetes Clinical Operation Plan



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Prescribed Milestones Narrative Text

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Milestone Name	Narrative Text
	(COP) for its seven largest primary care organization partners. To confirm implementation, the project management team have conducted multiple gap analyses and one-on-one reviews of supporting documentation with DPDs and implementation team. These partners encompass more than 80% of our primary care providers (PCPs) and more than 90% of our primary care visits.
	Additionally, BPHC continues to fund Patient-Centered Medical Home (PCMH) transformation support which takes the form of BPHC-funded expert PCMH consultants, who were paired with partners using a matching process which utilized partner preferences. In DY2, BPHC developed guidance outlining the links between the DSRIP projects to the PCMH requirements, emphasizing that PCMH implementation is the foundation for the disease management DSRIP work.
	In our second wave of provider engagement with smaller organizations, project participation materials continue to emphasize that participation in 3.c.i is required for all adult primary care practices. The CSO has committed to providing additional support to the smaller partners, and has identified a lead to steer the supporting documentation compilation and vetting processes for all partners.
	Bronx Partners for Healthy Communities (BPHC) continues to build an Integrated Delivery System (IDS) that has the capacity and diversity to ensure patients receive appropriate health care and community support. BPHC developed the Clinical Operation Plan (COP) for all projects as well as for overarching, cross-cutting clinical/care delivery elements, and distributed them to our member organizations and PCMH consultants. The COP was reviewed and updated in February 2017. Seven of the largest BPHC providers signed letters pledging to integrate the COP into their policies and procedures.
	Courses to train various member organizations' staff ensure patients receive appropriate care continued and new ones were developed in DY2Q4. BPHC offered 22 different classes last quarter. Please see Workforce narratives/reporting. There were 601 participants during the quarter who logged 5,665 hours of class time.
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-	To ensure care coordination and planning, BPHC developed work plans and implementation strategies and started the rollout with member organizations for a care coordination management system (CCMS), GSI Health, which has gone live as of end of DY2Q4. This system will be tied electronically to the Bronx RHIO, our Qualifying Entity (QE), which is also being promoted and supported by BPHC among our members. Bronx RHIO itself started implementing a new analytics platform with IMAT which will be able to process more data of various formats from our member organizations, produce more complete records, and generate and distribute registries of higher quality. Using both systems is mandatory for the 14 member organizations projected to participate in the roll out of projects which were developed and adopted last quarter. These projects will support appropriate behavioral health care for patients.
efficacy, and patient self-management.	In the short term, BPHC incentivized various member organizations to provide appropriate care for patients by developing contracts and paying for narrow, measurable achievements to meet various metric gaps to goal for MY3. In the longer term, BPHC develop and adopted a population health management (PHM) roadmap which addresses patients care strategies through the end of DSRIP. This plan will be the foundation for our patient care improvement incentive/pay-for-performance strategies for the PPS starting DY3, and eventually for promoting value-based arrangements between providers and managed care organizations to ensure sustainability.
	To help improve the overall quality of care and ensure patients receive appropriate care, quality improvement work continues from previous quarters. BPHC continues to adjust our rapid cycle evaluation (RCEs) metrics. In order to aggressively tackle our continuous quality improvement work, three of our CSO staff are participating in the MAX Train-the-Trainer Series with the State; even though the training started in past January (DY2Q4), they are already passing on the knowledge and expertise to our member organizations by helping guide local projects.
	To help strengthen community-based organizations' (CBOs') role in patient care, CBOs continued submitting extensive profiles which were organized into a directory. In DY2Q4 BPHC executed an IT project to create an online portal for this directory which will serve providers and patients. The information which is continuously being collected and stored in a Salesforce environment will be further used to populate a Referral Management System (RMS) which BPHC is in the process of procuring.



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Prescribed Milestones Narrative Text

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Milestone Name	Narrative Text
	The milestone is completed in DY2Q4.
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	The requirements for this milestone were completed this quarter, DY2Q4. Bronx Partners for Healthy Communities (BPHC) has partnered with Health People to provide the Diabetes Self-Management Program (DSMP) and Lower Extremity Amputation Prevention (LEAP) peer-led classes for adults with diabetes in the Bronx. Health People, a community-based organization that began over 25 years ago as a support group for women with AIDS, utilizes the peer model of training people most affected by disease to educate others and advocate for the community. Its goal is to empower residents by teaching them how to manage and/or prevent chronic illness through effective health management and self-care. Health People worked with our member organizations to identify patients with diabetes to receive training to become peer educators and lead the courses. Training was completed in August, with classes beginning in September. 14 peer coaches graduated from the program, all of which are compensated for their training and teaching, and we have a planned capacity for up to 800 students. As of March 2017, 24 classes in English and in Spanish have been completed, are in progress, or are planned, comprising 250 participants. Health People believes strongly in bringing programs to high-risk neighborhoods and individuals. Their organizing philosophy holds that the DSMP peer-based model relies on human connections and behavior patterns, and so patients are most likely to attend classes if hosted at organizations where patients already regularly gather or live. For
	this reason, Health People has organized classes at community programs, SNFs, and supportive housing, in addition to hospitals and clinics. BPHC is also working with the Healthy Buildings program, which it is collaborating with as part of the asthma project, to potentially host Health People classes at its residential sites or refer participants to external classes. The Healthy Buildings program used claims from ED visits at Montefiore Medical Center and SBH Health System to identify specific apartment buildings which had a disproportionate number of residents with high ED utilization. We are currently in discussions with Health Homes to identify and refer patients to the Health People classes as well. BPHC works closely with its PCMH partners to ensure access to Health Home care management services. Patient identification and assessment processes established across primary care provider organizations across the PPS for the implementation of the Health Home At-Risk Intervention Program, have also led to an increase in identification of Health Home eligible patients. The BPHC clinical operations plan, adopted by PPS partners, includes a policy and procedure requiring the identification and referral of Health Home eligible patients into care coordination services and defines the relevant roles and responsibilities. BPHC has also created a guide to making bottom-up referrals to Health Home, which includes an easy to follow workflow on how to contact and refer patients into any of the three Health Homes affiliated with the PPS: Bronx Accountable Healthcare Network (BAHN), Community Care Management Partners (CCMP), and Coordinated Behavioral Care (CBC). Primary Care Providers
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	have established partnerships with Health Homes for bottom-up referrals of eligible patients to care management services. Bronx Partners for Healthy Communities' (BPHC's) senior leadership has had calls with each of the Medicaid Managed Care Organizations (MCOs) with which we have an EPP contract to gain transparency around those measures, which include: Follow-up care for Children Prescribed ADHD Medications-Continuation Phase, Controlling High Blood Pressure, and Medical Assistance with Smoking and Tobacco Use Cessation-Discussed Cessation Medications. Our Chief Medical Officer (CMO) also met recently with Health First's medical director and the medical director of CVS's Minute Clinic to gain traction on the transparency of Self Blood Pressure Monitor coverage from Pharmacy Benefits Managers—who are not required to share their durable medical equipment (DME) coverage. BPHC continues to collect information on partner initiatives in anticipation of requesting coverage support of such programs/equipment by MCOs in the future. This milestone is on track for completion by DY5Q4.
Use EHRs or other technical platforms to track all patients engaged in this project.	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter.
	Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee.
	In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. BPHC also continues to find ways to use Salient Interactive Miner protected health information data.
	The milestone was completed by DY2Q4.
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.	In past quarters, Bronx Partners for Healthy Communities (BPHC) has conducted an IT needs assessment, and we continue to update the information. The needs assessment showed that the vast majority of practices have a Meaningful Use (MU) and EHR system that is compliant with the Patient-Centered Medical Home (PCMH) 2014 Level 3. BPHC is collecting CMS's EHR certifications from member organizations to confirm EHR systems used by providers meet the MU requirements. For those which do not, packages for IT expansion are being proposed which mostly leverage non-DSRIP funding such as Meaningful Use incentive payments, Data Exchange Incentive Program, and PCMH funding. BPHC assists practices, in collaboration with the Bronx RHIO, in participating in these programs.
	The MEIPASS website resuming operation six months after the planned date poses a challenge to meeting MU requirements. To mitigate these challenges, BPHC is working with the NYC Department of Health and Mental Hygiene's (DOHMH's) Primary Care Information Project (PCIP) group to offer support to our members.
	The milestone is on track for completion by DY3Q4.

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	



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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	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau 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
ı	Instructions:



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

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

Instructions:

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

- (1) BPHC may be unable to significantly impact the number of asthma-related ED visits if parents and caregivers are unaware of symptoms that can lead to exacerbations and may not act fast enough to prevent an incident resulting in an ED visit. To mitigate this risk, community health workers (CHWs) from a.i.r. nyc will emphasize the importance of consistent medication use to control asthma and will demonstrate use of medication delivery devices during home visits.
- (2) This project is heavily reliant on CHWs being able to conduct home visits to inspect homes and engage and educate the target population. The experience of our primary vendor for this project, a.i.r nyc, indicates that 50% of affected individuals that they reach out to do not initially accept a home visit. Trust building will require time, persistence, and tactics that are culturally sensitive and address the specific concerns of each family. To tackle this challenge, a.i.r nyc recruits CHWs from the geographic and ethnic communities to be served. CHW training focuses on building client trust, cultural competency, and positive impact of persistence as key to overcoming patients' fears. Additionally, we plan to "market" a.i.r. nyc services and to elevate their "brand" as a trusted partner to physicians, schools, and community organizations that have earned a high degree of community trust. As part of establishing this link, a.i.r. nyc has conducted an orientation on its services for sites identified as key referral sources to the project. A tactic includes incorporating logos of trusted PPS partners, possibly including CBOs, on outreach and educational materials disseminated to patients. We are also including an article about a.i.r. nyc in the July issue of a patient-targeted health magazine distributed by SBH which reaches 6500 households.
- (3) Another challenge this project will face is integrating referrals to our home-based asthma program into two critical asthma patient contact points: hospital emergency departments (EDs) and discharge planning (DP) units. To address this, BPHC has included training on the home-based asthma program for staff involved in the ED Care Triage and 30-day Care Transitions programs. This includes a clinician orientation, to educate ED and DP staff on the goals, strategies, tactics and proven value of the intervention, and workflows for referring patients to a.i.r. nyc. We have included these sites in our project planning for the project and have an initial roll-out meeting schedule with stakeholders from ED and Care Transitions in June.
- (4) We may face the challenge of demand for services outpacing capacity for this project, but we have established a monthly reporting schedule to monitor referrals and capacity to mitigate this risk.
- (5) Most providers do not have asthma registries or electronic care plan tools and some do not participate in the RHIO to permit information sharing across providers. BPHC's CSO is addressing these issues by adding new IT capabilities, including a care planning and management platform and patient registries, and promoting RHIO participation. Until we have a fully running care coordination system, we are working with PPS partners and a.i.r. nyc to find mutually convenient interim solutions for referrals management, including a single-referral webform and a multiple-referral option through partners' EHRs.
- (6) Lifestyle choices could pose a challenge to patient compliance (e.g., passive smoking, environmental factors acting as asthma triggers such as

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pests, molds, etc.). Mitigation will include CHWs referring patients and families to needed services, including the Quitline and integrated pest management (IPM) services. Smoking cessation is also an important component of our CVD program.

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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	10,850							

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	678	1,357	2,034	2,713
PPS Reported	Quarterly Update	70	161	0	928
	Percent(%) of Commitment	10.32%	11.86%	0.00%	34.21%
IA Approved	Quarterly Update	0	160	0	923
IA Approved	Percent(%) of Commitment	0.00%	11.79%	0.00%	34.02%

Marning: PPS Reported - Please note that your patients engaged to date (928) does not meet your committed amount (2,713) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
zstopak	Rosters	36_DY2Q4_PROJ3dii_MDL3dii2_PES_ROST_BPHC-PATIENTLIST-3dii- DY2Q4_928pts_FINAL_12391.xlsx	3.d.ii Patient Engagement DY2 Q4	04/25/2017 06:02 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
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 Q2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
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	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Contract with a.i.r. nyc to provide home-based services for clients/families with asthma to develop and disseminate patient education materials and create rosters demonstrating that patients have received home-based interventions.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Contract with a.i.r. nyc to perform home environment assessment for environmental factors acting as asthma triggers, e.g., pests, molds, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify key stakeholders and subject matter experts (SMEs) among PPS members and convene representative individuals to establish work group to develop Clinical Operations Plan (COP) for participating members to use as project implementation manual.		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task Develop workplan and time line to develop COP.		Project		Completed	06/01/2015	08/03/2015	06/01/2015	08/03/2015	09/30/2015	DY1 Q2
Task Develop comprehensive provider/participant engagement, education and communication plan to engage community medical and social services providers in the project and establish productive collaborative relationships and linkages among them.		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop and finalize Asthma Action Plan form		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop systems to populate Asthma Actions Plans for dissemination to patients and PCPs.										
Task Identify and establish relationship(s) with legal services in the community that provide pro bono legal services for community members, including dealing with landlords who fail to address/mitigate building environment factors that are known triggers of asthma problems		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify PPS members who will participate in project.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Use Master Services Agreement (MSA) to contract with PPS members who participate in the project and receive DSRIP funds		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define target population.		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify Site-Specific Implementation Teams to facilitate referrals to a.i.r. nyc and coordinate Asthma Action Plan and report distribution to care teams.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop methodology evaluation, feedback and Continuous Quality Improvement (CQI) for Site-Specific Implementation Teams.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
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	10/01/2015	03/31/2017	10/01/2015	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 Identify integrated pest management (IPM) vendors who provide services in the Bronx.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop policies, procedures and workflows for engaging IPM vendors when needed, including responsible resources at each stage of the workflow.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
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
a.i.r. nyc has partnership with NYCDOHMH's Healthy Homes programs for linking patients to IPM vendors. Meet with a.i.r. nyc and Healthy Homes Program adminstrator to develop plan for scaling up linking patients with IPM vendors/resources and other community based services as needed.										
Task Establish a.i.r nyc's Action Plan for Remediation as tool for monitoring and tracking delivery of IPM services to patients to ensure services are delivered.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with the Workforce Subcommittee, develop training materials for Community Health Workers (CHWs) on 1) how to conduct home environmental assessmentswith establishment of asthma action plan for remediation; and 2) the protocols for engaging IPM vendors for trigger reduction interventions.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop patient educational materials on indoor asthma triggers and availability of IPM resources to reduce exposure to the triggers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	Completed	06/29/2015	03/31/2017	06/29/2015	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	06/29/2015	03/31/2017	06/29/2015	03/31/2017	03/31/2017	DY2 Q4
Task Global Initiative for Asthma (GINA) guidelines for Asthma Management and Prevention in combination with EPR 3 national guidelines will serve as basis for implementing evidence-based asthma management care together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control: http://www.thecommunityguide.org/asthma/multicomponent.html		Project		Completed	06/29/2015	08/03/2015	06/29/2015	08/03/2015	09/30/2015	DY1 Q2
Task Quality and Care Innovation Sub-Committee (QCIS) will review and revise the evidence-based guidelines for clinical practice, as needed, and approve.		Project		Completed	08/04/2015	10/31/2015	08/04/2015	10/31/2015	12/31/2015	DY1 Q3
Task Once approved, the guidelines will be incorporated into protocols		Project		Completed	11/01/2015	12/31/2015	11/01/2015	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
and implemented by medical providers and care teams at sites of participating member organizations.										
Task Develop mechanisms for regular review of project-selected evidence-based guidelines (EBGs) to assure our PPS is utilizing the most up-to-date tools and that those updated guidelines/protocols continue to be clinically integrated across the PPS.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
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 a.i.r. nyc and Asthma work group will review the National Standards for asthma self-management to ensure that training is comprehensive and utilizes national guidelines for asthma self- management: (Gardner A., Kaplan B., Brown W., et al. (2015). National standards for asthma self-management education. Ann Allergy Asthma Immunol. 114 (3). doi: 10.1016/j.anai.2014.12.014.)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Select/develop new or additional culturally/linguistically and literacy appropriate patient/caregiver educational materials as needed that improve asthma health literacy and improve self- efficacy and self-management.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Disseminate/embed (in EHR/PHR, where feasible) patient/caregiver educational information and materials across participating PPS providers.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct ongoing education/training to introduce/update/refresh care teams' knowledge of new patient educational materials and		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
evidence-based guidelines										
Task Establish protocols and methods that promote medication adherence, including local participating pharmacists to support patient education, especially on inhaler/spacer use.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY3 Q2	Project	N/A	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has developed and conducted training of all providers, including social services and support.		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
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	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task In conjunction with the Workforce Subcommittee, develop training that includes social services reports and develop training calendars.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct educational sessions/webinar and ongoing training as needed for providers on use of Asthma Project COP.		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Develop and implement provider-specific technical assistance program to facilitate use of various interoperable IT systems.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify and document required clinical and care management protocols for priority programs, projects and interventions, based on Community Needs Assessment, clinical planning to-date and further analysis of attributed patient population, using MAPP and PPS partner patient-level data		Project		Completed	08/15/2015	10/15/2015	08/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Define partner and workforce roles in delivering care based on protocols and planned interventions in priority projects, including expectations for how interventions will be logged, tracked and reported.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Deploy systems to improve and promote effective care transitions, include protocols for tracking and follow-up		Project		Completed	01/15/2016	02/28/2016	01/15/2016	02/28/2016	03/31/2016	DY1 Q4
Task Operationalize partner and workforce roles by providing gap analysis and appropriate training.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish data collection, survey and reporting mechanisms to enable BPHC monitoring to ensure that patients are receiving appropriate health care and community support in priority projects, based on needs identified in prior planning activities		Project		Completed	02/01/2016	12/31/2016	02/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review process for rapid cycle evaluation and continuous improvement of data collection, survey and reporting methods based on priority project experience and modify process as needed to ensure patients receive appropriate health care and community support		Project		Completed	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task In conjunction with Workforce Subcommittee, describe roles and responsibilities of care coordination team that includes clinical practice care team (e.g., PCPs, nurses, medical assistants), dietitians, pharmacists and community health workers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.i.r. nyc will present its current intake and assessment process and assessment tools to Asthma Project Work Group for review and inclusion in COP.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task a.i.r. nyc will present its current referral protocols to Asthma work groups for review, modification (if needed) and inclusion in COP.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task a.i.r. nyc will present its current patient flow chart to Asthma work group for review, modification (if needed) and inclusion in COP. The flow chart plots the inter-relationships among a.i.r. nyc staff, referral sources, PCPs and CBOs and the multiple protocols and process workflows.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify community organizations for inclusion in the initial iteration of the Community Resource Database, sign agreements with with community based organizations and establish process to facilitate feedback to and from community organizations		Project		Completed	10/15/2015	03/31/2017	10/15/2015	03/31/2017		DY2 Q4
Task		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
Perform regular checks of Community Resource Database to ensure data is up to date and accurate and to identify additional resources to consider including										
Task Conduct periodic meetings/learning collaboratives with community organization partners to gather feedback and share best practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 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	08/03/2015	03/31/2017	08/03/2015	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	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish protocols for frequency of follow-up services		Project		Completed	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish processes and timelines for additional follow-up to ensure root causes have been sustainably eliminated.		Project		Completed	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify patients with ED or hospital visits for an asthma diagnosis, via interoperable systems, e.g., RHIO, CCMS, registry		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish processes to identify the root causes of the "outpatient failure," e.g., problems with medication refills, prior authorization of meds, proper inhaler use, education about triggers, pest control issues		Project		Completed	08/03/2015	12/31/2016	08/03/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish processes to share root causes with family/care givers and to provide support to eliminate/rectify root causes, as needed		Project		Completed	08/03/2015	12/31/2016	08/03/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop mechanisms for ongoing evaluation of the above processes and follow up to assure accountability and continuous quality improvement.		Project		Completed	01/03/2016	03/31/2017	01/03/2016	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 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 established agreements with MCOs that address the		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.										
Task Meet with MCOs to identify triggers and processes for payer care coordination and asthma services to ensure coordination of care and prevent gaps in care and/or redundant services.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS has agreement in place with MCOs to address coverage of patients with asthma health issues		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Meet with health home managers, PCPs and specialty providers of participating organizations in Asthma project to review project Clinical Operations Plan, inlcuding, but limited to evidence-based guidelines; patient flow charts plotting inter-relationship among a.i.r. nyc staff, referral sources, PCPs home health managers and specialty providers; referral protocols to medical, behavioral health, home care and social support services including PCPs, Health Homes, mental health/behavioral health providers, and CBOs.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Using Master Services Agreements and schedules, develop partnership agreements with participating health home managers, PCPs and speciality providers that define services they will provide and their responsibilities to adopt and use the Clinical Operations Plan for the project.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop partnership agreements with MCOs affirming coverage and coordination of asthma service benefits.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define population health management (PHM) requirements, establish PHM function and recruit or contract with partner for PHM staff		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform current state assessment of E.H.R. capabilities.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Perform gap analysis and identify priories to achieving integration of patient record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project		Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget to build registry and acquire necessary resources		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program for providers and care managers on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	
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
Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, with an emphasis on tracking patient engagement with primary care										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	6338	Training Documentation	36_DY2Q4_PROJ3dii_MDL3dii3_PRES2_TRAIN_Asth ma_M2_Training_Sign-in_sheets_12190.pdf	Training Sign-in Sheets	04/25/2017 01:52 PM
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger	6338	Other	36_DY2Q4_PROJ3dii_MDL3dii3_PRES2_OTH_PatientEducation_Materials_11339.pdf	Patient Education Material for Asthma	04/21/2017 03:06 PM
reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to	6338	Training Documentation	36_DY2Q4_PROJ3dii_MDL3dii3_PRES2_TRAIN_Writt en_Training_Materials_11338.pdf	Written Training Materials	04/21/2017 03:05 PM
asthma triggers such as pests, mold, and second hand smoke.	6338	Policies/Procedures	36_DY2Q4_PROJ3dii_MDL3dii3_PRES2_P&P_Policies _and_Process_Workflow_11334.pdf	Policies and Procedures/Workflow Documentation	04/21/2017 03:02 PM
	6338	Training Documentation	36_DY2Q4_PROJ3dii_MDL3dii3_PRES2_TRAIN_air_b ronx_training_information_11333.pdf	a.i.r. bronx Training Information	04/21/2017 03:01 PM
Develop and implement evidence-based asthma management guidelines.	6338	Policies/Procedures	36_DY2Q4_PROJ3dii_MDL3dii3_PRES3_P&P_Local_ Policies_Athma_EBG_11341.pdf	Policies and Procedures	04/21/2017 03:09 PM
	6338	Rosters	36_DY2Q4_PROJ3dii_MDL3dii3_PRES4_ROST_BPH C_Asthma_Action_Plans_Reviewed_2_11847.xlsx	Roster of Asthma Action Plans Reviewed Part 2	04/24/2017 04:55 PM
Implement training and asthma self-management education services, including basic facts about	6338	Rosters	36_DY2Q4_PROJ3dii_MDL3dii3_PRES4_ROST_Asth maM4_Rosters_of_Asthma_Actions_Plans_11846.pdf	Roster of Asthma Action Plans Reviewed	04/24/2017 04:50 PM
asthma, proper medication use, identification and avoidance of environmental exposures that worsen	6338	Other	36_DY2Q4_PROJ3dii_MDL3dii3_PRES4_OTH_PatientEducation_Materials_11347.pdf	Patient Education Materials for Asthma	04/21/2017 03:12 PM
asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action	6338	Policies/Procedures	36_DY2Q4_PROJ3dii_MDL3dii3_PRES4_P&P_Copy_o f_AAP_Template_11344.pdf	Copy of Asthma Action Plan Templates	04/21/2017 03:11 PM
plans.	6338	Policies/Procedures	36_DY2Q4_PROJ3dii_MDL3dii3_PRES4_P&P_Asthma _Action_Plan_Policy_11342.pdf	Asthma Action Plan Policies	04/21/2017 03:10 PM
	sgjevuka	Other	36_DY2Q4_PROJ3dii_MDL3dii3_PRES6_OTH_3.d.ii_ M6_Remediation_RCA_Report_15007.docx	Remediation Root Cause Analysis (RCA) Report	06/14/2017 09:07 AM
after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how	e analysis of what happened and how		36_DY2Q4_PROJ3dii_MDL3dii3_PRES6_OTH_3.d.ii_ M6_Remediation_RCA_for_Admissions,_ED_Visits_or_ Adverse_Medical_Events_15006.pdf	Remediation RCA for Admissions, ED Visits or Adverse Medical Events	06/14/2017 09:07 AM
to avoid future events.	6338	Policies/Procedures	36_DY2Q4_PROJ3dii_MDL3dii3_PRES6_P&P_Root_C ause_Analysis_11349.pdf	Root Cause Analysis	04/21/2017 03:16 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	6338	Other	36_DY2Q4_PROJ3dii_MDL3dii3_PRES8_OTH_Asthma _M8_Sample_Data_Collection_and_Tracking_System_	Sample Data Collection and Tracking System	04/25/2017 10:14 AM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			12016.xlsx		
	6338	I Raportiei	36_DY2Q4_PROJ3dii_MDL3dii3_PRES8_RPT_Asthma M8_Montefiore_Asthma_Registry_11841.pdf	Asthma Registry	04/24/2017 04:32 PM
	6338	Rosters	36_DY2Q4_PROJ3dii_MDL3dii3_PRES8_ROST_BPH C_Asthma_Registry_11840.xlsx	BPHC Asthma Registry	04/24/2017 04:24 PM
	6338	EHR/HIE Reports and Documentation	36_DY2Q4_PROJ3dii_MDL3dii3_PRES8_EHR_EHR_C ertifications_11352.pdf	EHR Certifications	04/21/2017 03:18 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.	As of February 2017, Bronx Partners for Healthy Communities' (BPHC) asthma home-based self-management program has been treating patients for 10 months. 1,895 patients have been referred and 533 are currently enrolled or have completed the program. BPHC developed the strategy for this project with the support of its partner (and vendor) a.i.r. nyc, a community-based organization (CBO) with 10 years of experience in providing asthma home-based services. The Clinical Operations Plan (COP) is the foundational document for implementation. The COP, based on DSRIP Domains 1 and 3 requirements and measures, was created using input from the Asthma Work Groups and first distributed in March 2016; the second edition was released in June 2016, and the third edition in February 2017. It includes chapters on target population, evidence-based guidelines, referral protocols, patient flows, care team roles, and home environmental trigger reduction. a.i.r. nyc also contributed to the COP by writing chapters on the a.i.r. nyc staff training curriculum and patient and caregiver education materials (self-monitoring, medication use and engagement). In line with referral protocols outlined in the COP, BPHC and a.i.r. nyc have jointly implemented a web-based system to streamline referrals. BPHC's largest primary care partners have been referring patients through this system.
	DSRIP Program Directors (DPDs), our embedded liaison/program lead at the largest seven primary care organization partners, encompassing more than 90% of our primary care visits were tasked with ensuring their organizations adopt the EBGs from the COP. This quarter, the project management team and implementation team members from our primary care partners secured signed organizational commitments from these seven organizations adopting the COP—including the ADA regulations-for their organization. This milestone is on track for completion by DY3Q2.
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 requirements for this milestone were completed this quarter, DY2Q4. As outlined in Milestone 1, Bronx Partners for Healthy Communities (BPHC)'s asthma Clinical Operations Plan (COP) is the foundational document for implementation of this project. The third edition of this document was released in February 2017. The COP includes the evidence-based recommendations of the Task Force on Community Preventive Services for home-based, multi-trigger, multi-component interventions with an environmental focus. As part of the Asthma project, all of the partners participating in the Asthma project are making referrals to a.i.r. nyc (see Milestone 1). a.i.r. nyc uses community health workers (CHWs) to provide home-based services to patients with partially controlled or uncontrolled asthma. As part of the home visit, a.i.r. nyc's CHWs work with clients to perform environmental assessments to identify asthma triggers, review and verify existing Asthma Action Plans (AAP), review medication and provide education on disease management and reducing asthma exacerbations caused by external factors. They provide suggestions on how to change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second-hand smoke. For example, the CHWs provide hypoallergenic mattress and pillow covers and put down non-chemical pest traps and make outside referrals to integrated pest management (IPM), legal, and social support services. They also coordinate with the client's doctor to resolve clinical issues.



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Prescribed Milestones Narrative Text

Prescribed Milestones Narrative Text							
Milestone Name	Narrative Text						
Develop and implement evidence-based asthma management guidelines.	The requirements for this milestone were completed this quarter, DY2Q4. As outlined in Milestone 1, in Demonstration Year (DY) 1, Bronx Partners for Healthy Communities (BPHC) confirmed adoption of the asthma Clinical Operation Plan (COP) for its seven largest primary care organization partners. The COP is based on the DSRIP Domains 1 and 3 requirements and measures, and was created using input from the Asthma Clinical Work Group. It includes a chapter on evidence-based guidelines (EBGs). The EBGs for asthma care and management were developed by our Asthma Work Groups and approved by the Quality and Care Innovation Subcommittee (QCIS) for adoption in DY1Q3. First distributed to our partners in December 2015, BPHC has mechanisms in place for regular review and update of the document. In February 2017, BPHC released the third version of the COP, using input from the Asthma Implementation Work Group (IWG). The Evidence Based Guidelines for asthma include the Global Initiatives for Asthma, 2015 (GINA) and the National Heart, Lung, and Blood Institute National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (NHLBI NAEPP3 2007). The DSRIP Program Directors (DPDs), who are the embedded DSRIP liaison/coordinator for CSO at the largest seven primary care organizations, have continued to implement organization-specific processes to adopt evidence-based guidelines from the COP.						
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 requirements for this milestone were completed this quarter, DY2Q4. During the planning phase, a.i.r. nyc, our partner and vendor for the Asthma project, developed a comprehensive "Training & Practicum for Asthma Care Delivery in the Home Setting," which is detailed in the Clinical Operations Plan (COP a.i.r. nyc has 10 years of experience in the field and is recognized across the city as a leader in the area of training and comprehensive asthma self-management education.). This guide contains thorough references to peer-reviewed literature to support its training and education strategy and complies with the National Standards for Asthma Self-Management. Our COP for asthma also includes a chapter on patient education outlining the curriculum and specific resources. It establishes a foundation of knowledge for coordinated care that includes: outreach, cultural competence, case management, home-based support, health promotion and health education, and care-system navigation. It also contains templates and guidance on creation, use and updates of patient Asthma Action Plans (AAPs) for both children and adults. First distributed to our partners in December 2015, BPHC has mechanisms in place for regular review and update of the COP. In February 2017, BPHC released the third version of the COP, which included an updated inventory of its asthma patient education resources, which can be found in the Supporting Documentation materials.						
Ensure coordinated care for asthma patients includes social services and support.	The Asthma Clinical Operation Plan (COP) includes chapters on clinical and care management protocols. The model for care coordination was finalized in DY1Q4 and included in the COP for the Health Home At-Risk program project (it is referenced in the asthma COP). The COP was first distributed in March 2016; the second edition was released in June 2016, and the third edition in February 2017. The care team model is adaptable to add other people, including nursing staff, pharmacists, dietitians and community health workers (CHWs). BPHC is continuing to develop processes for close coordination with the a.i.r. nyc team. a.i.r. nyc's CHWs use evidence-based guidelines to directly engage an asthma patient in a series of action steps that lead to better health. CHW training focuses on four subject matters, including self-management education, social support services, care coordination and environmental assessment, education and mitigation. Asthma was identified as one of the priority areas for the Health Home At-Risk work. Hiring for the care coordinator roles for this project began at the partner sites in DY1Q4 and continued this quarter. In November 2016, BPHC signed a contract with GSI Health, a third-party population health management system vendor. GSI Health will host the BPHC care coordination management system (CCMS), which will be leveraged to conduct assessments, care planning, care plan management, reporting and analytics in primary care-based, hospital-based and community-based care planning across the PPS. This milestone is on track for completion by DY3Q2.						
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 Asthma Clinical Operations Plan (COP) dedicates chapters on root cause analyses after ED visits to avoid future events, including protocols on follow-up services. Implementing population health workflows was a key focus area for DY2Q3 through DY2Q4. Coordinating with our 30-Day Care Transitions Intervention Program and Emergency Department Care Triage for At-Risk Populations, we have worked with our partners to emphasize use of RHIO alerts for this population in order to conduct follow-up services for Health Home patients and patients in ambulatory care. Additionally, root cause analyses are conducted by a.i.r. bronx for their program participants. A template for conducting root cause analyses for this work was created last quarter (DY2Q3) by a.i.r. bronx and is being made available to other partners for use. It can be found in the attached Supporting Documentation materials.						



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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.	Bronx Partners for Healthy Communities' (BPHC's) senior leadership has had calls with each of the Medicaid Managed Care Organizations (MCOs) with which we have an EPP contract to gain transparency around those measures, which include: Follow-up care for Children Prescribed ADHD Medications-Initial Phase, Follow-up care for Children Prescribed ADHD Medications-Continuation Phase, Controlling High Blood Pressure, and Medical Assistance with Smoking and Tobacco Use Cessation-Discussed Cessation Medications. Our Chief Medical Officer (CMO) also met recently with Health First's medical director and the medical director of CVS's Minute Clinic to gain traction on the transparency of Self Blood Pressure Monitor coverage from Pharmacy Benefits Managers—who are not required to share their durable medical equipment (DME) coverage. BPHC continues to collect information on partner initiatives in anticipation of requesting coverage support of such programs/equipment by MCOs in the future. This milestone is on track for completion by DY5Q4.
Use EHRs or other technical platforms to track all patients engaged in this project.	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. Report and registry Improvement work this quarter included a) RHIO working to get additional missing data points form the largest partners to improve accuracy of proxy metric, b) refinement of partner attribution (and therefore, distribution logic) by measure based on service and provider specialty, and c) establishing a regular distribution schedule for the reports. As the organizations are implementing these registries into workflows, the partners continue to conduct ongoing quality improvement process to identify errors in the reports and registries. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants for the Virtual Health Record. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for some processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenants and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter. Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee. In DY2Q4, BPHC continues to pursue SSP certification for two environme

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	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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
lilestone 1id-Point Assessment	Completed	Mid-Point Assessment	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Mo	dule 3.d.ii.5 - IA Monito	oring		
Instructions:				



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SBH Health System (PPS ID:36)

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

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

Instructions:

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

- (1) The primary risk associated with this project is that substance use disorder and mental health services are siloed. To mitigate this risk, BPHC and its MHSA Collaborative Workgroup PPS partners Community Care of Brooklyn, OneCity Health, and Bronx Health Access will include content experts from both sectors to de-silo the services and offer a cohesive program to the participating schools. The Jewish Board will also participate in mitigating this risk, as the lead agency, as they are a local expert in this field.
- (2) If the lead agency, in collaboration with the PPSs, lacks the ability to evaluate the MHSA interventions by diversifying the program too much without requiring the "core" program being implemented consistently through all participating schools, identifying where MHSA's interventions succeeded or failed will be difficult. To mitigate this risk, the PPSs have begun driving the conversation about the program, insisting that there be at least one "core" element that will be standardized across all the schools for evaluation purposes.
- (3) Another possible risk is that school-based staff will be disengaged, based on their own biases or misunderstanding of MHSA-related diseases, or fears of being held responsible for individual student outcomes related to MHSA issues. To mitigate this risk, partnerships with teachers and school staff will be established at the ground level. Staff trainings will address issues like bias and stigma and will educate staff on the nature of MHSA conditions. The PPSs will also train school-based staff on when to refer students with potentially more serious problems to available referral channels and help to ensure warm handoffs to appropriate community-based MHSA services.
- (4) Another possible risk is that the other PPSs may not sustain a high level of commitment towards the project over the demonstration period. To mitigate this risk, the PPSs have signed a contract with The Jewish Board that commits every stakeholder to engage in the MHSA Collaborative Workgroup over the entire demonstration period to spearhead programming. To date the Workgroup has had a high level of attendance and participation across all the PPS's, the lead agency, and specifically with participation by BPHC staff.

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SBH Health System (PPS ID:36)

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

Instructions:

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

Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Participate in citywide MHSA Workgroup meetings	Completed	BPHC will join and contribute to a cross-PPS workgroup to develop, implement, and monitor the collaborative MHSA interventions.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Participate in cross-PPS workgroup	Completed	Contribute to the formation of an MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify subject matter experts for workgroup	Completed	Identify PPS subject matter experts to join cross-PPS Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Invite city agency representatives for workgroup	Completed	Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Attend regular meetings for cross-PPS workgroup	Completed	Particpate in cross-PPS MHSA Workgroup meetings under the standing structure	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Establish cross-PPS Collaboration structure	Completed	In collaboration with cross-PPS workgroup and participating subject matter experts and City agencies, establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm commitment to cross-PPS collaboration	Completed	BPHC will confirm its commitment to partner in City-wide implementation of MHSA Project	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop governance structure	Completed	Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Review of existing programs	Completed	A critical component of successful implementation will be to identify effective means to adapt the collaborative care model among the adolescent population. The PPSs will work together to conduct research and adapt evidence-based models of collaborative care for adolescents.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct baseline analysis	Completed	A baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools will be conducted. Special focus will be on screening for depression and drug/alcohol abuse.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review of evidence based interventions	Completed	Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Draft findings and integrate into plans	Completed	Findings from analysis and review of evidence based interventions on MHSA for adolescent populations will be integrated into MHSA project concept document	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Develop operations plan	Completed	An operations plan detailed MHSA project operational plan for Collaborative Care Adaptation in schools will be created	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop concept paper	Completed	Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop selection process for lead agency	Completed	Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA cross-PPS initiative	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Contract with selected Lead Agency	Completed	Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Draft operational plan	Completed	Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize operational plan	Completed	Finalize draft operational plan and budget; share with MHSA Collaborative cross-PPS Governance body for approval	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Implement Collaborative Care (CC) Adaptation in schools	In Progress	Implementation will encompass details on contracting, collaboration with NYCDOE, school selection, and launch of intervention in schools.	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Implement process for community agency selection	Completed	Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Solicit DOE input on school selection methodology	In Progress	DOE will provide input and feedback on proposed process for community mental/behavioral health agency selection	01/31/2016	09/30/2017	01/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify target schools	In Progress	Identify target schools for implementation of CC adaptation	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Develop project activities schedule	Completed	Develop schedule for MHSA project activities, including activities preparatory to launch of CC adaptation in schools such as contracting,	01/01/2016	03/31/2017	01/01/2016	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
		staff recruitment and deployment, training						
Task Launch MHSA project in schools	In Progress	Launch implementation of MHSA Project CC adaptation in schools	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone Design programs for young adults	In Progress	Adult-interfacing programs will be implemented to reach young people who are out of grade school. These programs will target young people though relevant community-based locations, including, but not limited to community colleges.	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identify target young adult groups	Completed	Identify target young adult groups, including, but not limited to, community college students	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Refine MHSA intervention	Not Started	Refine MHSA intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Launch young adult programs	Not Started	Launch young adult programs	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	ame Description	
Develop on antique alor	repstein	I Report(s)	36_DY2Q4_PROJ4aiii_MDL4aiii2_PPS1153_RPT_Serv ices_in_Bronx_Schools_DY2Q4_10683.xlsx	Services provided by Astor Services in Bronx schools	04/18/2017 12:24 PM
Develop operations plan	repstein	Meeting Materials	36_DY2Q4_PROJ4aiii_MDL4aiii2_PPS1153_MM_MHS A_Steering_Committee_Minutes_02_17_17_10682.pdf	Steering committee minutes	04/18/2017 12:23 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Participate in citywide MHSA Workgroup meetings	Update: Bronx Partners for Healthy Communities (BPHC) staff have continued to participate in all meetings of the cross-PPS collaborative. The Jewish Board leads the cross-PPS workgroup meetings. The interventions, to date, include meeting with school staff and conducting a structured interview on school needs, unplanned conversations with school staff about project or school needs, coaching sessions with school staff, training of school staff, classroom observations, and referrals and linkages to care outside of the school. Seven of the schools have completed a memorandum of understanding (MOU) with The Jewish Board. Five of the Bronx schools have completed school plans and Astor Services for Children and Families are providing all project services in the school. Milestone has been completed by DY1Q4, and we will continue to update the progress.



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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Establish cross-PPS Collaboration structure	Update: Astor Services for Children and Families (Astor Services), a member of Bronx Partners for Healthy Communities (BPHC), was chosen by the steering committee to provide the training and technical assistance for MHSA in the Bronx schools. Astor Services continues to train school faculty and staff to identify children and adolescents atrisk for mental health or substance misuse issues. The steering committee continues to meet to review the implementation of the project in the selected schools. The New York Academy of Medicine (NYAM) presented an overview of an evaluation plan including Logic Model and Quality Assurance/Quality Improvement. Evaluation includes both short- and long-term goals over the full length of the project. NYAM will continue to evaluate the implementation and impact of the MHSA interventions. Milestone was completed early, DY1 Q3, and we will continue to update the progress.
Review of existing programs	Update: No update for DY2Q4.
Develop operations plan	Update: Astor Services for Children and Families (Astor Services) continues to the operational plan to work with the ten (10) selected schools in the Bronx. The operational plan includes coaches collecting data from faculty, staff, and students via surveys and structured interviews. This data will be used to support the MHSA interventions, and inform which types of services that each school requires. Coaches are also building rapport with staff by attending meetings and participating in professional development. Progress varies across the schools, but the overall focus has been on school leadership buy-in, followed by training school faculty and staff to identify at-risk adolescents for mental health and substance misuse disorders. Seven (7) of the schools have completed memoranda of understanding (MOUs) with The Jewish Board. Five (5) of the Bronx schools have completed school plans, similar to an operational plan, and are receiving full project services. Coaches meet regularly with faculty and staff at least every week. Astor Services has held several trainings on the topic of 'Reducing the Stigma of Mental Health,' which was adapted as a follow-up for teachers and staff who have completed Youth Mental Health First Aid, and to encourage staff to learn more about behavioral health issues. Astor Services is also providing training on how to use Motivational Interviewing techniques to understand a student's readiness to receive treatment. Milestone has been completed, on schedule, by DY2Q4.
Implement Collaborative Care (CC) Adaptation in schools	Update: The pilot in the following ten Bronx schools has been completed: Validus Preparatory Academy, Mott Hall Bronx High School, Eximus College Preparatory Academy, Bronx Center for Science and Mathematics, Urban Assembly School for Applied Math and Science, Bronx Leadership Academy, J.H.S. 151 Lou Gehrig, E.S.M.T, I.S. X318 Math, Science and Technology through Arts, and Wings Academy schools in the South Bronx. Astor Services for Children and Families (Astor Services) has held several trainings on the topic of 'Reducing the Stigma of Mental Health,' which was adapted as a follow-up for teachers and staff who have completed Youth Mental Health First Aid, and to encourage staff to learn more about behavioral health issues. Astor Services is also providing training on how to use Motivational Interviewing techniques to understand a student's readiness to receive treatment. The NYC Department of Education (DOE) is present at all steering committee meetings, providing feedback on MHSA services being offered in the schools. Milestone is on track for completion by DY3Q2.
Design programs for young adults	Update: The Jewish Board, together with the cross-PPS collaborative, through the school surveys and school plans has begun to identify at-risk populations of youth and will begin to target trainings and referrals to these specific populations. This will include a LGBTQ cohort in a performing arts school, gang initiation concerns in a few of the schools, and new immigrant issues in a few schools, exacerbated by recent politics. Bronx Partners for Healthy Communities (BPHC) is also launching a community-based behavioral health initiative to address standardizing screenings and referral processes for mental health and substance use disorders outside of the primary care setting. The initiative will involve 14 partner organizations, reaching young adults across the PPS. The initiative will screen young adults for mental health and substance use disorders, including linkages to primary care providers and health homes, if they are eligible. This will further MHSA's reach outside of the schools, going into the community and engaging additional agencies and people. Milestone is on track for completion by DY3Q4.
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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



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SBH Health System (PPS ID:36)

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.

HIV patients have a high prevalence of substance use disorder, homelessness, chronic trauma, behavioral health diagnoses and other chronic comorbid conditions. Moreover, HIV disproportionately impacts ethnic/racial and gender minorities who often face stigma both in their communities and by providers. As a result, they may have to travel far from their community to receive culturally responsive care, which is not always feasible. To mitigate this risk, we plan to work closely with BPHC partners to identify HIV-positive individuals wherever they currently access services. We will ensure that partners have information about how to link these patients to appropriate care, not only for HIV services but to manage other conditions as well. We will also develop and provide training in cultural competency for providers and support staff, to expand the number of welcoming care delivery sites for HIV-positive individuals. The demographics of the populations most in need of linkages to HIV services may change over time. To mitigate this risk, we intend to continue working with the Domain 4 HIV Collaborative Workgroup, formed by the PPSs during the planning phase. Another risk is PPSs working in silos, which will potentially create a duplication of efforts and confusion for downstream providers. To mitigate this risk, the cross-PPS HIV Workgroup will continue collaborating to ensure that the PPSs effectively share knowledge, experience, and perspectives, avoid service duplication, and improve project design and implementation. This will entail building collaborations between healthcare and supportive service providers as well as providers offering the same services. For example, there are a number of community-based organizations that are instrumental in HIV care, but silos often lead to ineffective working relationships, lack of care coordination, and gaps in care. We will meet with all BPHC partners providing HIV services to get a better sense of current HIV work happening across the PPS. We will also continue to meet with providers, colleagues and stakeholders to ensure that we remain coordinated, sharing challenges and best practices across all providers in order to promote a standard for HIV-providers across the city. Our greatest risk is meeting the needs of this project with limited funding. Many providers have reported that they need additional staff to deliver better care and, although the PPS has funded the largest seven primary care organization partners to build up technical platforms and hire staff, these monies may not directly impact the HIV providers at this time, in particular the original plan indicated embedding Credentialed Alcoholism and Substance Abuse Counselors (CASAC) at care delivery sites, and also providing peer supports. Neither of these roles were explicitly included in the Request for Information (RFI), which was used to determine disbursement of funds to PPS partners Building buy-in among providers of HIV care has been a challenge, as a result of many identifying funding for staff as a significant challenge. To mitigate this risk, we intend to establish peer support programs, particularly in ethnic/racial minority communities, as peers are often more effective in helping patients overcome cultural barriers to care. We will work in collaboration with Health People to ensure any education campaigns directed at community-based HIV awareness, testing, and treatment are evidence-based and relevant to the population. To assess the scope of need for CASACs in care delivery settings, we will work with our clinical and community providers to identify partnership opportunities that can improve access to CASACs in care delivery settings. BPHC will explore how to leverage existing or external resources to improve access to treatment for drug and alcohol abuse among HIV positive individuals.

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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 Implement evidence based best practices for disease management, specific to HIV and viral load suppression, in community and ambulatory care settings.	Completed	evidence-based interventions will address the seven sectors selected by the cross-PPS workgroup, addressing: HIV morbidity and disparities and retention to care; peer-led interventions; educational campaigns targeting high-risk populations; Interventions addressing co-factors (e.g., homelessness); training in cultural competency for providers; empowerment of patient population; and interventions for high-risk patients, such as therapy for depression.	08/01/2015	06/30/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create the BPHC HIV Work Group	Completed	BPHC workgroup will be comprised of representatives from partner organizations, including Health Homes (HH), Care Management (CM) agencies, and HIV supportive housing providers to support development of and approve elements of the implementation plan.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify evidence-based guidelines	Completed	Identify relevant evidence-based guidelines for HIV and Viral Load Suppression (VLS)	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify DSRIP project requirements related to PCMH elements	Completed	Identify DSRIP project requirements which are related to PCMH elements and incorporate into PCMH strategy and project planning documents	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop budget	Completed	Develop the project implementation budget	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop evidence-based strategies for disease management and control	Completed	Develop evidence-based strategies for the management and control of HIV in the PPS designated area.	10/31/2015	12/31/2015	10/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify clinical champions and operational leaders in each participating organization	Completed	Clinical champions and operational leaders from participating organization will develop and lead implementation of the program at each of their providers/sites. These facility-based champions/leaders form the Site-Specific Implementation Team	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create detailed implementation workplan and timelines	Completed	Develop a workplan and timeline to guide implementation of strategies for the HIV population	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Completed	In conjunction with workforce subcommittee, evaluate staffing needs to	12/01/2015	03/31/2016	12/01/2015	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
Design culturally competent training and recruitment strategy		design culturally competent training and recruitment strategy						
Task Obtain approval of implementation workplan and timelines	Completed	Submit elements of implementation plan to Quality and Care Innovation Sub-Committee (QCIS) for approval	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Disseminate gap analysis tool to providers	Completed	PPrepare and disseminate gap analysis tool based on Clinical Operations Plan to participating providers to determine implementation support needs	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Hold informational webinar	Completed	Hold webinar for participating partner organizations	01/15/2016	03/31/2016	01/15/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify partner and target organizations for project implementation	Completed	Identify partner organizations participating in project (sites and CBOs) and target organizations addressing co-existing burdens of high-needs populations, including but not limited to housing, substance abuse, Mental, Emotional and Behavioral health (MEBH), domestic violence, food access, etc.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Define program elements	Completed	Develop the implementation plan to define the program elements, define the required and suggested components of those elements, and identify relevant resources to achieve them. Elements include health information exchange and technology requirements, and evidence-based guidelines and high-value treatment protocols	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create a rapid deployment collaborative	Completed	The rapid deployment collaborative, or implementation workgroup, will be comprised of representatives from partner organizations to support implementation of the implementation plan.	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement plans for CQI	Completed	Develop feedback mechansims for accountability and continuous quality improvement and implement in appropriate settings	01/01/2016	06/30/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regular review of evidence-based guidelines	Completed	Develop mechanisms for regular review of project-selected evidence- based guidelines to assure our PPS is utilizing the most up-to-date tools and that those updated guidelines/protocols continue to be clinically integrated across the PPS.	04/01/2016	06/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Participate in a NYC cross-PPS Collaborative	In Progress	Due to the collaborative nature of the HIV interventions, 7 NYC PPSs have convened and aligned sectors of focus for their projects and will continue to collaborate throughout implementation.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify cross-PPS convener	Completed	Participate in contract negotiations with DOHMH to house the cross-PPS collaborative	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convener contract Development	Completed	Participate in drafting shared contract with DOHMH	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Convener contract execution	Completed	Participate in getting contract with DOHMH approved and signed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify data sharing needs	Completed	Identify data sharing needs and the resources to support effective data sharing	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create cross-PPS workplan	Completed	Contribute to development of cross-PPS workplan in alignment with internal BPHC project implementation	10/20/2015	06/30/2016	10/20/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish cross-PPS milestones	Completed	Establish agreed upon milestones for cross-PPS project implementation	01/15/2016	06/30/2016	01/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collaborate with NYCDOHMH to develop and implement broad-based education campaigns	Completed	Collaborate with NYCDOHMH to develop and implement broad-based education campaigns	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify population health and data management tools	Completed	Identify existing population health management tools and data interfacing tools within the PPSs	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Conduct gap analysis	Completed	Conduct gap analysis on available data and needed data to meet project requirements	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct gap analysis on available data and needed data to meet project requirements	Completed	Conduct gap analysis on available data and needed data to meet project requirements	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Leverage existing capacities	Completed	As part of overall IT approach, identify strategies, including RHIO use and NYC DOHMH HIV syndromic surveillance data, to leverage existing capacities and resources that will support project requirements and meet population needs	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Vet cross-PPS projects with rapid deployment collaborative and Executive Committee	Completed	Vet agreed upon project commonalities and shared resources with relevant BPHC sub-committees and Executive Committee		03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Vet cross-PPS data sharing proposal with BPHC sub-committees and Executive Committee	Completed	Vet agreed-upon data sharing system to address reporting and implementation needs with relevant BPHC sub-committees and Executive Committee	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Participate in a cross-PPS HIV Learning	In Progress	Participate in a cross-PPS HIV Learning Collaborative	12/01/2015	03/31/2020	12/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Collaborative								
Milestone Develop adherence protocol and staffing plans	Completed	Engage with HHs and CM agencies to develop plans for PHM to improve retention in care and medication adherence to support VLS	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop workplan for Retention to Care Unit	Completed	Retention to Care Unit will be comprised of Care Managers and peer workers to reach clients who have not achieved VLS, to supplement the care coordination that HHs and their partnering CM agencies are doing.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Review and develop protocols for evidence-based guidelines	Completed	Engage HHs and CM agencies in HIV workgroup (from milestone 1) to review evidence-based guidelines and develop protocols	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish partnerships	Completed	Establish partnerships with and participation of needed social service agencies and community resources that cover issues such as housing, substance abuse, Mental, Emotional and Behavioral health (MEBH), domestic violence, food access, etc.	encies and community resources that cover issues such as housing, bstance abuse, Mental, Emotional and Behavioral health (MEBH),		02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify sites for VLS intervention implementation	Completed	Identify HHs and CM agencies to implement VLS interventions	04/15/2016	06/30/2016	04/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task Conduct a gap analysis	Completed	Conduct a gap analysis on staffing and resource needs	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Hire and train staff	Completed	In conjuction with Workforce Subcommittee, recruit, hire and train existing and new staff. Include cultural competence around LGBTQ community and SUD.	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Recruit peer leaders	Completed	Identify peer leaders who have achieved VLS to co-facilitate support groups, assist with education and outreach, and act as escorts for apointments	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish Retention to Care Unit.	Completed	Establish Retention to Care Unit with trained staff and peer supports	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement interventions	Completed	Identify and implement interventions targeting high-needs populations	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement plans for CQI	Completed	Develop feedback mechansims for accountability and continuous quality improvement	1 09/01/2016 1		09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Utlize EHR and other IT platforms for population health management	Completed	Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. 04/01/2015 03/31/2017 04/01/2015 03/31/2017		03/31/2017	03/31/2017	DY2 Q4		
Task Define population health management requirements	Completed	efine population health management (PHM) requirements, establish PHM		12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Assess EHR capabilities	Completed	Perform current state assessment of EHR capabilities among participating safety net providers	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform gap analysis	Completed	Perform gap analysis and identify priorities to achieving integration of patient record.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define requirements and elements for patient registry	Completed	Define business requirements and data elements for patient registry to stratify and track all patients engaged in this project.	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Vet patient registry proposal with BPHC sub- committees and Executive Committee	Completed	Recommend registry business requirements and data elements to governance committees for review and approval (Quality and Care Innovation Subcommittee, Information Technology Subcommittee and Executive Committee)	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify technology and resource requirements for registry	Completed	Engage IT Subcommittee to identify technology and resource requirements for registry, including technical platform for hosting registry.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create budget	Completed	Create budget to build registry and acquire necessary resources	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Secure Care Coordination Management Solution	Completed	Assess and acquire or contract for care coordination management solution (CCMS) and other systems and services as required to support PHM and registries	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop project implementation and testing for registry	Completed	Develop project implementation and testing plan for building registry as required for PHM, including technical support, ensure frequent automated updates of registry data	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training plan and curriculum on registry use	Completed	Develop training plan and curriculum to deploy risk assessment tool, registry and CCMS tool for providers and care managers, emphasizing use of registries and CCMS to increase care coordination and patient engagement with primary care	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute registry testing plan and training program	Completed	The registry testing plan and training program will target providers and care managers and train them on systems use and on how to identify targeted patients and track those who are actively engaged for milestone reporting. 04/02/2016 03/31/2017		03/31/2017	03/31/2017	DY2 Q4		
Task Issue user credentials and provide trainings on CCMS	Completed	Issue CCMS user credentials and train designated/delegated PPS partner workforce in use of the coordinated/ integrated solution. Disseminate standardized IT protocols and data security requirements across the system.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



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SBH Health System (PPS ID:36)

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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 Launch and monitor registry	Completed	Launch registry and monitor its use and performance, evaluate success of patient tracking, and participating provider utilization patterns, , with an emphasis on tracking patient engagement with primary care.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Implement peer-based supports	In Progress	Develop and implement peer-based educational support and self- management programs	07/01/2016	09/30/2017	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Hold trainings	Not Started	Hold trainings for providers, care managers and peer support teams on cultural competency, motivational interviewing, and other adherence support strategies.	04/01/2015	03/31/2020	04/01/2017	03/31/2020	03/31/2020	DY5 Q4
Task Launch support programs	Completed	Launch peer educator support programs that focus on adherence to HIV management	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Provide complementary resources to reinforce trainings	In Progress	Provide follow up support and materials to reinforce training objectives, including connecting clients with case managers/ retention to care unit and screening for barriers to adherence.	03/31/2017	06/30/2017	03/31/2017	06/30/2017	06/30/2017	DY3 Q1
Task Develop and implement plans for CQI	In Progress	Develop feedback mechanisms for continuous quality improvement	03/03/2017	06/30/2017	03/03/2017	06/30/2017	06/30/2017	DY3 Q1
Task Execute educational campaigns	In Progress	Execute educational campaigns developed in collaboration with cross-PPS collaborative and NYCDOHMH	08/01/2016	06/30/2017	08/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Identify training curricula	In Progress	In conjunction with BPHC Workforce Subcommittee, identify curricula for training providers, including care managers and peer support teams, on cultural competency, motivational interviewing, and other adherence support strategies. Include cultural competence around LGBTQ community and SUD.	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone Mid-Point Assessment	Completed			06/01/2016	06/30/2016	06/30/2016	DY2 Q1	

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement evidence based best practices for disease management, specific to HIV and viral load suppression, in community and ambulatory care settings.	mchieric	Other	36_DY2Q4_PROJ4cii_MDL4cii2_PPS1171_OTHHIV _M1_Documentation_10730.pdf	Meeting attendance, meeting presentations, and agendas.	04/18/2017 02:37 PM
Participate in a NYC cross-PPS Collaborative	mchieric	Meeting Materials	36_DY2Q4_PROJ4cii_MDL4cii2_PPS1172_MMHIV_ M2_Documentation_10732.pdf	Meeting documents	04/18/2017 02:40 PM

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop adherence protocol and staffing plans	mchieric	Documentation/Certificati on	36_DY2Q4_PROJ4cii_MDL4cii2_PPS1195_DOCHIV _M3_Documentation_10735.pdf	Documents demonstrating health home eligibility	04/18/2017 02:43 PM
Utlize EHR and other IT platforms for population health management	mchieric	Documentation/Certificati on	36_DY2Q4_PROJ4cii_MDL4cii2_PPS1197_DOC_M4_ EHR_Completeness_10740.pdf	Documentation of EHR completeness	04/18/2017 02:46 PM
Implement peer-based supports	sgjevuka	Other	36_DY2Q4_PROJ4cii_MDL4cii2_PPS1199_OTHM5_ HIV_Peers_Survey_10886.csv	Peer Survey	04/19/2017 12:47 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence based best practices for disease management, specific to HIV and viral load suppression, in community and ambulatory care settings.	The Bronx Partners for Healthy Communities (BPHC) collaborates with NY Links to host and convene a Bronx Regional Group that focuses on identifying and supporting quality improvement (QI) projects for improving retention to care and viral load suppression (VLS) rates has proven to be successful in engaging HIV providers across the Bronx. The Group includes non-BPHC partners to promote Bronx-wide inclusivity. Through this group, participants have begun exploring QI projects that will address various components that contribute to retention to care and VLS. The third Bronx Regional Group meeting took place on January 24, 2017. This meeting's purpose was to build upon the data workbooks created for reporting on their QI projects and now working on using this information to develop HIV Treatment Cascades. Treatment Cascades are a way for providers to have an accurate understanding of the quality of care they are delivering to the HIV-positive population in their organizations, but they must first develop the capacity to effectively collect, analyze, and visualize data on their performance. The HIV Treatment Cascade, when applied to a clinic population, allows providers to better identify the "leaks" along the pathway from linkage and engagement in care to VLS, and to guide QI activities that aim to "patch" these leaks. Many organizations are working on improving VLS outcomes through additional case management and their supportive services. Many are focusing on improving workflows that will ensure that all HIV positive patients who receive any type of care at their organizations are linked to HIV care. An unmber of organizations in Bronx NY Links say that they will participate in a 2017 NY Links peer VLS QI project. Participants will continue to employ QI projects to ensure that evidence-based best practices for disease management specific to HIV and VLS, in community-based and ambulatory care settings. The cross-PPS Coalition identified shared priorities and areas of collaboration across PPS, such as a pilot with T
Participate in a NYC cross-PPS Collaborative	In DY2Q4 the cross-PPS HIV Coalition members began to discuss and identify collaborative projects to engage in with each other. Bronx Partners for Healthy Communities (BPHC) has been in discussion with Bronx Health Access (Bronx Lebanon) PPS and OneCity (Health + Hospitals) PPS to deliver an HIV peer training initiative in the Bronx, for example. At the cross-PPS meeting in March 2017, reviewed a work plan for the HIV Coalition Convener (NYCDOHMH) which includes documenting and tracking the various HIV Coalition and Subcommittee meetings as well as responding to technical assistance requests. It is anticipated that there will be five annual Coalition meetings. A presentation was provided by The Undetectable pilot project in an effort to identify whether this initiative aligns with the goals and work of the Coalition members. The Undetectables is a viral load suppression (VLS) initiative that combines medical treatment with peer support, financial incentives, and medication notifications. Standing

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PPS Defined Milestones Narrative Text

	11 3 Defined winestones Narrative Text
Milestone Name	Narrative Text
	Committees provided reports on their progress and nominations/elections for co-chairs for DY3 were conducted. This milestone is on track for completion by DY5Q4.
	Bronx Partners for Healthy Communities (BPHC) works closely with its Health Home and primary care partners to ensure access to Health Home care management services. BPHC convenes a Health Home Work Group on a quarterly basis to foster collaboration around provider and community education, bottom-up referral processes and pathways, and other topics. A particular emphasis of this work has been placed on improving communication and coordination between the primary care setting and Health Homes for management of chronic diseases including HIV.
	Patient identification and assessment processes established across primary care provider (PCP) organizations throughout the PPS have led to an increase in identification of Health Home-eligible patients. The BPHC clinical operations plan (COP), adopted by the PPS partners, includes a policy and procedure chapter requiring the identification and referral of Health Home-eligible patients into care coordination services and defines the relevant roles and responsibilities. BPHC has also created a guide to making bottom-up referrals to Health Home, which includes an easy to follow workflow on how to contact and refer patients into any of the three Health Homes affiliated with BPHC: Bronx Accountable Healthcare Network (BAHN), Community Care Management Partners (CCMP), and Coordinated Behavioral Care (CBC).
	PCPs have established partnerships with Health Homes for bottom-up referrals of eligible patients to care management services, including the following roles and responsibilities:
Develop adherence protocol and staffing plans	Responsibility of PCPs: 1) Participate in assessing primary care patients for Health Home appropriateness using the current NYS Health Home eligibility criteria; 2) Recognizing that patients have a choice in their Health Home assignment, the patient is informed of their eligibility and the benefits of enrolling in the Health Home program; 3) Patients who agree to enrollment receive a bottom-up referral to the partner Health Home care management agency (CMA) or to the lead Health Home.
	Responsibility of the Health Home: 1) Review referrals submitted by BPHC partners; 2) If the referred patient is deemed eligible and approved by the Managed Care Organization (MCO), the patient is enrolled, and assign to a Health Home care management agency (CMA).
	Responsibility of the Health Home Care Management Agency (CMA): 1) Receive patient assignment from the Health Home; 2) Enroll patient and obtain patient consent for information sharing with the Health Home agency and PCP; 3) Care Managers within the CMA share information with PCPs by email, electronic medical records (EMRs) and pre-visit planning (where possible).
	In November 2016 BPHC signed a contract with GSI Health, a third-party population health management system vendor. GSI Health now hosts the BPHC care coordination management system (CCMS), which is used by care coordination staff to conduct assessments, care planning, care plan management, reporting and analytics in primary care-based, hospital-based and community-based care planning across the PPS. This facilitates the coordination of care for high-needs patients, such as patients with HIV, as they move between care settings. This milestone is complete as of DY2Q4.
Utlize EHR and other IT platforms for population health management	In DY2Q4 registries and population health reports continue to be developed by the Bronx RHIO. The level of detail has been expanded for the focus areas of diabetes, asthma, and mental health. Currently, eleven registries are being generated on varying schedules and delivered to the member organizations. As the organizations are implementing these registries into workflows there is a parallel quality improvement process. Other usage reports are being generated by the Bronx RHIO to track adoption of the system and improvement of RHIO consent metrics for patients. We held 16 Bronx RHIO trainings with 96 participants. Also in DY2Q4, the GSI Health care coordination and management system (CCMS) implementation plan was developed and rolled out at some member organizations. This effort will be ongoing. The system will use data stored in RHIO for many processes, which will reduce the need for site-specific integration and increase speed of adoption. Care coordination is one of our core tenets and we are excited to have a vendor and IT solution to support it. Please refer to the PHM work stream for more details. A process has been developed for gathering joint patient consents between the two systems this quarter.



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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	Bronx RHIO, in an effort to expand its ability to acquire, control, and use data, started a migration to a new technology platform called IMAT. Spectrum (their population management analytics platform) and all other HIE and analytic tools are being replaced. The migration plans are being implemented and we are on pace for a transition mid-Summer. PPS member organization representatives are advising on issues through RHIO clinical Committee and/or RHIO Population Health Subcommittee.
	In DY2Q4, BPHC continues to pursue SSP certification for two environments which would host SDOH claims data to enrich our registries. Bronx Partners for Healthy Communities (BPHC) also continues to find ways to use Salient Interactive Miner protected health information data.
	The milestone was completed by DY2Q4.
Implement peer-based supports	Bronx Partners for Healthy Communities (BPHC) surveyed partners to identify whether there is interest in trainings for existing clinical staff to be credentialed as substance abuse and alcohol counselors (CASACs). The survey respondents represented about 50% of participants (11 of 21 participating organizations). It was found that across the organizations, approximately 20 peers would be eligible for certification and the organizations would be interested in hiring them as part time, paid staff after certification. They sought peers who can support disease self-management; outreach and linkage to care; and peer substance abuse recovery. BPHC recently met with the Bronx Health Access (Bronx Lebanon) PPS to discuss a collaborative training initiative with The Alliance for Positive Change as facilitator. The meeting was successful and next steps will include approving a budget, developing recruitment and vetting processes, and, finally, organizing training logistics. This milestone is on track for completion in DY3Q2.
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		
Inst	tructions :		



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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 Quarte	erly Report, please enter the required inform	mation and check the box below:		
initial submission in t	•	· · · · · · · · · · · · · · · · · · ·		ccurate to the best of my knowledge, and that, following umented instructions or documented approval of changes
Primary Lead PPS Provider:	ST BARNABAS HOSPITAL			
Secondary Lead PPS Provider:				
Lead Representative:	Irene Kaufmann		'	
Submission Date:	06/20/2017 03:37 PM			
		•		
Comments:				



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	Status Log			
Quarterly Report (DY,Q)	Quarterly Report (DY,Q) Status Lead Representative Name User ID Date Timestamp			
DY2, Q4	Adjudicated	Irene Kaufmann	sacolema	06/30/2017 01:20 PM



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Comments Log				
Status Comments User ID Date Timestamp				
Adjudicated	The DY2, Q4 Quarterly Report has been adjudicated.	sacolema	06/30/2017 01:20 PM	
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sacolema	05/31/2017 05:18 PM	



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Section	Module Name	Status
	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
Section 01	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	
	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
Section 02	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	
	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
Section 03	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	
	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
Section 04	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	
	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
D4: 05	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
Section 05	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	
	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
Section 06	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	
	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
Section 08	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	
	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
Section 09	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	
	IPQR Module 10.1 - Overall approach to implementation	Completed
Section 10	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	



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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	
	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
ection 11	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
	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
2.a.i	IPQR Module 2.a.i.2 - Prescribed Milestones	Completed
2.a.i	IPQR Module 2.a.i.3 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iii.2 - Patient Engagement Speed	Completed
2.a.iii	IPQR Module 2.a.iii.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iii.5 - IA Monitoring	
	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	Completed
2.b.iii	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	
	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Patient Engagement Speed	Completed
2.b.iv	IPQR Module 2.b.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.5 - IA Monitoring	
	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	Completed
3.a.i	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	
	IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
3.b.i	IPQR Module 3.b.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.b.i.3 - Prescribed Milestones	Completed



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



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review State	us
	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	P
Section 01	Module 1.5 - Prescribed Milestones		
Section 01	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	P
	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	P
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	P
Section 02	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	(P)
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Ongoing	(P)
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	P
	Module 3.1 - Prescribed Milestones		
Section 03	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	(字)
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	9



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Re	eview Status
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	(P)
	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	(P)
	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	
	Module 4.1 - Prescribed Milestones		
Section 04	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	(F)
	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	(a)
Section 05	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 & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	(P)
	Module 6.1 - Prescribed Milestones		
Section 06	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	P C
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	(\$) (B)
	Module 7.1 - Prescribed Milestones		
Section 07	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 & Complete	
Section 08	Module 8.1 - Prescribed Milestones		



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review State	ıs
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	=
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	=
	Module 9.1 - Prescribed Milestones		
Section 09	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
	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	
Section 11	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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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Sta	tus
	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	P
	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	(P)
	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	(a)
2.a.i	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	(F)
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Complete	(a) (b)
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	(B)
	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 & Complete	(
	Module 2.a.iii.2 - Patient Engagement Speed	Fail	□ IA
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Complete	(P)
2.a.iii	Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	(a)
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	(a)



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review St	atus
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete	
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Complete	(P)
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Complete	(P)
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Complete	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Complete	
	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	0
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Complete	(P)
	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.	Pass & Ongoing	
.b.iii	c. Ensure real time notification to a Health Home care manager as applicable Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Complete	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
L. S.	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	B
b.iv	Module 2.b.iv.3 - Prescribed Milestones		



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review S	tatus
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete	(B)
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Complete	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Complete	(P)
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	B
	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	P
	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	(P)
3.a.i	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	(P)
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	9
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	9
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Complete	(P)
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Complete	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Complete	
	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	(a)



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.b.i.3 - Prescribed Milestones	
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Complete
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass & Complete
3.b.i	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Complete
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Complete
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Complete
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Complete
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Complete
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Complete
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Complete
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Complete



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Rev	iew Status
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	(5)
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Complete	
	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	0
	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	(a)
	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	(E)
3.c.i	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Complete	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Complete	
	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	(P) (D)
	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	(a)
	Module 3.d.ii.2 - Patient Engagement Speed	Fail	□ IA
	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	(a)
	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	
3.d.ii	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	(P)
	Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Pass & Ongoing	(9)
	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	(a)
	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	(5)



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status						
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete						
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing						
4.c.ii	Module 4.c.ii.2 - PPS Defined Milestones	Pass & Ongoing						



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

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Providers Participating in Projects

						Selected Projects	<u> </u>				
	Project 2.a.i	Project 2.a.iii	Project 2.b.iii	Project 2.b.iv	Project 3.a.i	Project 3.b.i	Project 3.c.i	Project 3.d.ii	Project 4.a.iii	Project 4.c.ii	Project
Provider Speed Commitments	DY4 Q4	DY3 Q4	DY3 Q4	DY3 Q2	DY4 Q2	DY3 Q4	DY3 Q4	DY3 Q2			

Browider Cotenery		Projec	ct 2.a.i	Project 2.a.iii		Projec	Project 2.b.iii		Project 2.b.iv		Project 3.a.i		Project 3.b.i		Project 3.c.i		t 3.d.ii	Project 4.a.iii		Project 4.c.ii		Project	
Provider Categor	у		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		cted / mitted	Selec Comr	cted / nitted	Sele Com	cted / nitted		ected / nmitted
Practitioner - Primary Care	Total	640	889	581	711	616	-	616	711	571	756	611	469	623	469	617	711	539	-	586	-		
Provider (PCP)	Safety Net	297	301	273	256	287	301	287	256	269	205	283	180	288	180	286	256	251	-	274	-		
Practitioner - Non-Primary Care	Total	2,650	3,130	2,165	1,878	2,414	-	2,414	2,504	2,051	782	2,326	1,721	2,487	1,721	2,440	1,721	2,429	-	2,442	-		
Provider (PCP)	Safety Net	439	726	351	617	416	-	416	617	353	181	400	399	430	399	420	399	412	-	420	-		
Hospital	Total	2	3	1	-	2	-	2	3	1	-	2	-	2	-	2	-	2	-	2	-		
Hospital	Safety Net	2	4	1	-	2	3	2	4	1	-	2	-	2	-	2	-	2	-	2	-		
Oli :	Total	9	24	6	24	7	-	7	-	7	18	7	18	8	18	7	18	4	-	7	-		
Clinic	Safety Net	9	25	6	25	7	25	7	-	7	25	7	25	8	25	7	25	4	-	7	-		
Case Management / Health	Total	5	16	3	16	3	-	5	16	3	-	3	16	3	16	3	16	1	-	3	-		1
Home	Safety Net	4	7	3	7	3	9	4	7	3	-	3	7	3	9	3	9	1	-	3	-		
Mental Health	Total	284	308	221	231	238	-	239	-	212	185	215	115	257	115	239	-	243	-	243	-		
Mental Health	Safety Net	34	83	24	83	25	-	26	-	26	58	19	36	29	36	20	-	22	-	24	-		
Cultatanaa Ahuaa	Total	6	30	3	30	6	-	6	-	5	30	3	24	4	15	3	-	5	-	3	-		1
Substance Abuse	Safety Net	6	30	3	30	6	-	6	-	5	30	3	24	4	24	3	-	5	-	3	-		
Niverina I I ama	Total	3	35	2	-	1	-	2	-	1	-	1	-	2	-	0	-	1	-	0	-		1
Nursing Home	Safety Net	3	34	2	-	1	-	2	-	1	-	1	-	2	-	0	-	1	-	0	-		
Dharmany	Total	2	7	1	7	2	-	2	-	1	-	2	7	2	7	2	7	2	-	2	-		
Pharmacy	Safety Net	2	5	1	5	2	-	2	-	1	-	2	5	2	5	2	5	2	-	2	-		
Hospice	Total	0	6	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		



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Provider Category		Selected / Sele		Project Select Comm	ted /	I / Selected /		Project 2.b.iv Selected / Committed		Project 3.a.i Selected / Committed		Project 3.b.i Selected / Committed		Project 3.c.i Selected / Committed		Project 3.d.ii Selected / Committed		Project 4.a.iii Selected / Committed		Project 4.c.ii Selected / Committed		Project Selected / Committed	
	Safety Net	0	1	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Community Based	Total	1	46	1	46	1	-	1	46	1	41	0	49	1	41	2	41	1	-	0	-		
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
All Other	Total	1,895	1,773	1,508	203	1,801	-	1,806	532	1,502	532	1,770	532	1,854	532	1,829	532	1,735	-	1,806	-		
All Other	Safety Net	655	677	564	203	624	-	626	203	564	203	604	121	637	121	625	121	588	-	617	-		
Uncategorized	Total	435	-	411	-	378	-	379	-	360	-	366	-	381	-	368	-	377	-	369	-		
Oncategorized	Safety Net	3	-	2	-	1	-	2	-	1	-	1	-	1	-	1	-	1	-	1	-		
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Additional Providers	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		

Additional Project Scale Commitments

Instructions:

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

Project Scale Category		Selected	Committed
Emergency Departments with Care Triage	2.b.iii	0	5

Galety Net i Toviders in Green												
	Participatin ₍	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Wimpfheimer Felix Md	Practitioner - Primary Care Provider (PCP)											
Lucariello Ralph J Md	Practitioner - Primary Care Provider (PCP)											
Keltz Harold Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Grossman Joseph A Md	Practitioner - Primary Care Provider (PCP)											
Barzel Uriel Shimon Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mayer Siegfried Md	Practitioner - Primary Care Provider (PCP)											



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Izquierdo Richard Md	Practitioner - Primary Care Provider (PCP)										
Schiffer Kenneth A	Practitioner - Primary Care Provider (PCP)										
Chernaik Richard B Md	Practitioner - Primary Care Provider (PCP)										
Agre Fred A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Solomon David Y Md	Practitioner - Primary Care Provider (PCP)										
Teich Marvin L Md	Practitioner - Primary Care Provider (PCP)	~	~								
Sandor Deanna C Md	Practitioner - Primary Care Provider (PCP)										
Stein Ruth Elizabeth Klein	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/ung Ralph Pc Md	Practitioner - Primary Care Provider (PCP)										
Fanowitz Herbert Md	Practitioner - Primary Care Provider (PCP)										
Schweitzer Philip E Md	Practitioner - Primary Care Provider (PCP)										
Valter Leslie Md	Practitioner - Primary Care Provider (PCP)										
Chambers Hazel Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Robbins Noah Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davis Enrique Md	Practitioner - Primary Care Provider (PCP)										
Cheema Mohan K Md	Practitioner - Primary Care Provider (PCP)										
Bansal Jagdish P Md	Practitioner - Primary Care Provider (PCP)										
Vright Lewis Z Pc Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Vong Martha Shih Md	Practitioner - Primary Care Provider (PCP)										
Espinosa Eduardo Md	Practitioner - Primary Care Provider (PCP)										
Hernandez Marco T Pc Md	Practitioner - Primary Care Provider (PCP)										
Owarka Regev Ragbardial	Practitioner - Primary Care Provider (PCP)										
Bhatti Manzoor H Md	Practitioner - Primary Care Provider (PCP)										
Menon Chandra S Pc Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Gold Marji Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Morrow Robert W Md	Practitioner - Primary Care Provider (PCP)										
Kalafatic William H	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Calman Neil S Md	Practitioner - Primary Care Provider (PCP)										
Balk Sophie J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Reggev Avner Md	Practitioner - Primary Care Provider (PCP)										
Ross Lawrence S Md	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Bottino Joseph C Md	Practitioner - Primary Care Provider (PCP)										
Weiner Richard Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weiner Bernard M Md	Practitioner - Primary Care Provider (PCP)										
Russell Robin O Md	Practitioner - Primary Care Provider (PCP)										
Patel Jagdish G Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mcquade-Koors Patricia	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kelly Stephen P Md	Practitioner - Primary Care Provider (PCP)										
Stern Fred E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Patel Mahendra M Md	Practitioner - Primary Care Provider (PCP)										
Thanjan Thresiamma George Md	Practitioner - Primary Care Provider (PCP)										
Zackman Myron Kent Md	Practitioner - Primary Care Provider (PCP)										
Dagli Madhu S Md	Practitioner - Primary Care Provider (PCP)										
Feinstein Gabriel Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Henriquez Mario Md	Practitioner - Primary Care Provider (PCP)										
Das Ashoke K Md	Practitioner - Primary Care Provider (PCP)										
Nichols Jeffrey N Md	Practitioner - Primary Care Provider (PCP)										
Petrillo Richard L Md	Practitioner - Primary Care Provider (PCP)										
Barone Richard P Md	Practitioner - Primary Care Provider (PCP)										
Capalbo Ralph H	Practitioner - Primary Care Provider (PCP)										
Vinik Joseph S Md	Practitioner - Primary Care Provider (PCP)	~	~								
Ghavami Zia	Practitioner - Primary Care Provider (PCP)										
Pisano Richard R	Practitioner - Primary Care Provider (PCP)										
Sender Joel Abraham Md	Practitioner - Primary Care Provider (PCP)	~		~	*		~	~	~	~	~
Deblasio Maria Pia Md	Practitioner - Primary Care Provider (PCP)										
Patel Pravin P Md	Practitioner - Primary Care Provider (PCP)										
Dayson Don A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~		
Aggarwal Om Parkash Md	Practitioner - Primary Care Provider (PCP)										
Baker Barry Alan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
evine Alan Jay Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dharmarajan Thiruvinva Md	Practitioner - Primary Care Provider (PCP)										
Dhalla Minakshi Md	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Veiss David I Md	Practitioner - Primary Care Provider (PCP)										
Kavet Jay A Md	Practitioner - Primary Care Provider (PCP)										
Reyes Luz Parlan Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)	~	~								
Pintauro Frank L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Kalchthaler Thomas J Do	Practitioner - Primary Care Provider (PCP)										
adogana Loredana E Md	Practitioner - Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Anastos Kathryn Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
accione Gerald A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Heslop Pauline Md	Practitioner - Primary Care Provider (PCP)										
Baraya Edgar F Md	Practitioner - Primary Care Provider (PCP)										
Ross Randy B Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
zeez Abdul C K Md	Practitioner - Primary Care Provider (PCP)										
Cordero Evelyn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Bernstein Larry J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ben Zvi Zvi Md	Practitioner - Primary Care Provider (PCP)										
Selikson Sandra Md	Practitioner - Primary Care Provider (PCP)										
Price Thomas J M D Jr	Practitioner - Primary Care Provider (PCP)										
raver Diane Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~					
Vilkins Robert Md	Practitioner - Primary Care Provider (PCP)	~						~	~	~	~
riedman Ross Md	Practitioner - Primary Care Provider (PCP)										
Marsh Franklin Jr Md	Practitioner - Primary Care Provider (PCP)										
im Young Whan Md	Practitioner - Primary Care Provider (PCP)										
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)	~	~								
atica Nunzia Md	Practitioner - Primary Care Provider (PCP)	~	~								
erran-Hansard Nereida	Practitioner - Primary Care Provider (PCP)										
Selwyn Peter Alan Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
yriakakos Anastassios Md	Practitioner - Primary Care Provider (PCP)										
ifazio Louis John Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Veiner Arthur Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	✓	~	~
Reyes-Arcangel Fe T	Practitioner - Primary Care Provider (PCP)	~	~								



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mcgarry Laura Gabrielle Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Escher Jeffrey Ethan Md	Practitioner - Primary Care Provider (PCP)										
Gupta Krishan L Md	Practitioner - Primary Care Provider (PCP)										
Edwards Keith S Md	Practitioner - Primary Care Provider (PCP)										
Seth Lalit Mohan Md	Practitioner - Primary Care Provider (PCP)										
Greiger Zanlungo Paula Md	Practitioner - Primary Care Provider (PCP)										
Menkel Robert Adlai Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Mayers Marguerite Marie Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Coupey Susan Marie Mcguire Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Coghill Alice Victoria Md	Practitioner - Primary Care Provider (PCP)										
Azeez Selma K V Md	Practitioner - Primary Care Provider (PCP)										
Dr Guerrero Luis E Md Pc	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
ee Jeffrey Jung	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pappas Steven W Md	Practitioner - Primary Care Provider (PCP)										
Berger Matthew A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Diaz Luis A Jr Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Borker Priti V Md	Practitioner - Primary Care Provider (PCP)										
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)										
Kresch Robert A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bloomfield Diane E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mandel Ann C Md	Practitioner - Primary Care Provider (PCP)										
Andrade Joseph Ricardo Md Pc	Practitioner - Primary Care Provider (PCP)										
Jy Rodolfo Md	Practitioner - Primary Care Provider (PCP)										
Carrero Braulio Arismendy Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marcus Peter Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Gorski Victoria A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berger Judith J Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Hewitt Ross G Md	Practitioner - Primary Care Provider (PCP)										
O Angelo Enrico Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
/enigalla Mahalakshmi Md	Practitioner - Primary Care Provider (PCP)										
Schiller Robert M Md	Practitioner - Primary Care Provider (PCP)										



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Maselli Frank Joseph Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Grayson Martha S Md	Practitioner - Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Ader Michael S Md	Practitioner - Primary Care Provider (PCP)										
Franzetti Carl John Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Volloch Norbert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davidson Lynn Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Neisler Susan Md	Practitioner - Primary Care Provider (PCP)										
Quevedo Saturnino C Jr Md	Practitioner - Primary Care Provider (PCP)										
Hall Arthur Percival Md	Practitioner - Primary Care Provider (PCP)										
St Louis Yolaine Md	Practitioner - Primary Care Provider (PCP)										
Marx Terry Md	Practitioner - Primary Care Provider (PCP)										
Capps Linnea	Practitioner - Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
acine Andrew D Md Phd	Practitioner - Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Voodley Walter Md	Practitioner - Primary Care Provider (PCP)										
amuels Jonathan Evan Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ibona Marcello Md	Practitioner - Primary Care Provider (PCP)										
ojas Antonio Canizares Jr Md	Practitioner - Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Supta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)										
ohnston Belinda D Md	Practitioner - Primary Care Provider (PCP)										
attotti Richard Raymond Md	Practitioner - Primary Care Provider (PCP)										
leuendorf James Lee Md	Practitioner - Primary Care Provider (PCP)										
aik Ramesh Sidda Md	Practitioner - Primary Care Provider (PCP)										
Soloway Bruce Harold Md	Practitioner - Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
leinegg Philip Charles	Practitioner - Primary Care Provider (PCP)										
elaney Brian Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ean Ernst F Md	Practitioner - Primary Care Provider (PCP)										
ire Mary Lou Md	Practitioner - Primary Care Provider (PCP)										
ttlinger Hugh Marshall Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gupta Anil Md	Practitioner - Primary Care Provider (PCP)										
utterman Donna C Md	Practitioner - Primary Care Provider (PCP)										
Belamarich Peter F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Goldman Robin Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Polcari Francis Md	Practitioner - Primary Care Provider (PCP)										
Koenig Paul Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Caldararo Sara Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
esmajian Stephen H Md	Practitioner - Primary Care Provider (PCP)										
Cahill Linda Md	Practitioner - Primary Care Provider (PCP)										
evine Steven Barry Md	Practitioner - Primary Care Provider (PCP)										
/linamoto Grace Y Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Barnhart J Marie	Practitioner - Primary Care Provider (PCP)										
Clark Elizabeth M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saftchick Stuart L Md	Practitioner - Primary Care Provider (PCP)										
Greenwald David A Md	Practitioner - Primary Care Provider (PCP)										
acobs Laurie Gail Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hmed Abdurhman Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lertan Hilaryu Ian Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rodriguez Jose I Md	Practitioner - Primary Care Provider (PCP)										
ox Norris Md	Practitioner - Primary Care Provider (PCP)										
Supta Veena Md	Practitioner - Primary Care Provider (PCP)										
lammer John T Md	Practitioner - Primary Care Provider (PCP)										
lojtabai Shaparak Sedigheh Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Caine Steven Michael	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
loser Stuart W Md	Practitioner - Primary Care Provider (PCP)										
laber Patricia Luise Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eller Peter Karl Md	Practitioner - Primary Care Provider (PCP)										
hacker Peter L Md	Practitioner - Primary Care Provider (PCP)										
olden Owen Md	Practitioner - Primary Care Provider (PCP)										
ehach Joan Md	Practitioner - Primary Care Provider (PCP)										
wang Haeyoung Ko	Practitioner - Primary Care Provider (PCP)										
arland Peter Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ingman Barry S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hliozberg Jenny Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Maseda Nelly M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Corpuz Marilou Obillo Md	Practitioner - Primary Care Provider (PCP)											
Immordino Frances Mary J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lee Wayne Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Swartz Jonathan A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mchugh Marlene Elizabeth Fnp	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lesnewski Ruth F Md	Practitioner - Primary Care Provider (PCP)											
Molina Maritza Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Thomas Silburn Wilson Md	Practitioner - Primary Care Provider (PCP)											
Rosenberg Margaret S Md	Practitioner - Primary Care Provider (PCP)											
Salomon Danielle Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Calderon Roberto Md	Practitioner - Primary Care Provider (PCP)											
Eng Nelson Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
St Louis Michele Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Alderman Elizabeth M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Goldberg Neil Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Patel Sharad K Md	Practitioner - Primary Care Provider (PCP)											
Hamiduddin Zoovia Md	Practitioner - Primary Care Provider (PCP)											
Kitson Kwame A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Maw Myo Md	Practitioner - Primary Care Provider (PCP)											
Michaelis W Roy Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Balikcioglu Abdo Md	Practitioner - Primary Care Provider (PCP)											
Ghosh-Hazra Kabita Md	Practitioner - Primary Care Provider (PCP)											
Eisner Yvonne	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Hopkins Arthur J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Driggs Carlos F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~			
Liriano Octavio Antonio Jr Md	Practitioner - Primary Care Provider (PCP)	~								~		
Shear Mitchell Barry Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Herzberg Gilbert Z Md	Practitioner - Primary Care Provider (PCP)											
Mumford James M Md	Practitioner - Primary Care Provider (PCP)											
Khatiwala Vijay V Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~			



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ehrlich Amy Rebecca Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Anderson Matthew Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dichter Robert H	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Villi Roger A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Levine Evan S Md	Practitioner - Primary Care Provider (PCP)										
Chacko Varughese P Md	Practitioner - Primary Care Provider (PCP)										
Hafeez Waseem Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Zangaglia Tanya Diana	Practitioner - Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Friedman Alan S Md	Practitioner - Primary Care Provider (PCP)										
Dave Devang Md	Practitioner - Primary Care Provider (PCP)										
Mamtora Pankaj Kanji Md	Practitioner - Primary Care Provider (PCP)										
ynch Gina Adriana Md	Practitioner - Primary Care Provider (PCP)										
Hoffman Neal David Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Agho Peter Md	Practitioner - Primary Care Provider (PCP)										
Gobikrishna Ariaratnam Md	Practitioner - Primary Care Provider (PCP)										
Monas Habib Md	Practitioner - Primary Care Provider (PCP)										
Parish Sharon Md	Practitioner - Primary Care Provider (PCP)										
Villiam Laurence Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosa Daniel Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
amarin Frank Md	Practitioner - Primary Care Provider (PCP)										
Francois Max Pierre Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)										
Santos Maria Teresa M Md	Practitioner - Primary Care Provider (PCP)										
Rynjah Eva H Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shulman Victoria Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aitman Robert S Md	Practitioner - Primary Care Provider (PCP)										
Schwartz Jonathan Meier Md	Practitioner - Primary Care Provider (PCP)										
murao Aurora A Md	Practitioner - Primary Care Provider (PCP)										
Mintah Joseph Kyei	Practitioner - Primary Care Provider (PCP)										
Dunn Barbara N Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bar Mordechai Fenikel Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Dzuah Philip Oranye Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gilchyonok Polina Md	Practitioner - Primary Care Provider (PCP)										
Nduka Ijeoma N Md	Practitioner - Primary Care Provider (PCP)										
Ross Alan I Md	Practitioner - Primary Care Provider (PCP)										
Swiderski Deborah M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lyer Kenneth Lloyd Md	Practitioner - Primary Care Provider (PCP)										
Gabler Andrew S Md	Practitioner - Primary Care Provider (PCP)										
effera Fassil Md	Practitioner - Primary Care Provider (PCP)										
ullivan Catherine L Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Murray Margaret Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ssien Ralph B Md	Practitioner - Primary Care Provider (PCP)										
Graves Daryl W Md	Practitioner - Primary Care Provider (PCP)										
lunter-Brown Deborah S Md	Practitioner - Primary Care Provider (PCP)										
Goodman Robert L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Becker Karen A Md	Practitioner - Primary Care Provider (PCP)										
Carrozzi Gianni Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
iaz Maria C Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Giang William K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dela Cruz Sonia Bengzon Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
evy Paul Arthur Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Madhava Valsa S Md	Practitioner - Primary Care Provider (PCP)										
tac Bulent S	Practitioner - Primary Care Provider (PCP)										
efrancois-Haber Darlene A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gross Paul R Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eleon Samuel Anthony Md	Practitioner - Primary Care Provider (PCP)										
t Louis Ronald Md	Practitioner - Primary Care Provider (PCP)										
Seisler Warren W Md	Practitioner - Primary Care Provider (PCP)										
ee Elizabeth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eichert Steven F Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ee Jonathan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
trouthides Charles M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Rathi Dwarka P Md	Practitioner - Primary Care Provider (PCP)										
Lurio Joseph Glen Messner Md	Practitioner - Primary Care Provider (PCP)										
Torres Janette A Md	Practitioner - Primary Care Provider (PCP)										
Alpert Peter Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Guilbe Rose M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sanders Barbara Hunter	Practitioner - Primary Care Provider (PCP)										
Mclean-Long Carol Md	Practitioner - Primary Care Provider (PCP)										
May Helen Md P Llc	Practitioner - Primary Care Provider (PCP)										
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)										
Halberstam Meyer S Md	Practitioner - Primary Care Provider (PCP)										
Tsamparlis Nicholas Gregory Md	Practitioner - Primary Care Provider (PCP)										
Au Sophia S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Naqvi Shehla Y Md	Practitioner - Primary Care Provider (PCP)										
Rich Andrea Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Stevens David M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rico Marta Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Adam Muhammad Sanni Md	Practitioner - Primary Care Provider (PCP)										
Tattelman Ellen P Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Garcia Hortencia Cecilia Md	Practitioner - Primary Care Provider (PCP)										
Erroa Manuel De Jesus Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Erlich Elyse Robin Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Verna Yves Georges Md	Practitioner - Primary Care Provider (PCP)										
Levitt Margaret Md	Practitioner - Primary Care Provider (PCP)										
Adubor Christopher	Practitioner - Primary Care Provider (PCP)										
Reddy Allareddy V K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Lawes Keith A Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Bowen Shawn K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bailey-Ingram Michele L Md	Practitioner - Primary Care Provider (PCP)										
Sharfuddin Muhammad S Md	Practitioner - Primary Care Provider (PCP)										
Kaul Mohini Md	Practitioner - Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
O'Connell Daniel B Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
zuah Maria Theresa P	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uvienco Maria Z L Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
weke-Chukumerije Obiageli Md	Practitioner - Primary Care Provider (PCP)										
wusu-Ansah Philip Md	Practitioner - Primary Care Provider (PCP)										
udd Joan Elizabeth Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
amarneh Nedal	Practitioner - Primary Care Provider (PCP)										
o Rosie Yen-Cho Md	Practitioner - Primary Care Provider (PCP)										
abinowitz Michael Ray	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
rown Noel Christopher Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lonso Reynaldo Hilario Md	Practitioner - Primary Care Provider (PCP)										
alker Yvette Lorita Md	Practitioner - Primary Care Provider (PCP)										
ean-Jeune Linotte	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
amadevan Nallasivam Md	Practitioner - Primary Care Provider (PCP)	~	~								
ikolay Linda Ruth	Practitioner - Primary Care Provider (PCP)										
osner Joel Ira Md	Practitioner - Primary Care Provider (PCP)										
arooqui Syeda Saleha Md	Practitioner - Primary Care Provider (PCP)	~				~		~			~
mentel Edgar Andrew Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
ohrssen Andreas Md	Practitioner - Primary Care Provider (PCP)										
attu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)										
eil Robert Scott Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
elzer Jonathan David I Md	Practitioner - Primary Care Provider (PCP)										
rnsten Julia Hope Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
navez Aldo Edmundo Md	Practitioner - Primary Care Provider (PCP)										
alik Rubina Abdul Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arakat Firas Lutfi Md	Practitioner - Primary Care Provider (PCP)										
erman-Billig Marcia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onzalez Angel Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eygin Polina Md	Practitioner - Primary Care Provider (PCP)										
oldner Eli Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ainbard Peter	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
orgel Marc Lawrence Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Kurstein Danuta Md	Practitioner - Primary Care Provider (PCP)										
Cortijo Amarilys R Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Siciliano Donna	Practitioner - Primary Care Provider (PCP)										
Sayseng Lolita A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rubin Brian D Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Diaz Alan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Maisonet Lourdes Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
steban-Cruciani Nora V Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sullivan Christina K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Varman Karen L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aylor Allison Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rogan Donna M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rivera Marlene Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bar Ada Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosen Zachary B Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Miller Marian Phyllis Md	Practitioner - Primary Care Provider (PCP)										
Gold Richard Elliott Do	Practitioner - Primary Care Provider (PCP)										
Diaz Antonio Salvador Y Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Prine Linda Whisler	Practitioner - Primary Care Provider (PCP)										
Pinon Miriam Wroblewski	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Valsh Margaret Mary	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Sigal Samuel Harold Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bernard Marguerite Grace Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bendich Galina Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
orenzo Mari Gem	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Marrero Lisa Anne Md	Practitioner - Primary Care Provider (PCP)										
leglio Roseanne Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
riantafillou Nicholas G Md	Practitioner - Primary Care Provider (PCP)	~				~		~			~
Sanger Heidi Scott	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bonoan Jose Tadeo M Md	Practitioner - Primary Care Provider (PCP)										
lervada Teresa Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Rabadi Mazan Eid Md	Practitioner - Primary Care Provider (PCP)										
Kostakos Katherine Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Agregado Angeline M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baron Lisa Colleen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kokotos Faye Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lim Sylvia W Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Leo John Michael Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bernard Elizabeth Mary Rn	Practitioner - Primary Care Provider (PCP)										
Metalios Eva E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gupta Sandeep Md	Practitioner - Primary Care Provider (PCP)										
Mckee Melissa D Md	Practitioner - Primary Care Provider (PCP)										
Oruwariye Tosan N Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Joo Pablo A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berk Steven I Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Harrison Ellen A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sindhwani Rajeev Md Pllc	Practitioner - Primary Care Provider (PCP)										
Gillespie Ginger Md	Practitioner - Primary Care Provider (PCP)										
Reeves Lisa J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tang lan Tsai-Leu Md	Practitioner - Primary Care Provider (PCP)										
Amendola-Sekinski Paula A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hazan Valerian Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Jacoby John	Practitioner - Primary Care Provider (PCP)										
Goodman Wendy Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Huang Hui-Li Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Greenberg Jonathan M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berk Lee Adam Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Filipkowski Anna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ansari-Ezabodi Amir Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Costas-Katz Carmen Silvia Md	Practitioner - Primary Care Provider (PCP)										
Wildfeurer Olga Md	Practitioner - Primary Care Provider (PCP)	~	~								
Pomerantz Daniel Harold Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
izer Karen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
olentino Altagracia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Avanzato Anthony Md	Practitioner - Primary Care Provider (PCP)										
pstein Carol A Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Merer Michelle	Practitioner - Primary Care Provider (PCP)										
20-50-9899120-50-9biagiotti Emilio	Practitioner - Primary Care Provider (PCP)										
Biagiotti Wendy	Practitioner - Primary Care Provider (PCP)										
telson Debra H Md	Practitioner - Primary Care Provider (PCP)										
eluca Joseph Peter Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
vedissian Haroutiun C Md	Practitioner - Primary Care Provider (PCP)										
Stumacher Richard L Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
efevre Cluny P Do	Practitioner - Primary Care Provider (PCP)										
Robie Kristin	Practitioner - Primary Care Provider (PCP)										
Riska Paul F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
'u Jennifer Chua Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schechter Miriam B Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Samuelson Sana Md	Practitioner - Primary Care Provider (PCP)										
kalonu Augustine T Md	Practitioner - Primary Care Provider (PCP)										
Asfaw Zergabachew Md	Practitioner - Primary Care Provider (PCP)										
Sonzalez Leticia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Sedlackova Ludmila	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Gbur Maria S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shapiro Alan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
leretin Nicole	Practitioner - Primary Care Provider (PCP)										
Ritchin Andrea Ko Md	Practitioner - Primary Care Provider (PCP)										
Perilli Gaetano Md	Practitioner - Primary Care Provider (PCP)										
Sayle Eric George Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
leil Emancia Patricia Md	Practitioner - Primary Care Provider (PCP)										
Vong Chui Fan Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rahman Riaz	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pintauro Robert	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Makolo Eric T Md	Practitioner - Primary Care Provider (PCP)										
Tellus Francois G Md	Practitioner - Primary Care Provider (PCP)										
Sosinsky Jeffrey H Md	Practitioner - Primary Care Provider (PCP)										
Comprehensive Community Pediatrics	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rieder Jessica Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bonadonna Susan E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mccoy Wanda	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Howard Tomasz	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Walsh John	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Brown Collete	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/illanueva Hugo J Md	Practitioner - Primary Care Provider (PCP)										
Mathur Manuja Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kim Paul Hyungchul	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Daguilh Marie-Louis F Md	Practitioner - Primary Care Provider (PCP)										
Rodriguez Isabel C Md	Practitioner - Primary Care Provider (PCP)										
Bonanno Joseph	Practitioner - Primary Care Provider (PCP)										
Fried Robert Edward Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
am Hao	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bermudez Aramis Antonio Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Sawitz Karen D Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kwon Elizabeth Hyun-Mi Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ravi Srinivas Marellapudi Md	Practitioner - Primary Care Provider (PCP)										
gel Gerard J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shuter Jonathan Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fedrick Joseph Anthony Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Slawomir Malendowicz Md Pc	Practitioner - Primary Care Provider (PCP)										
Cook Heather Tiffany Md	Practitioner - Primary Care Provider (PCP)										
Milan Felise B Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schiffer Todd Jay Md	Practitioner - Primary Care Provider (PCP)										
Bistritz Janice Np	Practitioner - Primary Care Provider (PCP)										
D'Connor Eileen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Plachta Leslie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Prior Boyer Marianne T	Practitioner - Primary Care Provider (PCP)											
Beier Sharon Rose Md	Practitioner - Primary Care Provider (PCP)											
Harris Joseph Md	Practitioner - Primary Care Provider (PCP)											
Kiyici Aylin Md	Practitioner - Primary Care Provider (PCP)											
Lwin Lin Nyunt Md	Practitioner - Primary Care Provider (PCP)											
Cunningham Chinazo Opia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Okonta Benjamin C Md	Practitioner - Primary Care Provider (PCP)											
Beira Richard Joseph Md	Practitioner - Primary Care Provider (PCP)											
Levi Peter Md	Practitioner - Primary Care Provider (PCP)											
Shepardson Alethea K	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Reddy Suman Mandadi Md	Practitioner - Primary Care Provider (PCP)											
Yu Chin Hsien	Practitioner - Primary Care Provider (PCP)											
Mohammad Sajjad	Practitioner - Primary Care Provider (PCP)											
Clark Cheryl L Md	Practitioner - Primary Care Provider (PCP)											
Ratau Michelle C Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Agard-Henriques Bernadette N	Practitioner - Primary Care Provider (PCP)											
Clarick Robert Harrison Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fernandez Garcia Aracelis D A	Practitioner - Primary Care Provider (PCP)											
Emili Gregory Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~			
Abdullah Medical Pc	Practitioner - Primary Care Provider (PCP)											
Pellegrino Maria Md	Practitioner - Primary Care Provider (PCP)											
Saito-Schachner Ana Yuri Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Duggan Mary Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Back Sara Deborah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Buxton Family Practice Pllc	Practitioner - Primary Care Provider (PCP)											
Polisar Mark J Md	Practitioner - Primary Care Provider (PCP)											
Datta Arpita Md	Practitioner - Primary Care Provider (PCP)											
Bencosme Ursulina Luisa Md	Practitioner - Primary Care Provider (PCP)											
Balikcioglu Dimyan Md	Practitioner - Primary Care Provider (PCP)											
Afari Jacquelyn Md	Practitioner - Primary Care Provider (PCP)											



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Barmecha Jitendra Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Abdullah Ghazanfar Syed Md	Practitioner - Primary Care Provider (PCP)										
Gaglio Paul Joseph Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hassaninejad-Farahani M J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shur Irina N Md	Practitioner - Primary Care Provider (PCP)										
Adelman Jason Stuart Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saboor Sadia Md	Practitioner - Primary Care Provider (PCP)										
Dave Hirendrakumar J Md	Practitioner - Primary Care Provider (PCP)										
Okhravi Siavash Steve	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)										
Shargani Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Gomez Mery C	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vaidya Sudhir Purushottam	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kazakov Valeri I Md	Practitioner - Primary Care Provider (PCP)										
Gurunathan Rajan Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Solomon Molham M	Practitioner - Primary Care Provider (PCP)										
Hanson Amy Elizabeth Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hernandez Renee Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Varca Louise C	Practitioner - Primary Care Provider (PCP)										
Gardner Traci F Md	Practitioner - Primary Care Provider (PCP)										
Culmine John Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Elliott Charmaine	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rafique Ilora I	Practitioner - Primary Care Provider (PCP)										
Raum Donald Douglas Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schiff Robin Faryll	Practitioner - Primary Care Provider (PCP)										
Scott Robin L	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vezza Elena L Md	Practitioner - Primary Care Provider (PCP)										
Paikin Mikhail Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Thomas Elizabeth Patsy Md	Practitioner - Primary Care Provider (PCP)										
Pierce Michael N Md	Practitioner - Primary Care Provider (PCP)										
Burt-Miller Barrington D Md	Practitioner - Primary Care Provider (PCP)										



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
am Lily Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Mcgoldrick Patricia Engel	Practitioner - Primary Care Provider (PCP)	~		~	>	~	~	~	~		
Cole Karen	Practitioner - Primary Care Provider (PCP)										
Johnson Wendy	Practitioner - Primary Care Provider (PCP)										
Hashim Asmaa	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Mcgowan Heather	Practitioner - Primary Care Provider (PCP)										
Husain Syed S Md	Practitioner - Primary Care Provider (PCP)										
Srinivasan Shobhna Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Blake Julie Ann Md	Practitioner - Primary Care Provider (PCP)										
Lee Bernard Won Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Muggia Victoria A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Littleton Andrea Wileen Md	Practitioner - Primary Care Provider (PCP)										
Leers Ella Md	Practitioner - Primary Care Provider (PCP)										
Ramirez-Baron Diana Maria	Practitioner - Primary Care Provider (PCP)										
Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)										
Weeks Williams David	Practitioner - Primary Care Provider (PCP)										
_evine Richard M Np	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Appelbaum Eric Charles Do	Practitioner - Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Ascher Amanda Falick Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Erlikh Tamara Md	Practitioner - Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Shafran Gail	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Goins Michael	Practitioner - Primary Care Provider (PCP)	~				~		~			~
Smith Claudine Althea A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Riffle Anne Elizabeth	Practitioner - Primary Care Provider (PCP)										
_evin Marc William Md	Practitioner - Primary Care Provider (PCP)										
Miller Hanan G Md	Practitioner - Primary Care Provider (PCP)										
Adapa Srinivasa Reddy Md	Practitioner - Primary Care Provider (PCP)										
Kulshreshtha Manisha Md	Practitioner - Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Koshy George P Md	Practitioner - Primary Care Provider (PCP)	~	~								
Sykes Gerard Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Clark Janine L Md	Practitioner - Primary Care Provider (PCP)										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Sabur Rumana C Md	Practitioner - Primary Care Provider (PCP)										
Bates Eric Mark Md	Practitioner - Primary Care Provider (PCP)										
Boyar Karyn Lee	Practitioner - Primary Care Provider (PCP)										
Braganza Sandra Flavia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
itwin Alain H Md	Practitioner - Primary Care Provider (PCP)										
Begum Kaniz Fatema	Practitioner - Primary Care Provider (PCP)	~				~		~			~
Vells Barbara	Practitioner - Primary Care Provider (PCP)										
Veiss Jeffrey Michael Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Boro Alexis David Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Padmavathi Murakonda Md	Practitioner - Primary Care Provider (PCP)										
Bisson Paul	Practitioner - Primary Care Provider (PCP)										
Mussman James Robert Md	Practitioner - Primary Care Provider (PCP)										
Sarcia Mario J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cumbum Kavitha Md	Practitioner - Primary Care Provider (PCP)										
Pina Paulo R Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Klimenko Elena A Md	Practitioner - Primary Care Provider (PCP)										
Phupakdi Wipanee Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
istman David A Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Haines Mary Ann Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ee Hyun-Joon Md	Practitioner - Primary Care Provider (PCP)										
Nerkar Sanjay D Md	Practitioner - Primary Care Provider (PCP)										
Collymore David	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Kumar Vanita Md	Practitioner - Primary Care Provider (PCP)										
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)										
Arslanov Renat H Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/liro Patricia	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lawthorne Horace Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Varford Robert	Practitioner - Primary Care Provider (PCP)										
Holmes Richard Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Reznik Marina <mark>Md</mark>	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kolanuvada Bangaruraju Md	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
qbal Pervaiz Md	Practitioner - Primary Care Provider (PCP)										
Vasserstrom Sharon Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Arthurs-Wilson Gilly S Np	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
laeem Asma Md	Practitioner - Primary Care Provider (PCP)										
inanaj Xhevat Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
adhakrishnan Sarojini Md	Practitioner - Primary Care Provider (PCP)										
arris Kenneth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)	~	~								
Grossberg Robert M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oncepcion Lydia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arakas Serife Eti Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
cholnick Jenna May Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lick Arthur A	Practitioner - Primary Care Provider (PCP)	~	~								
ee Rosa Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
verbukh Yelena Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
randafirescu Theo Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arewood Itha Helena Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eets Raymond	Practitioner - Primary Care Provider (PCP)										
ubin Susan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/illiams Rebecca Ann Md	Practitioner - Primary Care Provider (PCP)										
ligias Nikolaos A Md	Practitioner - Primary Care Provider (PCP)										
garwal Reena Md	Practitioner - Primary Care Provider (PCP)										
yrd Denise A	Practitioner - Primary Care Provider (PCP)										
illar Ryna Md	Practitioner - Primary Care Provider (PCP)										
urkieh Albert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
heydina Yelena Zinovjevna Md	Practitioner - Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
roves Jill Elizabeth Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
ahvi Sadi	Practitioner - Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
tein Melissa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
orn Wanda Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
althazar Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Singh Pushpinder Md	Practitioner - Primary Care Provider (PCP)										
Cergnul Irene Grgurich Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gordon-Simpson Janice A	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dadarwala Aashish Dhansukhlal	Practitioner - Primary Care Provider (PCP)										
Pumarol Alba	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Esposito Darren Md	Practitioner - Primary Care Provider (PCP)										
Thompson Maureen Althea	Practitioner - Primary Care Provider (PCP)										
Santana Calie Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Franchin Giovanni Md	Practitioner - Primary Care Provider (PCP)										
Sharma Anjali Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Job Jeeny Mariya Do	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Portnoy Darin A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Machuca Hildred X	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Burtchen Nina Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sejdiu Mentor Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kumar Viresh Md	Practitioner - Primary Care Provider (PCP)										
Tokar Svetlana Md	Practitioner - Primary Care Provider (PCP)										
Isable Asha Noell Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Haque Muhammad Misbah-Ul Md	Practitioner - Primary Care Provider (PCP)										
Jones Kenneth Omri Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Khan Naz F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pilosov Daniel Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Amenechi-Enahoro Susan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Agrawal Lynet Np	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bederniceanu Florenta Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gachette Emmanuel	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Giannattasio Emily R Np	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Flattau Anna Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Barnard Lawrence M Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)										
Torres Carlos Javier Md	Practitioner - Primary Care Provider (PCP)										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Shpolyansky Debora Davidovna	Practitioner - Primary Care Provider (PCP)										
Campbell Jenief	Practitioner - Primary Care Provider (PCP)										
ipman Hannah I Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/erma Amit Kumar Md	Practitioner - Primary Care Provider (PCP)										
D'Donnell Heather Colleen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marte Grecia A Md	Practitioner - Primary Care Provider (PCP)										
iliana Lopez	Practitioner - Primary Care Provider (PCP)										
han Unab I Md	Practitioner - Primary Care Provider (PCP)										
upta Shikta Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
enore Peter Laurence Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uld Clara Stringer	Practitioner - Primary Care Provider (PCP)										
arr Schevaughn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~					
eacher Peter	Practitioner - Primary Care Provider (PCP)										
uffy Helena	Practitioner - Primary Care Provider (PCP)										
enao Joseph	Practitioner - Primary Care Provider (PCP)										
yeku Suzette Olubusola	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
osanya Oluwakemi	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
aritato Andrea F Md	Practitioner - Primary Care Provider (PCP)										
andya Amy Arun Md	Practitioner - Primary Care Provider (PCP)										
gbovoh Daniel Obaroakpor Md	Practitioner - Primary Care Provider (PCP)										
han Abdus S Md	Practitioner - Primary Care Provider (PCP)										
oyloy Veronique A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
larie-Nirva Blaise	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
ord Nadia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
amuel Shawn Kunjumon Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rtiz Luis A Rpa	Practitioner - Primary Care Provider (PCP)										
ilson Teresa Ann	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ikhail Imad Md	Practitioner - Primary Care Provider (PCP)										
ppel David Kenneth Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
alam Lobina Kaniz Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Inight Colette	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Card Andrea Dione Md	Practitioner - Primary Care Provider (PCP)										
Pisipati Ramasita C Md	Practitioner - Primary Care Provider (PCP)										
Anderson Kari Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Robinson Marcia Renee	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
innat Hosneara Md	Practitioner - Primary Care Provider (PCP)										
Cumari Jaishree Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
opovtzer Zolty Einath Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
mith Hilary	Practitioner - Primary Care Provider (PCP)										
ennerlein Lynne Marie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ee Jee Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
etin Mehmet	Practitioner - Primary Care Provider (PCP)										
George Claudene J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onzalez Christian Md	Practitioner - Primary Care Provider (PCP)										
ixon Tekeema Alicia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oehner John Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ellatto Patricia	Practitioner - Primary Care Provider (PCP)										
ortella Claudine Natalie Md	Practitioner - Primary Care Provider (PCP)										
ogaisky Michael Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
olosatkin Anatoly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uda Maria E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
sband Yardaena Md	Practitioner - Primary Care Provider (PCP)										
pstein Eric J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lartinez Ofelia Md	Practitioner - Primary Care Provider (PCP)										
ackson Robert	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aschard Robin	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lukherjee Sarmistha	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
osal Sarah Catherine	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
tein Tara	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
acobs Amanda	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
loylan Juliana Bridget Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
elter Katharine Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ansari Asif Muzaffar	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Peralta Mark F Md	Practitioner - Primary Care Provider (PCP)										
Anna Kazanskaya Md	Practitioner - Primary Care Provider (PCP)										
Ionique Jasmin Collier	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cremins Patricia A Rpa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Slyer Jason T	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ortiz-Morales Hilda	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Quinones Wendy	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Iolina Ortiz Elizabeth Irene	Practitioner - Primary Care Provider (PCP)										
ersaud Indrani	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
oseph Brigid Md	Practitioner - Primary Care Provider (PCP)										
andeep S Kochar Mbbs	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/eiss Caryn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arbuto Alfred	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ajagopal Latha	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
daramola Mojisola	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
uvarna Nair Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
alicenti-Mcdermott Maria	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eidy Kimberly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hailaja N Setty	Practitioner - Primary Care Provider (PCP)										
alomino Lucy	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Greer Tirza	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/inkfield-Royster Tawana	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
owmya Stephen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hanna Kartika	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lisabeth Emma Ihler Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ox Aaron D Md	Practitioner - Primary Care Provider (PCP)										
atel Bhawesh Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ppenheimer Orit	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
esebir Deniz	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onathan T Chang	Practitioner - Primary Care Provider (PCP)										



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/icil Bernice Michelle	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Brust James Charles Morrison Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Whitlow Regina	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/lurphy Richard	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
cevedo Donna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
zavaras Alexander	Practitioner - Primary Care Provider (PCP)										
Starrels Joanna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oseph Gillane	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lerszenson David Scott	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Porval Marie-Ange Clodette Md	Practitioner - Primary Care Provider (PCP)										
Cempton Patricia B	Practitioner - Primary Care Provider (PCP)										
my S Ciner Md	Practitioner - Primary Care Provider (PCP)										
oward Slomko	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Seorge Mathew Md	Practitioner - Primary Care Provider (PCP)										
lowakiwskyj Klaudia	Practitioner - Primary Care Provider (PCP)										
lackenburg Emily	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
lunez Denise Joanna Md	Practitioner - Primary Care Provider (PCP)										
aza Zamar Fatima Md	Practitioner - Primary Care Provider (PCP)	~				~		~			~
lenchaca Raquel	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Calvo Manuela	Practitioner - Primary Care Provider (PCP)										
Vey Ginger	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Danila Deliana Md	Practitioner - Primary Care Provider (PCP)										
alde Alseny Md	Practitioner - Primary Care Provider (PCP)										
lam Rashiah Md	Practitioner - Primary Care Provider (PCP)										
idiwala Aneela Ashraf Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)	~	~								
ini Jyoti	Practitioner - Primary Care Provider (PCP)	~	~								
inha Nandita	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sonzalez-Lamos Rafaela	Practitioner - Primary Care Provider (PCP)										
lamilton Monique	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Saporito Anna Gabriella Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Prasanta Basak Md	Practitioner - Primary Care Provider (PCP)										
Scharbach Kathryn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Poduval Aruna	Practitioner - Primary Care Provider (PCP)										
Kyei-Frimpong Jamie	Practitioner - Primary Care Provider (PCP)										
Jordan Golubcow-Teglasi	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Francis Mitzie	Practitioner - Primary Care Provider (PCP)										
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)										
Lumibao Ala-May Pabillo Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ford Miriam	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Taylor-Kamara N'Gadie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kalafatic William Edward Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Mandelker Lisa	Practitioner - Primary Care Provider (PCP)										
Martin Monica A	Practitioner - Primary Care Provider (PCP)										
Akwuba Uche Onyeabo li Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hodgson Sybil Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shira Bassly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kerry J Murphy	Practitioner - Primary Care Provider (PCP)										
Gross Rachel	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)										
Parekh Jillian Bandler	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mathew Joel Jacob	Practitioner - Primary Care Provider (PCP)										
Emenike Loretta Azuka	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Abieyuwa Iyare	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sheira L Schlair Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shukla Vaishalee Ramesh Md	Practitioner - Primary Care Provider (PCP)										
Lucan Sean C	Practitioner - Primary Care Provider (PCP)										
Jordan William	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Miskovitz Sharyn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lee Regina	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aponte Maya	Practitioner - Primary Care Provider (PCP)										
Miller Sarah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Masson Ella	Practitioner - Primary Care Provider (PCP)										
Bouallali Hind	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alfonso Jillian Sheree	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Upadhyay Sanjay	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Benson Quintina Louise	Practitioner - Primary Care Provider (PCP)										
Beniyaminov Yanna	Practitioner - Primary Care Provider (PCP)										
Banu Kaniz Nilufar Md	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Robledo Lisette Ayala	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
_ee Christine	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cherian Shoba Anne	Practitioner - Primary Care Provider (PCP)										
Mena Hernandez Herbert Mauricio	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Antwi Flora	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Mckenna Jennifer M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_ee Juliane	Practitioner - Primary Care Provider (PCP)										
Carthen Dashima Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Andre Jean	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Belkind Uri	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Furetsky Risa Ross	Practitioner - Primary Care Provider (PCP)										
Johnson Julius Iii	Practitioner - Primary Care Provider (PCP)										
eon Kenneth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Goodwin Nadia S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kang Elaine You Mi	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Bathory Eleanor	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mannam Prashanth	Practitioner - Primary Care Provider (PCP)										
Schonberg Dana	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ee Doreen	Practitioner - Primary Care Provider (PCP)										
Tenney Nancy Lee	Practitioner - Primary Care Provider (PCP)										
(im Forrester-Dumont	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Harris Elizabeth Elizabeth Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pierre Florence Dominique	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vassilakis Athina Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Parnas Taya	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shapiro Lauren	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tavana Denise Marie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Asas Kathleen Du	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Anh Viet Vuong	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davis Jennifer	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Salhotra Sanjay	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ratomo Vanessa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Choudhary Pratima	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rishan Sheila	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
an Jade	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shah Amishi Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
apoor Aarti	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ader Eric Myer	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Abankwah Akosua Sarpomaa	Practitioner - Primary Care Provider (PCP)										
Bortnick Anna Emily	Practitioner - Primary Care Provider (PCP)										
Seung Hee Kang	Practitioner - Primary Care Provider (PCP)										
Muse Jessica Md	Practitioner - Primary Care Provider (PCP)										
/lin Insung	Practitioner - Primary Care Provider (PCP)										
Marrast Lyndonna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Patel Viraj	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
íhaw Adrian	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arley Alice Gutknecht	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aacchiavello Guido Antenor	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lori Priya Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aylor Annelle Claire	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lam Shah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
igueroa-Martinez Silkia	Practitioner - Primary Care Provider (PCP)										
Nvarez Dimitri	Practitioner - Primary Care Provider (PCP)										
Martin Michelle	Practitioner - Primary Care Provider (PCP)										
Varghese Justin	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
lawkins Jermel Joseph Jr	Practitioner - Primary Care Provider (PCP)										
lochman Sarah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
an Jenny Yu	Practitioner - Primary Care Provider (PCP)										
lwang Hannah	Practitioner - Primary Care Provider (PCP)										
smailova Kyamalya A	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Irington Carol	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
omuta Vlad	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arkela Jenna Maria	Practitioner - Primary Care Provider (PCP)										
eaulieu Richard	Practitioner - Primary Care Provider (PCP)										
errano Esmeralda	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
apman Lisa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gomez-Marquez Jose C	Practitioner - Primary Care Provider (PCP)	~						~	~	~	~
wang Irene	Practitioner - Primary Care Provider (PCP)										
roder Molly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
chae Kristina	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oh Jennifer	Practitioner - Primary Care Provider (PCP)										
rubaker Mark	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
orin Laura	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ver Shwetha	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vang Lin-Fan	Practitioner - Primary Care Provider (PCP)										
Morrison Briana	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
reda Scott	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aman Selina Sultana	Practitioner - Primary Care Provider (PCP)										
orrero Melissa	Practitioner - Primary Care Provider (PCP)										
richsen Daniel	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
oung-Geye Stephanie	Practitioner - Primary Care Provider (PCP)										
pengler Emily	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hardwaj Anuj	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arp Sara	Practitioner - Primary Care Provider (PCP)										
toth Serena Lauren	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
osansky Rachel Beth	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Augustin Paul	Practitioner - Primary Care Provider (PCP)										
Semanision Kristen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Pinzon Robin Ramos	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Suter Maureen Natalie	Practitioner - Primary Care Provider (PCP)										
Mansouri Giti	Practitioner - Primary Care Provider (PCP)										
Buckle Jody Ann	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Roth Rachel	Practitioner - Primary Care Provider (PCP)										
Green Patrice P	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Golebiowska Angelika	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Yunus Adnan	Practitioner - Primary Care Provider (PCP)										
Cochran Lauren	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosado Rodriguez Alida Melisa	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Laverdiere Michele Md	Practitioner - Primary Care Provider (PCP)										
Robert Joyce Folashade	Practitioner - Primary Care Provider (PCP)										
Kelderhouse Jacqueline Mary	Practitioner - Primary Care Provider (PCP)										
Grinion Charlene M	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Degraffe Lisa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lam Kimberly R	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Rodriguez-Iglesias Realba	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Budrock Karin Marie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Wesp Linda Marie	Practitioner - Primary Care Provider (PCP)										
Simon Margo	Practitioner - Primary Care Provider (PCP)										
Rahman Rounak	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Watkins Isheka S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Crawford Michele	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tschannerl Asiya S	Practitioner - Primary Care Provider (PCP)										
Conigliaro Rosemarie Lombardi Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Parikh Stuti	Practitioner - Primary Care Provider (PCP)										
Narcisse Debra	Practitioner - Primary Care Provider (PCP)										
Cano Nefertiti	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Richards Tahshann	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Blackstock Oni	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Zagreda Leze	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alas-Hun Sheila	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Official Janel Elise	Practitioner - Primary Care Provider (PCP)										
Goss Erin	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Patel Milani	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
loseph Jonathan	Practitioner - Primary Care Provider (PCP)										
deboye Olumayiwa O	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mendez Carol Bibiana	Practitioner - Primary Care Provider (PCP)										
/argas Marcelo Paul	Practitioner - Primary Care Provider (PCP)										
Christoforetti Ruth	Practitioner - Primary Care Provider (PCP)	~	~	✓	~	~	~	~	✓	~	~
Prabhakaran Sapna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Syfield Celecia	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shukla Shuchin	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aung Khun Zawhtet	Practitioner - Primary Care Provider (PCP)	~	~								
lerome Maritza Jasmine	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ehtesham Nadira	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eich Alice	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davis Raquel	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bartsch Sona	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chamnongvongse Pirahatai	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)										
De Guzman Paul Quinto	Practitioner - Primary Care Provider (PCP)										
strella Karen	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Hernandez Luis	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shiwbaran Leena Shaleen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shunamon Nicole	Practitioner - Primary Care Provider (PCP)										
Matos Elaine	Practitioner - Primary Care Provider (PCP)										
Medar Shivanand	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Beruke Hanna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chhavi Rai	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participatin	g in Projects									
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Cheng Wei	Practitioner - Primary Care Provider (PCP)										
Rivera Veronica	Practitioner - Primary Care Provider (PCP)										
Henriquez Gabriela Maria	Practitioner - Primary Care Provider (PCP)										
Forrents Martin	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Fung Chaw Gloria	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
March Anika Jolene	Practitioner - Primary Care Provider (PCP)										
Goldstein Lissa Kary	Practitioner - Primary Care Provider (PCP)										
Winfield Dara	Practitioner - Primary Care Provider (PCP)										
Jean-Jacques Lamercie Mohane	Practitioner - Primary Care Provider (PCP)										
Bobra Shalini	Practitioner - Primary Care Provider (PCP)										
Sharmin Shahnaz	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Berrak Su Gulsun	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Accafferty Hallie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mathews Premila Maria	Practitioner - Primary Care Provider (PCP)										
Rabot Jamie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ramlall Wendy	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mendelsohn Andrea	Practitioner - Primary Care Provider (PCP)										
Sharma Manju	Practitioner - Primary Care Provider (PCP)										
Mercedes Angela	Practitioner - Primary Care Provider (PCP)										
Holt Elizabeth	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Sta Ana Victor	Practitioner - Primary Care Provider (PCP)										
Shenko Christina Angela	Practitioner - Primary Care Provider (PCP)										
Kamath Aviva Michele	Practitioner - Primary Care Provider (PCP)										
Raghavan Sreekala	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cruz Jessica	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fyffe Ullanda Pattion	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lguyen Henry Van	Practitioner - Primary Care Provider (PCP)										
Goodman Stephanie Michelle	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Robinson Yavonne	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Madaline Theresa Fitzgerald	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Guilliames Conair	Practitioner - Primary Care Provider (PCP)										



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Patel Amit	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Castillo Thais Melissa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
upu Sarah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/lurakami Noriyuki	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cumar Bhavik	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
iggett Alicia L	Practitioner - Primary Care Provider (PCP)										
dwards Barbara	Practitioner - Primary Care Provider (PCP)										
Salcedo Vanessa	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Chiocconi Sofia	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Paredes Christophe	Practitioner - Primary Care Provider (PCP)										
Norton Brianna	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Brown Nicole	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
erez Hector	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ího Sheryl Grace Rosero	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ox Kelita Louise	Practitioner - Primary Care Provider (PCP)										
kanadham Himabindu	Practitioner - Primary Care Provider (PCP)										
Carl Lamour-Occean Carline	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Badillo Diana	Practitioner - Primary Care Provider (PCP)	~				~		~			~
Chang Diane	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Itiamoah Kwabena	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
aude Amy Kristin	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		
Karkhanis Jamuna	Practitioner - Primary Care Provider (PCP)										
Vilder Venis Tiarra	Practitioner - Primary Care Provider (PCP)										
latarajan Rupa Narayani	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Pittman Kai	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scott Pardella Jolanda	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/elez Jennifer	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ogbonna Rose N	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lingthoujam Sunita	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)										
lwang Andrew	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Lazarin Margaux Helene	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	1
Lamb Angela	Practitioner - Primary Care Provider (PCP)											1
Diaz De Villalvilla Alexander	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Leasy Menachem Jeremy	Practitioner - Primary Care Provider (PCP)											1
Martinucci Katharine Maria	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Sims Daniel	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Chan York Sing	Practitioner - Primary Care Provider (PCP)											1
Kilinski Benjamin	Practitioner - Primary Care Provider (PCP)											
Alonge Oluwatoyin Morayo	Practitioner - Primary Care Provider (PCP)											1
Mirchandani Monica Hargrovind	Practitioner - Primary Care Provider (PCP)											1
Donovan Edmund J	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Brown Tartania Maria	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Gyura Philip Joseph	Practitioner - Primary Care Provider (PCP)											1
Manulli Joju John	Practitioner - Primary Care Provider (PCP)											1
Yousuf Md Abdullah	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Bhatia Sapna N	Practitioner - Primary Care Provider (PCP)											1
Thomas Kerone P	Practitioner - Primary Care Provider (PCP)											
Ray-Schoenfeld Naomi	Practitioner - Primary Care Provider (PCP)											1
Lan Andrew	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Annunziata Guiseppe	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Reindl Alisa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	1
Roman Jasmin	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Copeland Ebony R	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Strong Jennifer Elizabeth	Practitioner - Primary Care Provider (PCP)											
Nayudu Suresh Kumar S	Practitioner - Primary Care Provider (PCP)	~						~	~	~	~	
Gover Mary Trace	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Robles Juan Carlos	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bumol Joel Matthew	Practitioner - Primary Care Provider (PCP)											
Cimt Karene	Practitioner - Primary Care Provider (PCP)											
Breuer Alexandra	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	 I
Virani Zahra	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	



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Provider Name	Provider Category											
	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Marrero Jessica	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Velez Christopher	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sabari Joshua	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenstein Hilary	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kaplan-Weisman Laura	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Swedish Kristin Anne	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pierce Carolyn Marie	Practitioner - Primary Care Provider (PCP)											
Remde Alan Hugh	Practitioner - Primary Care Provider (PCP)											
Baum Laura	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenberg Rachel	Practitioner - Primary Care Provider (PCP)											
Sreeram Radhika	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sachdeva Crystal	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kang Joy	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gumbs Maudina S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cartmill Kimberly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pham Shirley	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kotchev Nicola	Practitioner - Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Snellings John	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Martorella Teresa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Singhal Raman	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Quick Melissa Kaufman	Practitioner - Primary Care Provider (PCP)											
Ricardo A Mornaghi Physician Pllc	Practitioner - Primary Care Provider (PCP)											
Gerrity Colleen Rogers	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Paul Allison	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kwan Amy	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Urphanishvili Titnatin	Practitioner - Primary Care Provider (PCP)											
Oliver Tierra	Practitioner - Primary Care Provider (PCP)	~	~	~	~	>	~	~	~		~	
Ngala-El Yasmin S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	>	~	~	~	~	~	
Kung Lili Md	Practitioner - Primary Care Provider (PCP)											
Tugman Cheryl	Practitioner - Primary Care Provider (PCP)	~	~	~	~	>	~	~	~	~	~	
Harris Jamal	Practitioner - Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Brown Collette	Practitioner - Primary Care Provider (PCP)											
Serafin Dana J	Practitioner - Primary Care Provider (PCP)											
Rodriguez Daniel Camilo	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
White Devon	Practitioner - Primary Care Provider (PCP)											
Gerteis Emily P	Practitioner - Primary Care Provider (PCP)											
Tiamiyu Olushola	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hocking Stephanie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Li Jack	Practitioner - Primary Care Provider (PCP)											
Schiff Eugene Charles	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Pan Jingyu	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zhukovski Dmitry Md	Practitioner - Primary Care Provider (PCP)											
Institute For Family Hlth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Desarden Connie Anjoli	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Akiyama Matthew	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Giegel Melanie Joy	Practitioner - Primary Care Provider (PCP)											
Pileta Lourdes X	Practitioner - Primary Care Provider (PCP)											
Olivares Maldonado Gonzalo	Practitioner - Primary Care Provider (PCP)											
Glaser Joy H Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kanahara Satoko	Practitioner - Primary Care Provider (PCP)											
Holleran Elizabeth	Practitioner - Primary Care Provider (PCP)											
Okrent John Lazear	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Trevino Lara Elizabeth	Practitioner - Primary Care Provider (PCP)											
Zheng Yan Hong	Practitioner - Primary Care Provider (PCP)											
Dagli Sanatkumar Dr.	Practitioner - Primary Care Provider (PCP)											
Vaidya Minal	Practitioner - Primary Care Provider (PCP)											
Ruddy-Ramirez Cory	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Tyau Nicholas Daniel	Practitioner - Primary Care Provider (PCP)											
Simmons Martha	Practitioner - Primary Care Provider (PCP)											
Remen Razel	Practitioner - Primary Care Provider (PCP)											
Lu Tiffany	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Figueroa Kelen J	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Graham Luner Salome	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Alkhairw Hadeel	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Polizzi Laura Netburn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Amanquah Lena A Do	Practitioner - Primary Care Provider (PCP)											
De La Huerta Rafaela Maria	Practitioner - Primary Care Provider (PCP)											
Zevallos-Ramos Michelle A	Practitioner - Primary Care Provider (PCP)											
Palmer Charibel A	Practitioner - Primary Care Provider (PCP)											
Prince Tresa Smitha	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rogers Margaret	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hogan Alexander	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dunner Ricardo Orlando Md	Practitioner - Primary Care Provider (PCP)											
Fletcher, Fnp Debbian	Practitioner - Primary Care Provider (PCP)											
Moscou Susan	Practitioner - Primary Care Provider (PCP)											
Olivo Villabrille Raquel Melina	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baker Ben	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Weiss David	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Khedimi Rabea	Practitioner - Primary Care Provider (PCP)											
Nguyen Kim	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
John Jereesh T	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chavarria Nelson	Practitioner - Primary Care Provider (PCP)											
Shin Sangyoon J	Practitioner - Primary Care Provider (PCP)											
Aggarwal Shilpi	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dayan-Rosenman David Samson	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Solomon Seymour Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenblum Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Karkus Harvey D Md	Practitioner - Non-Primary Care Provider (PCP)											
Rakoff Saul Md	Practitioner - Non-Primary Care Provider (PCP)											
Epstein Stanley Md	Practitioner - Non-Primary Care Provider (PCP)											
Rand Jacob H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Morris Donald A Md	Practitioner - Non-Primary Care Provider (PCP)											
Galst Gerald Md	Practitioner - Non-Primary Care Provider (PCP)											



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Sprayregen Seymour Md	Practitioner - Non-Primary Care Provider (PCP)										
reeman Leonard M Md	Practitioner - Non-Primary Care Provider (PCP)										
Smith Theodore R Md	Practitioner - Non-Primary Care Provider (PCP)										
Spiro Alfred J Md	Practitioner - Non-Primary Care Provider (PCP)										
Cooper Jerome A Md	Practitioner - Non-Primary Care Provider (PCP)										
Rothman Seymour J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Manspeizer Sheldon Md	Practitioner - Non-Primary Care Provider (PCP)										
latusow Gene R Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lamm Eugene S Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
leischer Norman Md	Practitioner - Non-Primary Care Provider (PCP)										
Coenigsberg Mordecai Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
indfleish Burton Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
obinson Stephen H Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
uben Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lirsh David M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
isher Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
harytan Chaim Md	Practitioner - Non-Primary Care Provider (PCP)										
ief Philip D Md	Practitioner - Non-Primary Care Provider (PCP)										
chonberg Samuel K Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
larris Susan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
landel Harvey J Md	Practitioner - Non-Primary Care Provider (PCP)										
ohen Martin N Md	Practitioner - Non-Primary Care Provider (PCP)										
ledow Norman B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ahan Norman Z Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bladstone Lenore Z Md	Practitioner - Non-Primary Care Provider (PCP)										
abi Moshe Md	Practitioner - Non-Primary Care Provider (PCP)										
chwartz Barry M Md	Practitioner - Non-Primary Care Provider (PCP)										
loch Raphael S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
risacano Anthony M Md	Practitioner - Non-Primary Care Provider (PCP)										
Golden Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)										
Basson Geoffrey H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Brandt Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)										
Swerdlow Michael L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kaufman David M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
∟erman Jay S Md	Practitioner - Non-Primary Care Provider (PCP)										
Milstein David M Md	Practitioner - Non-Primary Care Provider (PCP)										
_andau Thomas K Md	Practitioner - Non-Primary Care Provider (PCP)										
Berkowitz Daniel Md	Practitioner - Non-Primary Care Provider (PCP)										
Goldstein Andrew L Md	Practitioner - Non-Primary Care Provider (PCP)										
Gennarelli Louis B Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veinhoff Martin L Md	Practitioner - Non-Primary Care Provider (PCP)										
ee Yung W Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
isher John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
iebowitz Stanley Md	Practitioner - Non-Primary Care Provider (PCP)										
uthani Virendra J Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Rana Thakor C Md	Practitioner - Non-Primary Care Provider (PCP)										
Zonszein Joel Md	Practitioner - Non-Primary Care Provider (PCP)										
Berger Joshua S Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosenbaum Alfred Md	Practitioner - Non-Primary Care Provider (PCP)										
abaddor Kamran Md	Practitioner - Non-Primary Care Provider (PCP)										
Burk Peter G Md	Practitioner - Non-Primary Care Provider (PCP)										
Gould Richard B Md	Practitioner - Non-Primary Care Provider (PCP)										
oo Jinil Md	Practitioner - Non-Primary Care Provider (PCP)										
Jsher Sol M Md	Practitioner - Non-Primary Care Provider (PCP)										
Shapiro Nella I Md	Practitioner - Non-Primary Care Provider (PCP)										
an Eng Kock C Md	Practitioner - Non-Primary Care Provider (PCP)										
Sable Robert A Md	Practitioner - Non-Primary Care Provider (PCP)										
Gutwein Isadore Md	Practitioner - Non-Primary Care Provider (PCP)										
Prasad Balasa Lakshmi	Practitioner - Non-Primary Care Provider (PCP)										
Rubinstein Arye Md	Practitioner - Non-Primary Care Provider (PCP)										
Merav Avraham D Md	Practitioner - Non-Primary Care Provider (PCP)										
Afif Juan S Md	Practitioner - Non-Primary Care Provider (PCP)										



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Nikkah Abdol Hamid Md	Practitioner - Non-Primary Care Provider (PCP)										
Bakshi Saroj Sahgal	Practitioner - Non-Primary Care Provider (PCP)	~								~	
Mehta Dinesh Md	Practitioner - Non-Primary Care Provider (PCP)										
Norgenlander Howard L Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Burgess John D Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kochen Ilana E Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Dasgupta Manash K Md	Practitioner - Non-Primary Care Provider (PCP)										
laller Melvin L Md	Practitioner - Non-Primary Care Provider (PCP)										
Schick David Md	Practitioner - Non-Primary Care Provider (PCP)										
Bulauitan Manuel C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vestfried Morris Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosen Norman L Md	Practitioner - Non-Primary Care Provider (PCP)										
chiller Myles S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
dler Melvin L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Spindola Hugo Franco Md	Practitioner - Non-Primary Care Provider (PCP)										
Phillips Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)										
abaddor Flora Md	Practitioner - Non-Primary Care Provider (PCP)										
Cronen Arthur C Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Volf Kenneth J Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
oblentz Daniel E Md	Practitioner - Non-Primary Care Provider (PCP)										
Gudis Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
abiner Bartley R Dds	Practitioner - Non-Primary Care Provider (PCP)										
aminer Ruth Md	Practitioner - Non-Primary Care Provider (PCP)										
Spinowitz Bruce S Md	Practitioner - Non-Primary Care Provider (PCP)										
evine Arnold J Md	Practitioner - Non-Primary Care Provider (PCP)										
lerbert John T li	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
as Norman Md	Practitioner - Non-Primary Care Provider (PCP)										
ared Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)										
eimon Leonard P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Forman Robert Md	Practitioner - Non-Primary Care Provider (PCP)										
Horn David Od	Practitioner - Non-Primary Care Provider (PCP)										



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Melman Arnold Md	Practitioner - Non-Primary Care Provider (PCP)										
Chowdhury Jayanta Roy Md	Practitioner - Non-Primary Care Provider (PCP)										
Sherman Howard Ian Md	Practitioner - Non-Primary Care Provider (PCP)										
Silverman Ralph I Md	Practitioner - Non-Primary Care Provider (PCP)										
Appleman Warren Md	Practitioner - Non-Primary Care Provider (PCP)										
Folkert Vaughn W Md	Practitioner - Non-Primary Care Provider (PCP)										
layeem Syed A Md	Practitioner - Non-Primary Care Provider (PCP)										
Boczko Stanley H Md	Practitioner - Non-Primary Care Provider (PCP)										
Schwartz Bruce Jan Md	Practitioner - Non-Primary Care Provider (PCP)										
andau Leon C Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Bernhardt Bernard Md	Practitioner - Non-Primary Care Provider (PCP)										
iteplo Ronald Roman Md	Practitioner - Non-Primary Care Provider (PCP)										
azquez Raphael Luis Md	Practitioner - Non-Primary Care Provider (PCP)										
Nohammad Wali Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Cupietz Samuel S Phd	Practitioner - Non-Primary Care Provider (PCP)										
Roberts Larry P Md	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Allen H Od	Practitioner - Non-Primary Care Provider (PCP)										
otudeh Shariar Md	Practitioner - Non-Primary Care Provider (PCP)										
leiman Peter L Md	Practitioner - Non-Primary Care Provider (PCP)										
laft David A Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Orlando Christopher A Dpm	Practitioner - Non-Primary Care Provider (PCP)										
uckman Monte Dpm	Practitioner - Non-Primary Care Provider (PCP)										
ilinsky Alan M Od	Practitioner - Non-Primary Care Provider (PCP)										
ynn Robert I Md	Practitioner - Non-Primary Care Provider (PCP)										
acobs Louis William Dpm	Practitioner - Non-Primary Care Provider (PCP)										
trauss Harvey Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)										
olino Ronald John Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Volstein Lewis Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)										
im Soo G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
łali Theodore F Dpm	Practitioner - Non-Primary Care Provider (PCP)										
ukoff Arthur S Dpm	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~



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Miele Robert A Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Schwartz Kenneth S Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Shamoon Harry Md	Practitioner - Non-Primary Care Provider (PCP)											
Glockenberg Aaron Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Pathy Venkatachala	Practitioner - Non-Primary Care Provider (PCP)											
Devi Sarala A Md	Practitioner - Non-Primary Care Provider (PCP)											
Duvivier Roger Md	Practitioner - Non-Primary Care Provider (PCP)											
Kulick Roy G	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Richards Mahesan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Moshe Solomon L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chiaramonte Lawrence T	Practitioner - Non-Primary Care Provider (PCP)											
Shuster Harvey Lawrence Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kennedy Gary J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zalaznick Steven M Od	Practitioner - Non-Primary Care Provider (PCP)											
Wellington Liu Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Throggs Neck Neurological D&T	Practitioner - Non-Primary Care Provider (PCP)											
St Hill Wayne W Dds	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)											
Bhansali Lata D Md	Practitioner - Non-Primary Care Provider (PCP)											
Kymissis Pavlos Md	Practitioner - Non-Primary Care Provider (PCP)											
Park Chung Byung Md	Practitioner - Non-Primary Care Provider (PCP)											
Chun Kwang J Md	Practitioner - Non-Primary Care Provider (PCP)											
Alaie Dariush Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Wang Frederick M Md	Practitioner - Non-Primary Care Provider (PCP)											
Fox Mark L Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Young Zenaida L Md	Practitioner - Non-Primary Care Provider (PCP)											
Delphin Ellise Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Leblang Denis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Holstein Stanley B Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Izes Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Barry I Md	Practitioner - Non-Primary Care Provider (PCP)											



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Schaumburg Herbert Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Sherman Deborah S Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Cohen Ben Zane Md	Practitioner - Non-Primary Care Provider (PCP)											
Handwerker Lisa B Md	Practitioner - Non-Primary Care Provider (PCP)											
Rangraj Madhu S Md	Practitioner - Non-Primary Care Provider (PCP)											
Miura Dennis Seiji Md	Practitioner - Non-Primary Care Provider (PCP)											
Valsh Christine Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Amler David H Md	Practitioner - Non-Primary Care Provider (PCP)											
echich Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)	~	>									
Blum David A Md	Practitioner - Non-Primary Care Provider (PCP)											
isher James A Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	>									
Candela Ralph T Md	Practitioner - Non-Primary Care Provider (PCP)											
amani Abdollah Md	Practitioner - Non-Primary Care Provider (PCP)											
Volf Ellen L Md	Practitioner - Non-Primary Care Provider (PCP)											
Oconnell William F Od	Practitioner - Non-Primary Care Provider (PCP)											
lignone Biagio V Md	Practitioner - Non-Primary Care Provider (PCP)											
Golier Francis Carl Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Vasserman Sheldon M Md	Practitioner - Non-Primary Care Provider (PCP)											
ílass Stephen C Md	Practitioner - Non-Primary Care Provider (PCP)											
hepuru Yadagiri Md	Practitioner - Non-Primary Care Provider (PCP)											
cher Larry Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Norello Robert F Md	Practitioner - Non-Primary Care Provider (PCP)											
Cazimiroff Julie Dds	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Veinberg S Dana	Practitioner - Non-Primary Care Provider (PCP)	~	>									
rockner-Brower Nora	Practitioner - Non-Primary Care Provider (PCP)											
oakye Kwadwo Md	Practitioner - Non-Primary Care Provider (PCP)											
chnur Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
itler Bernard Md	Practitioner - Non-Primary Care Provider (PCP)											
Dipietro Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)											
Bass Sherry J Od	Practitioner - Non-Primary Care Provider (PCP)											
Hantman Morton M Md	Practitioner - Non-Primary Care Provider (PCP)											



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Tropper Pamela J Md	Practitioner - Non-Primary Care Provider (PCP)											
Schubart Ulrich Md	Practitioner - Non-Primary Care Provider (PCP)											
Frank Susan Judith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Berlin Arnold W Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenstreich David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fried Marvin P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sherman John E	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Oropall Robert Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Novotny Paul L Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Levy I Martin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kwiatek Matthew K Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Pinsker Kenneth L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Frost David Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Burns Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Sussman Ira I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Saitta Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Giovinazzo Vincent Jerome Md	Practitioner - Non-Primary Care Provider (PCP)											
Cicio Gary Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Schwartz Kenneth Stuart Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Jerry Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Malcolm C Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Agarwal Nanakram Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kelly Carol Bocaccino Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ferrick Kevin James Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Markowitz Morri E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Liss Mark R Md	Practitioner - Non-Primary Care Provider (PCP)											
Roger Ignatius Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Strassman David Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Miller Michael H Md	Practitioner - Non-Primary Care Provider (PCP)											
Koppel Barbara Sue Md	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Panigrahi Dev Das Md	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Kressner Michael Stewart Md	Practitioner - Non-Primary Care Provider (PCP)										
affet Sanford L Md	Practitioner - Non-Primary Care Provider (PCP)										
Stamm Joseph Martin Od	Practitioner - Non-Primary Care Provider (PCP)										
Murthy Vasantha L Md	Practitioner - Non-Primary Care Provider (PCP)										
itz James Antoine Ingrid A M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
asgupta Indira Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veinberg Gerard Md	Practitioner - Non-Primary Care Provider (PCP)										
wald Gary N Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
roner Sanford Clay Dpm	Practitioner - Non-Primary Care Provider (PCP)										
atel Ramanbhai C Md	Practitioner - Non-Primary Care Provider (PCP)										
amacho Fernando J Md	Practitioner - Non-Primary Care Provider (PCP)										
oden Richard M Od	Practitioner - Non-Primary Care Provider (PCP)										
mith Aloysius G Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
wirsky Michael H Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
uiz Armando Md	Practitioner - Non-Primary Care Provider (PCP)										
chechter Alan Lewis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aik Geetha D Md	Practitioner - Non-Primary Care Provider (PCP)										
afat Nadereh Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
ao Prakashchandra M Md	Practitioner - Non-Primary Care Provider (PCP)										
euscher Enrique J Md	Practitioner - Non-Primary Care Provider (PCP)										
askel Frederick J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
urns Mark Roger Md	Practitioner - Non-Primary Care Provider (PCP)										
riedman Ellen Wolkin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ziedzic Ingeborg Svetlana Md	Practitioner - Non-Primary Care Provider (PCP)										
latos Marshall I M.D. Md	Practitioner - Non-Primary Care Provider (PCP)										
renell Steven L Md	Practitioner - Non-Primary Care Provider (PCP)										
arcovici Eli Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
hornhill Beverly A Md	Practitioner - Non-Primary Care Provider (PCP)										
lackler Karen M Md	Practitioner - Non-Primary Care Provider (PCP)										
hinnar Shlomo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ubin Mark I Md	Practitioner - Non-Primary Care Provider (PCP)										



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Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)										
Billett Henny Heisler Md	Practitioner - Non-Primary Care Provider (PCP)										
Silverman Rubin S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Feld Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Jayagopal Salem Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Chess Jeremy Md	Practitioner - Non-Primary Care Provider (PCP)										
Thorpy Michael J Md	Practitioner - Non-Primary Care Provider (PCP)										
Charles Yardley B Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Handler Lawrence Lee Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Strassman Lawrence Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bogdan Susan Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pelcovitz Nachum T	Practitioner - Non-Primary Care Provider (PCP)										
Yurberg Emily R Md	Practitioner - Non-Primary Care Provider (PCP)										
Kim Kyung Ha Md	Practitioner - Non-Primary Care Provider (PCP)										
Suarez Reynol Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Galler Marilyn Md	Practitioner - Non-Primary Care Provider (PCP)										
Nordin Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Kim Dennis Dae-Joo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Singer Lewis P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Spindel Robert Andrew Md	Practitioner - Non-Primary Care Provider (PCP)										
Cobelli Neil John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosen Douglas I Md	Practitioner - Non-Primary Care Provider (PCP)										
Katende Roscoe Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Arango Ricardo E Md	Practitioner - Non-Primary Care Provider (PCP)										
Grush Kenneth P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Maw Kyee Tint Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Guha Sikha Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Goldstein Robert D Md	Practitioner - Non-Primary Care Provider (PCP)										
Krim Annemarie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saenger Paul H Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Allman Denton Md	Practitioner - Non-Primary Care Provider (PCP)										
Porreca Francis Joseph Md	Practitioner - Non-Primary Care Provider (PCP)										
Stemerman Michael B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Charles Joseph E Md	Practitioner - Non-Primary Care Provider (PCP)										
ldrich Thomas Knight Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Stone Peter Lyle Md	Practitioner - Non-Primary Care Provider (PCP)										
leches Richard Brooks Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
haron Raphael Md	Practitioner - Non-Primary Care Provider (PCP)										
ubeo Thomas Joseph Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
avikumar Sundaram	Practitioner - Non-Primary Care Provider (PCP)										
lein Steven Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
eck Rochelle L Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ello Jacqueline A Md	Practitioner - Non-Primary Care Provider (PCP)										
ark Kyung Sun Md	Practitioner - Non-Primary Care Provider (PCP)										
wens George Francis Md	Practitioner - Non-Primary Care Provider (PCP)										
eingold Robert E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
im Choong Whan Md	Practitioner - Non-Primary Care Provider (PCP)										
artell Michael G Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
dwards Joseph S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
uks Joachim Md	Practitioner - Non-Primary Care Provider (PCP)										
inzig Avi Israel Md	Practitioner - Non-Primary Care Provider (PCP)										
eath Desmond Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
arzano John C Dpm	Practitioner - Non-Primary Care Provider (PCP)										
avila-Katz Nicolas	Practitioner - Non-Primary Care Provider (PCP)										
atterson Bentley Lorene Md	Practitioner - Non-Primary Care Provider (PCP)										
oafo Alex Aniapam Twum Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
delglass Howard R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
sborn Irene Paulita Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	✓	~	~	~
ayers Martin Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
irsh Robert Md	Practitioner - Non-Primary Care Provider (PCP)										
envoize Guy A Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Deutsch Vicki-Jo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Protass Leon M Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Locastro Robert M Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Stern Stuart M Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Schneider Karen Lynne Md	Practitioner - Non-Primary Care Provider (PCP)											
Leeds Melvin Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Manzione Nancy Claire Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Sandra Goldman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
La Casio Ralph Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Schneller Stanley Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Oksman Henry Chaim Phd Md	Practitioner - Non-Primary Care Provider (PCP)											
Lowe Franklin C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wyszynski Bernard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Freidson Stephen Warren Md	Practitioner - Non-Primary Care Provider (PCP)											
Trambert Jonathan J Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Charles Elias Md	Practitioner - Non-Primary Care Provider (PCP)											
Guy Ali Eraj Md	Practitioner - Non-Primary Care Provider (PCP)											
Vidyasagar Sujata Md	Practitioner - Non-Primary Care Provider (PCP)											
Katz Henry J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)											
Levy Judith E Md	Practitioner - Non-Primary Care Provider (PCP)											
Dallegro Diane P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Karanfilian Richard G Md	Practitioner - Non-Primary Care Provider (PCP)											
Madonna Richard James	Practitioner - Non-Primary Care Provider (PCP)											
Ausubel Kalman Md	Practitioner - Non-Primary Care Provider (PCP)											
Abelow Arthur C Md	Practitioner - Non-Primary Care Provider (PCP)											
Bodine Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Morrison Scott I Od	Practitioner - Non-Primary Care Provider (PCP)											
Uliss Alan Ira E Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Towns Miranda Luz E Phd	Practitioner - Non-Primary Care Provider (PCP)											
Harrison Jeffrey D Md	Practitioner - Non-Primary Care Provider (PCP)											



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* Safety Net Providers in Green												
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Odowd Mary A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Frager Joseph D Md	Practitioner - Non-Primary Care Provider (PCP)											
Lev-Gur Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	>	~	~	~	>	>	~	
Mark Samuel Neelakanth Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Gasinu Koku Mawusi Md	Practitioner - Non-Primary Care Provider (PCP)											
Marville Jillian E Dpm	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Mercando Anthony D Md	Practitioner - Non-Primary Care Provider (PCP)											
Jaworsky Wolfgang Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Slamovits Thomas Lazare Md	Practitioner - Non-Primary Care Provider (PCP)											
Allen Patricia Hayden	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Greenberg Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Liberatore Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)											
Fine Eugene Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Klar Tobi B Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Amilo George Robert Chuka Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Matzner Frederick John Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Burger Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Surks Martin I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cohen Lee Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Kurtz Kenneth S Dds	Practitioner - Non-Primary Care Provider (PCP)											
Agnant Guirlaine Leonore	Practitioner - Non-Primary Care Provider (PCP)											
Levy Scott J Dds	Practitioner - Non-Primary Care Provider (PCP)											
Newsome Nadine Lorraine Dds	Practitioner - Non-Primary Care Provider (PCP)											
Merenstein Michael Laurence	Practitioner - Non-Primary Care Provider (PCP)											
_itman Nathan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	-
Miller Daniel Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Charmian D Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimartino Nardi Joan Md	Practitioner - Non-Primary Care Provider (PCP)											-
Goodrich James Tait Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rutman Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bassila Maha Khalil Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Lerner Roy Md	Practitioner - Non-Primary Care Provider (PCP)										
Hershman Jack I Md	Practitioner - Non-Primary Care Provider (PCP)										
Wainapel Stanley F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cohen Brian Md	Practitioner - Non-Primary Care Provider (PCP)										
Dobkin Jay B Md	Practitioner - Non-Primary Care Provider (PCP)										
Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Paul G Kleinman	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Levin Paul Edward Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weiner Francis R Md	Practitioner - Non-Primary Care Provider (PCP)										
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Clements Jerry Eugene Md	Practitioner - Non-Primary Care Provider (PCP)										
Overton Valarie Md	Practitioner - Non-Primary Care Provider (PCP)										
Speaker Mark George Md	Practitioner - Non-Primary Care Provider (PCP)										
Ravikumar Sunita Md	Practitioner - Non-Primary Care Provider (PCP)										
Thomas Mark A Md	Practitioner - Non-Primary Care Provider (PCP)										
Cadoff Evan M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fray Cecile Ingrid Md	Practitioner - Non-Primary Care Provider (PCP)										
Feurstein Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wo Chai Luk Md	Practitioner - Non-Primary Care Provider (PCP)										
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)										
Legatt Alan David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Herskovitz Steven Md	Practitioner - Non-Primary Care Provider (PCP)										
Brito Mercedes A Md	Practitioner - Non-Primary Care Provider (PCP)										
Stahl Berry Dmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rubin Mitchell Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Jayson Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Campbell Deborah E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veit Christina Ruegsegger Md	Practitioner - Non-Primary Care Provider (PCP)										
Strelzyn Marjorie J Od	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Monrad Ernest Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
Landsberger Ellen Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Freeman Ruth G Md	Practitioner - Non-Primary Care Provider (PCP)										
Goldberg Gary L Md	Practitioner - Non-Primary Care Provider (PCP)										
Merkatz Irwin R Md	Practitioner - Non-Primary Care Provider (PCP)										
Gitler David Md	Practitioner - Non-Primary Care Provider (PCP)										
Gramuglia Vincent J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fomberstein Barry J Md	Practitioner - Non-Primary Care Provider (PCP)										
lamele Claire M Md	Practitioner - Non-Primary Care Provider (PCP)										
Nanna Michele	Practitioner - Non-Primary Care Provider (PCP)										
Nnaemeka Peter Ejor Md	Practitioner - Non-Primary Care Provider (PCP)										
Evangelista Lilia A Md	Practitioner - Non-Primary Care Provider (PCP)										
Croll James Edward	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Dee Kenneth R Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Rubin David Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Chazotte Cynthia Md	Practitioner - Non-Primary Care Provider (PCP)										
Charles Howard C Md	Practitioner - Non-Primary Care Provider (PCP)										
Chin Shue Veronica E Od	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Disanto Gregory	Practitioner - Non-Primary Care Provider (PCP)										
Jhangiani Sunil S Md	Practitioner - Non-Primary Care Provider (PCP)										
Amis Edward Stephen Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Silverman Bonnie Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Miron Mike Md Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
Menegus Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gumaste Vivek Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Goldstein Steven Md	Practitioner - Non-Primary Care Provider (PCP)										
Kramer Albert Daniel	Practitioner - Non-Primary Care Provider (PCP)										
Neugarten Joel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Donev Irina I Md	Practitioner - Non-Primary Care Provider (PCP)										
ipton Richard B Md	Practitioner - Non-Primary Care Provider (PCP)										
Jean Charles Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Master Mumtaz Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ibanez Delfin George C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Silverman Pamela Md	Practitioner - Non-Primary Care Provider (PCP)										
Reinus John F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
riedland Stanley Phd	Practitioner - Non-Primary Care Provider (PCP)										
ayerbach Frank Ralph Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Guberman Ronald Mark Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Mandel Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Vallerson Donald Md	Practitioner - Non-Primary Care Provider (PCP)										
asala Patrick A Md	Practitioner - Non-Primary Care Provider (PCP)										
unes Filho Joao V Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Vatson Catherin Pace	Practitioner - Non-Primary Care Provider (PCP)										
Voo Myung Shik Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
chultz Jeffrey Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ortello Joan K	Practitioner - Non-Primary Care Provider (PCP)										
evy Steven Robert	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
ayan Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ohen Joel Stuart	Practitioner - Non-Primary Care Provider (PCP)										
larion Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
asur David M Phd	Practitioner - Non-Primary Care Provider (PCP)										
ernstein Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oldstein Sheldon N Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
erry Bradford Benton Md	Practitioner - Non-Primary Care Provider (PCP)										
ivell Howard Neil Md	Practitioner - Non-Primary Care Provider (PCP)										
amirez Mark Anthony Md	Practitioner - Non-Primary Care Provider (PCP)										
fiong Efiong James	Practitioner - Non-Primary Care Provider (PCP)										
ross Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
/inograd Steven M Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
reenstein Stuart Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
abenou Bijan Phd	Practitioner - Non-Primary Care Provider (PCP)										
sses David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
brahams Hal Andrew Dpm	Practitioner - Non-Primary Care Provider (PCP)										
ankelowitz Stanley Morris Md	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Cohen Alan F Md	Practitioner - Non-Primary Care Provider (PCP)										
Narang Jolie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Klein Susan A Md	Practitioner - Non-Primary Care Provider (PCP)										
Antony Michael Alexander Md	Practitioner - Non-Primary Care Provider (PCP)										
Kirshenbaum Nancy W	Practitioner - Non-Primary Care Provider (PCP)										
Cytryn Lawrence I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dorazi Stephen Theodore Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Gross Jay Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kraut Richard Alan Dds	Practitioner - Non-Primary Care Provider (PCP)										
Abramowicz Elisabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Jay Mermelstein Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)										
Hsu Daphne T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosenbaum Pearl S Md	Practitioner - Non-Primary Care Provider (PCP)										
Rose Louis C Md	Practitioner - Non-Primary Care Provider (PCP)										
Fleischman Jay A	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Steven R Md	Practitioner - Non-Primary Care Provider (PCP)										
Coco Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Klapper Daniel Abraham Md	Practitioner - Non-Primary Care Provider (PCP)										
Veisbard James Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Butin Mitchell P Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Bernholc Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/elazquez Lyzette Eileen Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Abbott Ira Richmond Iii Md	Practitioner - Non-Primary Care Provider (PCP)										
Sparr Steven Allen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kalnicki Shalom Md	Practitioner - Non-Primary Care Provider (PCP)										
evine Michael Ira Md	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez Orlando Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Katz Steven Jay Md	Practitioner - Non-Primary Care Provider (PCP)										
Rabinowich Lydia Md	Practitioner - Non-Primary Care Provider (PCP)										
Schuster Victor L Md	Practitioner - Non-Primary Care Provider (PCP)										
Tokayer Aaron Zev Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Grantham Christopher Ashby Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Levin Henry S Md	Practitioner - Non-Primary Care Provider (PCP)										
Champion Susan Md	Practitioner - Non-Primary Care Provider (PCP)										
Sparano Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)										
Engel Harry Mark	Practitioner - Non-Primary Care Provider (PCP)										
Lane Abbie Venus Dds	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Kosse Angelika Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Levner Charles	Practitioner - Non-Primary Care Provider (PCP)										
Dahdouh Michelle Adele Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Deboccardo Graciela O Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ransom Sherry M Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Suhrland Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Parras Mary Kean Md	Practitioner - Non-Primary Care Provider (PCP)										
Lezcano Lazaro Gustavo Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Marino Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Della Badia John Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
O Hagan Harriet Glazer Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Fleisher Arlen Gary Md	Practitioner - Non-Primary Care Provider (PCP)										
Auricchio John Steven Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Lucariello Richard Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Jackness Emily Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nguyen Hung Dang Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mirels Hilton Md	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Robin Suzette Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Driscoll M Catherine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Siegel Cary Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cynamon Jacob Md	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Bartholome Md	Practitioner - Non-Primary Care Provider (PCP)										
Fox Amy S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Levin Sheryl Rina Md	Practitioner - Non-Primary Care Provider (PCP)										
Herzberg Stephen L Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Schorr-Lesnick Beth Md	Practitioner - Non-Primary Care Provider (PCP)											
Keltz Theodore N Md	Practitioner - Non-Primary Care Provider (PCP)											
Plummer Robert L Md.,Facs.,Pc	Practitioner - Non-Primary Care Provider (PCP)											
Wilkins Robert 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)	~	~									
Frost Andrei Md	Practitioner - Non-Primary Care Provider (PCP)											
Vachs Jane Zimetbaum Md	Practitioner - Non-Primary Care Provider (PCP)											
ipschitz Sageman Sharon B Md	Practitioner - Non-Primary Care Provider (PCP)											
Berkower Alan Stewart Md	Practitioner - Non-Primary Care Provider (PCP)											
Osborn Elizabeth Phd	Practitioner - Non-Primary Care Provider (PCP)											
Michler Robert E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dimond Carol L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Holder Jonathan L Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaminer Ruth B Md	Practitioner - Non-Primary Care Provider (PCP)											
auer Simeon A Md	Practitioner - Non-Primary Care Provider (PCP)											
Shookster Linda A Md	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Eulogio Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Simmons Deborah A Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Krilov Meg Allyn Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ebowitz Philip W Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
reddo Lorenza Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rozenblit Alla Md	Practitioner - Non-Primary Care Provider (PCP)											
eghali Joseph G Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Alan L Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Shaukat Kamran Md	Practitioner - Non-Primary Care Provider (PCP)											-
Haramati Nogah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
evin Terry L Md	Practitioner - Non-Primary Care Provider (PCP)											
Broyde Haramati Linda Md	Practitioner - Non-Primary Care Provider (PCP)											
Dai Phie-Bee Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/enable Cassandra E Md	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Patrick Sharon Lynne Md	Practitioner - Non-Primary Care Provider (PCP)											
Shabsigh Ridwan Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Weingarten-Arams Jacqueline S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Maffucci Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Costley-Hoke Karen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Asnis Gregory Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Debello John A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Chin Henry Thickbin Md	Practitioner - Non-Primary Care Provider (PCP)											
Afran Scott Ian Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Vorchheimer David A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Meisher Irina Md	Practitioner - Non-Primary Care Provider (PCP)											
lagust Marcy Md	Practitioner - Non-Primary Care Provider (PCP)											
Kreutzer Eric R Md	Practitioner - Non-Primary Care Provider (PCP)											
eviton Ira Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Parker Frederick L Md	Practitioner - Non-Primary Care Provider (PCP)											
Solomon Sherry K Md	Practitioner - Non-Primary Care Provider (PCP)											
Casino Joseph E Md	Practitioner - Non-Primary Care Provider (PCP)											
rei Gill Leor Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamen Stewart M Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
Schwalb Murray David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gindi Michael D Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sofair David	Practitioner - Non-Primary Care Provider (PCP)											
Foote Jay Bradley Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stein Marjorie W Md	Practitioner - Non-Primary Care Provider (PCP)											
Sperling Neil M Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Kogan Melanie G Md	Practitioner - Non-Primary Care Provider (PCP)											
Shayevitz Jay Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Koltovich Paul W Md	Practitioner - Non-Primary Care Provider (PCP)											
shkanian Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Spivack Simon D Md	Practitioner - Non-Primary Care Provider (PCP)											
Ganti Sudha Rajaram Md	Practitioner - Non-Primary Care Provider (PCP)											



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Goez Emilio A Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Jehlinger Joan M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Suggs William D Md	Practitioner - Non-Primary Care Provider (PCP)										
Silverman Marc M Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Sellinger Catherine Ryan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kahana Madelyn Dale Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Romano Christopher J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Campbell Andrew Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Davitt Michelle M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davis Robert L Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Gheorghiu Olimpia Tintea Md	Practitioner - Non-Primary Care Provider (PCP)										
Mendieta Jorge Vladimir Dds	Practitioner - Non-Primary Care Provider (PCP)										
Goldstein Harold L Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Natta Vivian A Rn	Practitioner - Non-Primary Care Provider (PCP)										
Segan Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ballaban-Gil Karen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Borakove Larry Steven	Practitioner - Non-Primary Care Provider (PCP)										
Hoffman Anthony David Md	Practitioner - Non-Primary Care Provider (PCP)										
/azquez Santiago Ivan A Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lederman Jeffrey A Md	Practitioner - Non-Primary Care Provider (PCP)										
Feldman Richard Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Jacques Jean-Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Spicehandler Debra Ann Md	Practitioner - Non-Primary Care Provider (PCP)										
Messinger David B Md	Practitioner - Non-Primary Care Provider (PCP)										
Sue Young-Jin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Balentine Jerry Ray Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Gomez Maria Fernanda Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Charney Richard Md	Practitioner - Non-Primary Care Provider (PCP)										
Bastidas Jairo A Dds	Practitioner - Non-Primary Care Provider (PCP)										
Gropper Charles A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Antonelle Robert William Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
elzak Edward Elliot Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Johnson Michael Norman Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fleischmann Jonathan D Md	Practitioner - Non-Primary Care Provider (PCP)										
Jarosz Cathy Julia Md	Practitioner - Non-Primary Care Provider (PCP)										
Gruber Peter J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Epstein Steven B Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Angioletti Louis Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
Dalmacy Tardieu Marie Ange Md	Practitioner - Non-Primary Care Provider (PCP)										
Keiser Harold D Md	Practitioner - Non-Primary Care Provider (PCP)										
Francis Rozelle A Od	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)	~	~								
Shulman Lisa H Md	Practitioner - Non-Primary Care Provider (PCP)										
Zucker Howard Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Singh Mahinderjit Md	Practitioner - Non-Primary Care Provider (PCP)										
Engelbrecht David Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Najara Julia E Md	Practitioner - Non-Primary Care Provider (PCP)										
Pollack Simeon Md	Practitioner - Non-Primary Care Provider (PCP)										
Rodgers I Rand Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosenfeld Nathan S Md	Practitioner - Non-Primary Care Provider (PCP)										
Mohandas Kala Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Darwin Buschman Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
qbal Naveed Md	Practitioner - Non-Primary Care Provider (PCP)										
Keller Steven M Md	Practitioner - Non-Primary Care Provider (PCP)										
Abrams Steven B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mokrzycki Michele Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Katz Howard Victor Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
(lapper Philip Jacob Md	Practitioner - Non-Primary Care Provider (PCP)										
Carcione Joseph Rosario Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Koster Harry Robert M Md	Practitioner - Non-Primary Care Provider (PCP)										
Eviatar Joseph Alexander Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Enriquez Eduardo R Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Sadarangani Gurmukh J Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Grun Andrei A Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Vallejo Doris Md	Practitioner - Non-Primary Care Provider (PCP)										
Chambers Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Wharton Ronald H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Cohen Seth A Md	Practitioner - Non-Primary Care Provider (PCP)										
Newell Rosanne M Md	Practitioner - Non-Primary Care Provider (PCP)										
Casper Theodore Md	Practitioner - Non-Primary Care Provider (PCP)										
Rivera Ruby E F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Scher Mark A Md	Practitioner - Non-Primary Care Provider (PCP)										
Garofalo Raffaele Md	Practitioner - Non-Primary Care Provider (PCP)										
Roberts Jeffrey H Md	Practitioner - Non-Primary Care Provider (PCP)										
Walter Eric G Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Foreman Hyacinthe Monica T Md	Practitioner - Non-Primary Care Provider (PCP)										
Drucker Perry Dean Md	Practitioner - Non-Primary Care Provider (PCP)										
_owe Teresa Ann Od	Practitioner - Non-Primary Care Provider (PCP)										
John C Megarr Rehabilitation	Practitioner - Non-Primary Care Provider (PCP)										
Munsayac Adele T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Fineberg Susan Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gucalp Rasim Md	Practitioner - Non-Primary Care Provider (PCP)										
Michnovicz Jon J Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Bengualid Victoria Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Walsh Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)										
Laks Mitchell P Md	Practitioner - Non-Primary Care Provider (PCP)										
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)										
Pounds Richard Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Petrie Ferell J Johnson	Practitioner - Non-Primary Care Provider (PCP)										
Leibman A Jill Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Woroch Roman S Md	Practitioner - Non-Primary Care Provider (PCP)										
Lis Ronald J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Riess Iwona A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Gevirtz Clifford M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Lane Christopher Joseph Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Levine Sander Mark	Practitioner - Non-Primary Care Provider (PCP)										
Appel David W Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Weitzner Ari Leonard Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Ushay Henry Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Schneider Matthew R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Family Foot Care New Rochelle	Practitioner - Non-Primary Care Provider (PCP)										
Lippman Marie Abarientos Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Bhola Anita Md	Practitioner - Non-Primary Care Provider (PCP)										
Angioletti Lee Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Dicpinigaitis Peter V Md	Practitioner - Non-Primary Care Provider (PCP)										
Shein David M Mnd	Practitioner - Non-Primary Care Provider (PCP)										
Maisel Louis M Md	Practitioner - Non-Primary Care Provider (PCP)										
Janis Marc C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Miller Donald Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
Schevon Michael Dds	Practitioner - Non-Primary Care Provider (PCP)	~		~	>	~	~	~	~		
Landy Robert Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Grieg Adolfo F Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Stein Jeffrey Leonard Md	Practitioner - Non-Primary Care Provider (PCP)										
Saint-Preux Jean Marie Carl M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~		~
Yearwood Renee D Od	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Divito Joseph Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Santos Frank Md	Practitioner - Non-Primary Care Provider (PCP)										
Fethke Eric Daniel Md	Practitioner - Non-Primary Care Provider (PCP)										
Stern Julia Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)										
Reichman Edward I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~
Ohajekwe Ogedi A Md	Practitioner - Non-Primary Care Provider (PCP)										
Mutone Michael Christopher Md	Practitioner - Non-Primary Care Provider (PCP)										
Lai Katherine M Dpm	Practitioner - Non-Primary Care Provider (PCP)										



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Beitler Allison J Md	Practitioner - Non-Primary Care Provider (PCP)										
Rao Narasinga P Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Olsewski John M Md	Practitioner - Non-Primary Care Provider (PCP)										
Kaufmann Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Halpern Michele Md	Practitioner - Non-Primary Care Provider (PCP)										
Itzkoff Roberta L Md	Practitioner - Non-Primary Care Provider (PCP)										
Gela Boguslawa D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Devine Patricia A Md	Practitioner - Non-Primary Care Provider (PCP)										
Wilson Arnold Brett Md	Practitioner - Non-Primary Care Provider (PCP)										
Volterra Fabio Md	Practitioner - Non-Primary Care Provider (PCP)										
Vazquez Soraya E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rodriguez Consuelo	Practitioner - Non-Primary Care Provider (PCP)										
Weltman David I Md	Practitioner - Non-Primary Care Provider (PCP)										
Wachs Eric A Dmd	Practitioner - Non-Primary Care Provider (PCP)										
Selekman Warren L	Practitioner - Non-Primary Care Provider (PCP)										
Crandall Jill Md	Practitioner - Non-Primary Care Provider (PCP)										
Wolf Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Preven David W Md	Practitioner - Non-Primary Care Provider (PCP)										
Toppin James D	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Yu Lio Md	Practitioner - Non-Primary Care Provider (PCP)										
Rasmussen Anne B Md	Practitioner - Non-Primary Care Provider (PCP)										
Dietrich Marianne Md	Practitioner - Non-Primary Care Provider (PCP)										
Morelli Charles M	Practitioner - Non-Primary Care Provider (PCP)										
Chee Won Keun Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Doyle Howard R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Meyer Robert H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Romano Jacques Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosenstein Maury Md	Practitioner - Non-Primary Care Provider (PCP)										
Hayden Francis Fitzgerald li	Practitioner - Non-Primary Care Provider (PCP)										
Trauzzi Stephen Md	Practitioner - Non-Primary Care Provider (PCP)										
Zeleznik Jomarie Md	Practitioner - Non-Primary Care Provider (PCP)										



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Navas John J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weiss Andrea Md	Practitioner - Non-Primary Care Provider (PCP)										
Garan Ared	Practitioner - Non-Primary Care Provider (PCP)										
Tun Joy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Foster Joanne L Md	Practitioner - Non-Primary Care Provider (PCP)										
Katsnelson Nelly Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Benacquista Teresa Md	Practitioner - Non-Primary Care Provider (PCP)										
Barzilai Nir Md	Practitioner - Non-Primary Care Provider (PCP)										
Scharf Bradley Hal Md	Practitioner - Non-Primary Care Provider (PCP)										
Fruitman Edward	Practitioner - Non-Primary Care Provider (PCP)										
Herzog Gary Do	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Straker Tracey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gadioma Roy V Md	Practitioner - Non-Primary Care Provider (PCP)										
Schwartz Stewart Ian Do	Practitioner - Non-Primary Care Provider (PCP)										
Waite Douglas	Practitioner - Non-Primary Care Provider (PCP)										
Woo Danny	Practitioner - Non-Primary Care Provider (PCP)										
Bradlow Jonathan Avery Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosenberg Stuart Owen	Practitioner - Non-Primary Care Provider (PCP)										
Catanese Dominic J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gaughan Gerald F Md	Practitioner - Non-Primary Care Provider (PCP)										
Paul Evelyne M Md	Practitioner - Non-Primary Care Provider (PCP)										
David Jonathan Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Connors Robert	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Matthews Gerald J Md	Practitioner - Non-Primary Care Provider (PCP)										
White Deborah J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dummit Eldon Steven lii Md	Practitioner - Non-Primary Care Provider (PCP)										
Southern William Norman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Smith Richard V Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ross Randall M Md	Practitioner - Non-Primary Care Provider (PCP)										
Ostrer Harry Md	Practitioner - Non-Primary Care Provider (PCP)										
Vital-Herne Marc Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~



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Klion Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Dogim Lila Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Bartels Matthew N Md	Practitioner - Non-Primary Care Provider (PCP)										
Boniuk Jonathan Daniel Md	Practitioner - Non-Primary Care Provider (PCP)										
Deluca Richard Vincent Md	Practitioner - Non-Primary Care Provider (PCP)										
Greenberg Eliezer Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Feldmesser Marta Lois Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lowite Norman T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Karpinos Robert D Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Abdo Farid Fawzi Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Le Guillou Alain Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosen Orna Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Reyes Maria Julieta G Md	Practitioner - Non-Primary Care Provider (PCP)										
Okpalanma Chika Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kligler Benjamin Eli Md	Practitioner - Non-Primary Care Provider (PCP)										
Portzline Thomas S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bernstein Peter Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weiss Louis Martin Md	Practitioner - Non-Primary Care Provider (PCP)										
Birnbaum Israel	Practitioner - Non-Primary Care Provider (PCP)										
Emralino Feliciano F Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Brook Allan L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Juste Dominique F Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Shamamian Peter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Appel Curtis Md	Practitioner - Non-Primary Care Provider (PCP)										
Jorde Ulrich P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gombos Michal M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Calderon Edwin Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Karwa Manoj L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Doraiswamy Kalpana	Practitioner - Non-Primary Care Provider (PCP)										
Bodner William R Md	Practitioner - Non-Primary Care Provider (PCP)										
Polistina Dean Carl Md	Practitioner - Non-Primary Care Provider (PCP)										



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Berliner Randall Geoffrey	Practitioner - Non-Primary Care Provider (PCP)										
Klugman Susan Debra Md	Practitioner - Non-Primary Care Provider (PCP)										
Boyer Ann Mulford Md	Practitioner - Non-Primary Care Provider (PCP)										
Murphy Daniel G Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Holtzman Lawrence Steven Md	Practitioner - Non-Primary Care Provider (PCP)										
Kinkhabwala Milan M Md	Practitioner - Non-Primary Care Provider (PCP)										
Carr Samuel Stephen Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Fishman Charles L Md	Practitioner - Non-Primary Care Provider (PCP)										
Badillo Mary Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Holden Lynne M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Minarik Marlene	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Hollander Eric Md	Practitioner - Non-Primary Care Provider (PCP)										
Rowe Timothy Owen	Practitioner - Non-Primary Care Provider (PCP)										
Stein David Franklin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Broderick Carlene Hillary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baccellieri Angelo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)										
Kindschuh Mark William E Md	Practitioner - Non-Primary Care Provider (PCP)										
King Diana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Billotti Thomas J	Practitioner - Non-Primary Care Provider (PCP)										
Sussman Arlene Md	Practitioner - Non-Primary Care Provider (PCP)										
Bieri Phyllis L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Moline Clelia Elisabeth Md	Practitioner - Non-Primary Care Provider (PCP)										
Lee Conroy Shaw Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alsaloum Mourhege Matta Md	Practitioner - Non-Primary Care Provider (PCP)										
Spinelli Allison Donna Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Orjuela Hernando Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Vick Angela Kaye Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gunzenhauser Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Klie Thomas Ernst Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Savani Nargis Kasam Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Katz Barrett J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Green Leacroft Fitz-Henley Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Bookner Elissa Michele Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kim Christine M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lanna Raouf R Md	Practitioner - Non-Primary Care Provider (PCP)										
Sopal Sireen Murari Md	Practitioner - Non-Primary Care Provider (PCP)										
lissinoff Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)										
Slotwiner-Nie Peter K Md	Practitioner - Non-Primary Care Provider (PCP)										
Gentilucci Marco Md	Practitioner - Non-Primary Care Provider (PCP)										
Dire J Leonard Md	Practitioner - Non-Primary Care Provider (PCP)										
Gerardi Paul Md	Practitioner - Non-Primary Care Provider (PCP)										
Noleti Carole Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bellinson Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veidenheim Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
anaka Kathryn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
atech Howard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Castellano Michael Leo Md	Practitioner - Non-Primary Care Provider (PCP)										
arry David John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ipsitz Evan Coulson Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lakower Della Felice Md	Practitioner - Non-Primary Care Provider (PCP)										
Miller Laurence Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lachman Sami Albert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ahmani Kamran Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rens Raanan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ippman Eric Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
arvey Richard Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
epler Ira Ashley Md	Practitioner - Non-Primary Care Provider (PCP)										
gbonkpolo Francis O O	Practitioner - Non-Primary Care Provider (PCP)										
loazen Haleh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Song Jing Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berkenblit Robert Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mastrantonio John Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Bharucha Stephen B Md	Practitioner - Non-Primary Care Provider (PCP)										
Dirusso Stephen Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
_evie Mark D Md	Practitioner - Non-Primary Care Provider (PCP)										
Kaufman Alan	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Sanjeev Md	Practitioner - Non-Primary Care Provider (PCP)										
Henry Donna Marie Md	Practitioner - Non-Primary Care Provider (PCP)										
iburd Jennifer D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mabie Peter C Md	Practitioner - Non-Primary Care Provider (PCP)										
Steinschneider Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Siejo Rosa M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mehler Mark F Md	Practitioner - Non-Primary Care Provider (PCP)										
arris Edmund Paul Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Kile Kristopher Trenton	Practitioner - Non-Primary Care Provider (PCP)										
/itti Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)										
Bastien Alexandra Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	✓	~
Rao Prakash Jerripotula Md	Practitioner - Non-Primary Care Provider (PCP)										
evy Daniel Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)										
Acdonald Thomas V Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	>	~
Perry-Bottinger Lynne V Md	Practitioner - Non-Primary Care Provider (PCP)										
inger Alfred Md	Practitioner - Non-Primary Care Provider (PCP)										
Volintz Robyn Joy Md	Practitioner - Non-Primary Care Provider (PCP)										
Aquino Melinda Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Campbell Bruce G Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Cohen Bruce Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
uo Dennis Yi-Shin Md	Practitioner - Non-Primary Care Provider (PCP)										
iad Alfredo Manuel Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	>	~
ickoff Corey lan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	>	~
Colon Lillian Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lakimian Navid Md	Practitioner - Non-Primary Care Provider (PCP)										
Savitz Donald Alfred Iii Md	Practitioner - Non-Primary Care Provider (PCP)										



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Kakanantadilok Nuntiya Dmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wiltz Mauricio J Dds	Practitioner - Non-Primary Care Provider (PCP)										
Pan Edwin Md	Practitioner - Non-Primary Care Provider (PCP)										
Szabo Edith G Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Patti Ernest Frank Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Patel Mayank	Practitioner - Non-Primary Care Provider (PCP)										
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)										
Correa Nereida Md	Practitioner - Non-Primary Care Provider (PCP)										
Chernov Mikhail Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Campolattaro Brian N Md	Practitioner - Non-Primary Care Provider (PCP)										
ink-Levine Nanci Md	Practitioner - Non-Primary Care Provider (PCP)										
Savel Richard H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ricketts Sarah M Md	Practitioner - Non-Primary Care Provider (PCP)										
arusso Elaina Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kessaris Harland	Practitioner - Non-Primary Care Provider (PCP)										
Capiro Rodney Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Dh-Park Moo-Yeon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rameshwar Karamchand Md	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Baskas David A Dds	Practitioner - Non-Primary Care Provider (PCP)										
Hockmeyer Merrith H	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Gallegos Juanita Guzman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Siggs Jacqueline C V Cnm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Gratch Mary Matilda Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Petersen Bert M Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Valker-Seymore Julienne A	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
laut Sheryl Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ones Harriet Ivy Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
cuebas Luisette Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Cornblau Dina H Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
eyvi Galina Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
Barry I Finkelstein Dpm Pllc	Practitioner - Non-Primary Care Provider (PCP)										



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Schofield Barbara S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Travin Mark I Md	Practitioner - Non-Primary Care Provider (PCP)										
Lamour Jacqueline M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rajdev Lakshmi N Md	Practitioner - Non-Primary Care Provider (PCP)										
Aquino Suzanne Lei	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Mejia Fernando Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~	
Kim Kami Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vassallo Charles J Md	Practitioner - Non-Primary Care Provider (PCP)										
Green David Alan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Pass Robert Harrison Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)										
Wong Ping Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kirchmann Robert Dds	Practitioner - Non-Primary Care Provider (PCP)										
hemaguba Michael O Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Leong Christopher W-K Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Pellegrino Christine M Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosenzweig Robert Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)										
Khan Afshan Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Goez Juan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Felix Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Mar Katherine	Practitioner - Non-Primary Care Provider (PCP)										
Victor Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sharma Jayendra R Md	Practitioner - Non-Primary Care Provider (PCP)										
Bergman Scott Zachary Phd	Practitioner - Non-Primary Care Provider (PCP)										
Miller Robert	Practitioner - Non-Primary Care Provider (PCP)										
De Oliveira Paolo S Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Park Steven Young Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Suecoff Stacey A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ythier Denise	Practitioner - Non-Primary Care Provider (PCP)										
John Celina P Md	Practitioner - Non-Primary Care Provider (PCP)										
Gruenberg Tammy R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~



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ipton Michael L Md	Practitioner - Non-Primary Care Provider (PCP)										
loses Melanie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vroblewski Roselyn Marza	Practitioner - Non-Primary Care Provider (PCP)	~	~								
lurray Gloria L Cnm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
a Conellia Md	Practitioner - Non-Primary Care Provider (PCP)										
vner Jeffrey R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eyer Paul H Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
havamian Reza Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
antos Roderick Mallorca Md	Practitioner - Non-Primary Care Provider (PCP)										
eman Harry Jay Md	Practitioner - Non-Primary Care Provider (PCP)										
eforest Pamela Michelle Md	Practitioner - Non-Primary Care Provider (PCP)										
negold Ira Md	Practitioner - Non-Primary Care Provider (PCP)										
egnjajic Arsen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	>	~	~	~	~
ager Ralph Md	Practitioner - Non-Primary Care Provider (PCP)										
im Kyongmi Md	Practitioner - Non-Primary Care Provider (PCP)										
ellen Judit Md	Practitioner - Non-Primary Care Provider (PCP)										
hen Jimmy Md	Practitioner - Non-Primary Care Provider (PCP)										
oss Donald Md	Practitioner - Non-Primary Care Provider (PCP)										
insky Lloyd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ilorenzo James C Md	Practitioner - Non-Primary Care Provider (PCP)										
avis Ira	Practitioner - Non-Primary Care Provider (PCP)										
ark Jung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aomi Kunin Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
oseph Myriame	Practitioner - Non-Primary Care Provider (PCP)										
athisson Kevin	Practitioner - Non-Primary Care Provider (PCP)										
ong Sharps Paige Lynette	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
eusink John Paul Md	Practitioner - Non-Primary Care Provider (PCP)										
ubrano Arcangelo Aldo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
etzler Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onca Lorraine T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/ollowitz Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Forti Rene Josephine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Baghizadeh-Toosi Babak Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Saringer Magdolna Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Krumerman Andrew K Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Inetila Carol	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Pawl Nancy	Practitioner - Non-Primary Care Provider (PCP)											1
Pirofski Liise-Anne Md	Practitioner - Non-Primary Care Provider (PCP)											1
Marcus Paula Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Jones Joan	Practitioner - Non-Primary Care Provider (PCP)											1
Sturza Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											1
Coyle Christina	Practitioner - Non-Primary Care Provider (PCP)											1
Cajigas Antonio	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Bernstein Karen E Md	Practitioner - Non-Primary Care Provider (PCP)											1
Hanley Ann Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											1
Fitzgerald Regina Marie	Practitioner - Non-Primary Care Provider (PCP)											1
Герlitz Ellen	Practitioner - Non-Primary Care Provider (PCP)											1
Fried Philip Md	Practitioner - Non-Primary Care Provider (PCP)											1
Sconzo Denis Thomas	Practitioner - Non-Primary Care Provider (PCP)											1
Camille Michel-Ang Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
lackson Arthur Crawford Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
ishbach Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											1
Sabelman Gary Steven Md	Practitioner - Non-Primary Care Provider (PCP)											1
acobson Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Pana-Sarmiento Remedios	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Stephens Hyram	Practitioner - Non-Primary Care Provider (PCP)											1
Callard Helana Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	1
Smotkin David Md	Practitioner - Non-Primary Care Provider (PCP)											
Haskes Lloyd Partman	Practitioner - Non-Primary Care Provider (PCP)											
Monteverde Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)											
Hudes Golda Md	Practitioner - Non-Primary Care Provider (PCP)											1
George Helen B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	ī



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Gonzalez Angela E Md	Practitioner - Non-Primary Care Provider (PCP)										
Khine Hnin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dinces Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Benenson Blanche S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Ehrensall Kenneth S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Mantello Ginny	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Joseph Vilma A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Keller Marla Jill Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Koenigsberg Tova C Md	Practitioner - Non-Primary Care Provider (PCP)										
Farah Samer Md	Practitioner - Non-Primary Care Provider (PCP)										
Puente Anibal O Md	Practitioner - Non-Primary Care Provider (PCP)										
Broadnax Denise Michele	Practitioner - Non-Primary Care Provider (PCP)										
Dassa Gabriel L Md	Practitioner - Non-Primary Care Provider (PCP)										
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Guha Chandan Md	Practitioner - Non-Primary Care Provider (PCP)										
Marini Robert Anthony Md	Practitioner - Non-Primary Care Provider (PCP)										
Rubin Michael Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)										
Chin Tin Sik	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Albulak Mehmet Kerim Md	Practitioner - Non-Primary Care Provider (PCP)										
Schreiber Klaus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Chan John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Schlesinger Kathie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Hameedi Faiq Ali Md	Practitioner - Non-Primary Care Provider (PCP)										
Whitney Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Abadir-Hallock Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Hart Douglas Md	Practitioner - Non-Primary Care Provider (PCP)										
Osborne Olive Clarice Md	Practitioner - Non-Primary Care Provider (PCP)										
Garg Purnima Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Griffith Sharon L Md	Practitioner - Non-Primary Care Provider (PCP)										
Devore Nancy Cnm	Practitioner - Non-Primary Care Provider (PCP)										



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Pollack Staci E Md	Practitioner - Non-Primary Care Provider (PCP)										
Gaschke Yvonne Nanette	Practitioner - Non-Primary Care Provider (PCP)										
Akkapeddi Sudha L Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Rivas Yolanda Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sanyal Rajat S Md	Practitioner - Non-Primary Care Provider (PCP)										
Vright Rodney L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sands Brenda M	Practitioner - Non-Primary Care Provider (PCP)										
arlese Anthony J Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
urov Ellen A Md	Practitioner - Non-Primary Care Provider (PCP)										
erlstein David A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Carter-Edwards Mildred G	Practitioner - Non-Primary Care Provider (PCP)										
angiulli Alfonso Richard Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eptulla Rubina A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
homas Sherlan Angela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scalmati Alessandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ladu Assumpta Agoucha Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
asson Michelle	Practitioner - Non-Primary Care Provider (PCP)										
lerbsman Neil Md	Practitioner - Non-Primary Care Provider (PCP)										
lundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ent John P lii Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lani Sridhar Md	Practitioner - Non-Primary Care Provider (PCP)										
mall Jonathan M Phd	Practitioner - Non-Primary Care Provider (PCP)										
orossian Carol L	Practitioner - Non-Primary Care Provider (PCP)										
Mann Ranon E Md	Practitioner - Non-Primary Care Provider (PCP)										
alikai Chandrappa P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lerold Betsy C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
udek Ronald D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
licci Zina J Md	Practitioner - Non-Primary Care Provider (PCP)										
Ronca Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)										
Adamczyk Diane	Practitioner - Non-Primary Care Provider (PCP)										



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Canellos Harriette	Practitioner - Non-Primary Care Provider (PCP)											
Carter Doreen	Practitioner - Non-Primary Care Provider (PCP)											
ibassi David	Practitioner - Non-Primary Care Provider (PCP)											
Richter Scott	Practitioner - Non-Primary Care Provider (PCP)											
chuettenberg Susan	Practitioner - Non-Primary Care Provider (PCP)											
Sherman Jerome	Practitioner - Non-Primary Care Provider (PCP)											
hau Andrea	Practitioner - Non-Primary Care Provider (PCP)											
landler-Igna Frances Beth	Practitioner - Non-Primary Care Provider (PCP)											
attaglia Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
lassan Khaled A Md	Practitioner - Non-Primary Care Provider (PCP)											
enney Kathleen M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/ald-Cagan Paulette	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
rant Carol A Md	Practitioner - Non-Primary Care Provider (PCP)											
hatnagar Rajesh Md	Practitioner - Non-Primary Care Provider (PCP)											
inden Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenberg Dara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
leller Diane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
chwanderia James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
uillaume Carl Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
ohn Annamma	Practitioner - Non-Primary Care Provider (PCP)											
heindlin Jonathan A Md	Practitioner - Non-Primary Care Provider (PCP)											
ackley Barbara Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
tivala George Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
perling Karen Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
iremberg Moyses Md	Practitioner - Non-Primary Care Provider (PCP)											
ankiewicz Patricia A	Practitioner - Non-Primary Care Provider (PCP)											
anthanam Hema L	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
/hite Michael James Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
lestzick Harold N Md	Practitioner - Non-Primary Care Provider (PCP)											
revitt Lane David Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Prentlicher Rona Judith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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alvin Catherine Anne	Practitioner - Non-Primary Care Provider (PCP)										
aciag Emanuela Maria Md	Practitioner - Non-Primary Care Provider (PCP)										
alar Nilesh Naran Md	Practitioner - Non-Primary Care Provider (PCP)										
ampbell Caron Michelle Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
singer Elisabeth	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
ulsakdinun Chaiyaporn Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
evi Daniela Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
anwani Deepa Girdharlal Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
ma D Ratakonda Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
okhan Solen Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
ookchin Robert	Practitioner - Non-Primary Care Provider (PCP)										
olkoff Allan W Md	Practitioner - Non-Primary Care Provider (PCP)										
athirithamby Dona	Practitioner - Non-Primary Care Provider (PCP)										
nchman Herbert M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
einberg Jacob	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ee Sunhee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
chectman Merryl	Practitioner - Non-Primary Care Provider (PCP)										
ıbin Katlyne	Practitioner - Non-Primary Care Provider (PCP)										
osanchuk Joshua Md	Practitioner - Non-Primary Care Provider (PCP)										
utterman Chaim Md	Practitioner - Non-Primary Care Provider (PCP)										
molin Yvette Lynne Md	Practitioner - Non-Primary Care Provider (PCP)										
ayal Ashlesha	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
hang Eugene J Md	Practitioner - Non-Primary Care Provider (PCP)										
arellada Alejo	Practitioner - Non-Primary Care Provider (PCP)										
oll-Ruiz Hector	Practitioner - Non-Primary Care Provider (PCP)										
osing Mark Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
otenberg Ohad David Md	Practitioner - Non-Primary Care Provider (PCP)										
nabon Brenda Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
atzman Bryan Russell Md	Practitioner - Non-Primary Care Provider (PCP)										
nstein Mark Howard Md	Practitioner - Non-Primary Care Provider (PCP)										
erman Craig	Practitioner - Non-Primary Care Provider (PCP)										



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/an Roekens Craig N Md	Practitioner - Non-Primary Care Provider (PCP)										
Crofford Marsha J Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Goldman David L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Markhasina Inna Md	Practitioner - Non-Primary Care Provider (PCP)										
Agu Felicia Rn	Practitioner - Non-Primary Care Provider (PCP)										
Alfieri Donna Marie Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Posner Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kaplan Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Raab Carolyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Elite Physical Therapay And R	Practitioner - Non-Primary Care Provider (PCP)										
Mian Umar Khalil Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Martin Karen Leslie	Practitioner - Non-Primary Care Provider (PCP)										
Lynn Adam M Phd	Practitioner - Non-Primary Care Provider (PCP)										
Russo Marian Angela Md	Practitioner - Non-Primary Care Provider (PCP)										
Adelsberg Marc R	Practitioner - Non-Primary Care Provider (PCP)										
Boltin Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Collado Damaris A Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Snyder Andrea Madeline Md	Practitioner - Non-Primary Care Provider (PCP)										
Yuabov Boris Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Rothman Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Nachmann Dennis S Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Raid Sadda Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Havranek Thomas George Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Limani Robert B Md	Practitioner - Non-Primary Care Provider (PCP)										
Asif Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)										
Sharaftkhah Martin Md	Practitioner - Non-Primary Care Provider (PCP)										
Goldstein Daniel Jacob Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bright Smiles Dental Pllc	Practitioner - Non-Primary Care Provider (PCP)										
Indelicato Rose Ann	Practitioner - Non-Primary Care Provider (PCP)										
Stein Daniel Thomas Md	Practitioner - Non-Primary Care Provider (PCP)										



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Tiu Aurora Tompar Md	Practitioner - Non-Primary Care Provider (PCP)											
Al-Salem Salim S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Gil Roberto B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/aldivia Ana Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Bagga Kamlesh K Csw	Practitioner - Non-Primary Care Provider (PCP)											
Palma Eugen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Banks Erika Heidi Md	Practitioner - Non-Primary Care Provider (PCP)											
Vin Khin Khin	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Pisklakov Sergey Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Veigle Mark Raymond Md	Practitioner - Non-Primary Care Provider (PCP)											
hrlich Randall Victor Md	Practitioner - Non-Primary Care Provider (PCP)											
Illison Karen Melanie Md	Practitioner - Non-Primary Care Provider (PCP)											
lapolitano Antonio Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
oeb Sheila L Cnm/Mmc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
annen Rebekah Y	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Creating Smiles Llc	Practitioner - Non-Primary Care Provider (PCP)	~	~									
igueroa-Corser Lourdes M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
lardin John Avery Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Patel Rajesh Manharbhai Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Del Rio Marcela Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
laynes Hilda Althea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Culliford Andrea N Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
laing Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Mbekeani Joyce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Caplan Alexander V Md	Practitioner - Non-Primary Care Provider (PCP)											
Obeckis Elizabeth Carpio	Practitioner - Non-Primary Care Provider (PCP)											
lewman-Zitka Barbara A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
reeman Irene Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Olhoffer Ingrid Helena Md	Practitioner - Non-Primary Care Provider (PCP)											
Mazarin Gregory I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
andzberg Kim Starer Md	Practitioner - Non-Primary Care Provider (PCP)											



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Ryan Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
da Joseph Richard	Practitioner - Non-Primary Care Provider (PCP)										
Verrier J Ronald Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Fox-Distefano Laura	Practitioner - Non-Primary Care Provider (PCP)										
Soloway Irene Pa	Practitioner - Non-Primary Care Provider (PCP)										
Gilbert Richard Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
łailu Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ng Luis C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
kalin Enver Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Serby Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
sibinga Nicholas E S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Carrero Nidia R Md	Practitioner - Non-Primary Care Provider (PCP)										
lobbins Rosemary A Phd	Practitioner - Non-Primary Care Provider (PCP)										
lughes Marianne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vren Sarah Barrett	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
laleem Abdul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
adir Muhammad Irfan Md	Practitioner - Non-Primary Care Provider (PCP)										
abovitz Daniel Lockett Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ppel Julia	Practitioner - Non-Primary Care Provider (PCP)										
ohen Jay	Practitioner - Non-Primary Care Provider (PCP)										
Oul Mitch	Practitioner - Non-Primary Care Provider (PCP)										
reed Benjamin	Practitioner - Non-Primary Care Provider (PCP)										
Sundel Ralph	Practitioner - Non-Primary Care Provider (PCP)										
apoor Neera	Practitioner - Non-Primary Care Provider (PCP)										
rumholz David	Practitioner - Non-Primary Care Provider (PCP)										
arson Steven	Practitioner - Non-Primary Care Provider (PCP)										
odica Patricia	Practitioner - Non-Primary Care Provider (PCP)										
lozlin Rochelle	Practitioner - Non-Primary Care Provider (PCP)										
litter Steven	Practitioner - Non-Primary Care Provider (PCP)										
annen Barry	Practitioner - Non-Primary Care Provider (PCP)										
/ricella Marilyn	Practitioner - Non-Primary Care Provider (PCP)										



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Kelsch Robert Dmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rose-Trzaska Carol	Practitioner - Non-Primary Care Provider (PCP)										
Dickson Darlene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Manoach Seth Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kartseva Tatiana Borisovna Ph	Practitioner - Non-Primary Care Provider (PCP)										
Sieg Daniel	Practitioner - Non-Primary Care Provider (PCP)										
Hariprasad Pramraj Lpn	Practitioner - Non-Primary Care Provider (PCP)										
Wondemunegne Tiruwork Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Altamirano Ruben Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Stowe Michael Timothy Phd	Practitioner - Non-Primary Care Provider (PCP)										
Fulger Ilmana Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Brody Geraldmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Perlmutter Ilisse Robin Md	Practitioner - Non-Primary Care Provider (PCP)										
Merriweather Aisha Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Kaubisch Andreas Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mccullough Gene P	Practitioner - Non-Primary Care Provider (PCP)										
Schimmel Sanford Dds	Practitioner - Non-Primary Care Provider (PCP)										
Apicella Sheila Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kizer Jorge R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Karimi Sara Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Dalland Linda Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Abrams Nana Od	Practitioner - Non-Primary Care Provider (PCP)										
Li Peng Md	Practitioner - Non-Primary Care Provider (PCP)										
Pekovic Dusan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pass Lisa K Phd	Practitioner - Non-Primary Care Provider (PCP)										
Dr Proveen Kumrah Podiatry Pc	Practitioner - Non-Primary Care Provider (PCP)										
Derose Joseph John Md	Practitioner - Non-Primary Care Provider (PCP)										
Rechtschaffen Thomas Hartley	Practitioner - Non-Primary Care Provider (PCP)										
Levy Adam Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weintraub Christine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chechik Daniel Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Herman Paul Phd	Practitioner - Non-Primary Care Provider (PCP)											
Foronjy Robert Francis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Beninati Catherine Md	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Symecko John A Jr	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shay Hamilton	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Balakhane Edmond Nejat Md	Practitioner - Non-Primary Care Provider (PCP)											
hemistocle Fenar	Practitioner - Non-Primary Care Provider (PCP)											
Kim Hannah Kyung Me Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Viseman Samson Md	Practitioner - Non-Primary Care Provider (PCP)											
an Ching-Yi Lynne Md	Practitioner - Non-Primary Care Provider (PCP)											
stela Ogiste Md Phd Pc	Practitioner - Non-Primary Care Provider (PCP)											
kae Catherine Colette Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
dversario Eden Florendo	Practitioner - Non-Primary Care Provider (PCP)											
Braunschweig Ira Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~	
omer Gitit Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~	
Chuang Cathy Md	Practitioner - Non-Primary Care Provider (PCP)											
arnaby Douglas Peter Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~	
aff Amanda Clare Md	Practitioner - Non-Primary Care Provider (PCP)											
Pena Omar Aradipson Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~	
Verner Craig Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~	
Pavae Ketan C Md	Practitioner - Non-Primary Care Provider (PCP)											
ohrn Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~		~	~	~	~	
Gellido Charles Lagaya Md	Practitioner - Non-Primary Care Provider (PCP)											
lerman Merrill S	Practitioner - Non-Primary Care Provider (PCP)											
Castro Diana Dpm	Practitioner - Non-Primary Care Provider (PCP)											
larris Emily Berkman Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	>	~	~	~	~	~	~	
Oolan Siobhan M Md	Practitioner - Non-Primary Care Provider (PCP)											
lwang Richard Rueyshiuan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
ıfzal Munazza Md	Practitioner - Non-Primary Care Provider (PCP)											
Somersel Gavin N Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Alerte Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shafizadeh Farshad Md	Practitioner - Non-Primary Care Provider (PCP)										
Arevalo Ronald Paul Musni Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Einstein Francine Hughes Md	Practitioner - Non-Primary Care Provider (PCP)										
Massoumi Hatef Md	Practitioner - Non-Primary Care Provider (PCP)										
Ahn Jae Kyung Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Basso Alan Matthews Phd	Practitioner - Non-Primary Care Provider (PCP)										
Haigentz Missak Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veinberg Jerry Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
Raj Capoor	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Moadel Renee M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Perez-Soler Roman Md	Practitioner - Non-Primary Care Provider (PCP)										
Baccay Francis B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Valter-Goodman Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Zemmel Damore Jason Alan Md	Practitioner - Non-Primary Care Provider (PCP)										
Al-Husaini Hiyad Jawad Md	Practitioner - Non-Primary Care Provider (PCP)										
Okereke Ndubueze Clement J Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Prince David Md	Practitioner - Non-Primary Care Provider (PCP)										
Richman Elise Keltz Md	Practitioner - Non-Primary Care Provider (PCP)										
asak Anna Md	Practitioner - Non-Primary Care Provider (PCP)										
Brown Lamont Darwan Md	Practitioner - Non-Primary Care Provider (PCP)										
Klein Charna Md	Practitioner - Non-Primary Care Provider (PCP)										
lin Charles Yiming Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schulman Julie Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Perez Rodemar Albao Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
/incetic Anto Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Nyerson Alice S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hanna Prabjot Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosen Andrew Md	Practitioner - Non-Primary Care Provider (PCP)										
riedman Benjamin Wolkin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_adero Emma C	Practitioner - Non-Primary Care Provider (PCP)	~	~								



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gray Julia Md	Practitioner - Non-Primary Care Provider (PCP)										
Lauer Darrell	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Puttaswamy Rajeev	Practitioner - Non-Primary Care Provider (PCP)	~	~								
/alayadum Rajeshree	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Keene Adam Barnett Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bernstein Laura Md	Practitioner - Non-Primary Care Provider (PCP)										
Grimaldi Meryl Yve Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
asavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)										
Chervenak Judi Lee Md	Practitioner - Non-Primary Care Provider (PCP)										
ooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)	~	~								
isen Leon K	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
lughes Melville Howard Addison Md	Practitioner - Non-Primary Care Provider (PCP)										
ynn Brian P	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Iolinas Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ullman James M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eznik Sandra E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
osenberg Maris	Practitioner - Non-Primary Care Provider (PCP)										
muckler Daniel J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rinivas Vankeepuram S	Practitioner - Non-Primary Care Provider (PCP)										
ireny-Jean Rose M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
led-Psych Service A Medical	Practitioner - Non-Primary Care Provider (PCP)										
hifteh Keivan Md	Practitioner - Non-Primary Care Provider (PCP)										
/ang Yumei Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lu Lin Dmd	Practitioner - Non-Primary Care Provider (PCP)										
okar Dmitriy	Practitioner - Non-Primary Care Provider (PCP)										
osser Mary Lee	Practitioner - Non-Primary Care Provider (PCP)										
aker Margaret Np	Practitioner - Non-Primary Care Provider (PCP)	~	~								
athan Edward Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
odges Jason Leroy Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
afday Suhas M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
avransky Yevgeny Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)										
Dreyzina Yelena	Practitioner - Non-Primary Care Provider (PCP)										
Lok Jonat Dpm	Practitioner - Non-Primary Care Provider (PCP)										
_ocker Daphna R Phd	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Sommers Sharon L Phd	Practitioner - Non-Primary Care Provider (PCP)										
Tuluca Luciano	Practitioner - Non-Primary Care Provider (PCP)										
Siewers Kevin Np	Practitioner - Non-Primary Care Provider (PCP)										
Kitsis Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Tam Jeannie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hilaire Marc Richard Md	Practitioner - Non-Primary Care Provider (PCP)										
Lado Fred Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Chang Ann Shiau Od	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Helft Joseph Md	Practitioner - Non-Primary Care Provider (PCP)										
Lee Alice Dds	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Salehimanesh Elham Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Adler Darryl L Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Bruni-Cofini Colette Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Lovings Tara Md	Practitioner - Non-Primary Care Provider (PCP)										
Maldonado Theresa Erlinda Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Shapiro Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)										
Terraciano Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)										
Yamani Amir Md	Practitioner - Non-Primary Care Provider (PCP)										
Sullivan Robert Arne B Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Holt Kimberly J Phd	Practitioner - Non-Primary Care Provider (PCP)										
Fitten Joan T Np	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Palmer Sanchia	Practitioner - Non-Primary Care Provider (PCP)										
Campbell Andrew B Md	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Archana Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Mohammed Romeeda	Practitioner - Non-Primary Care Provider (PCP)										
Farol Peter Md	Practitioner - Non-Primary Care Provider (PCP)										
Houten John Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)										



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/ernenkar Vithal Vic Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
//Iclean Ronald Harvey Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
/illafuerte Albert	Practitioner - Non-Primary Care Provider (PCP)										
lartmannsgruber Maximilian Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
salidemaj Kujtim Md	Practitioner - Non-Primary Care Provider (PCP)										
George Yolanda M Dds	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
antos Divina Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Grand Blanca Nora Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
fantilla Fanny Janeth Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
oreland Ethlyn M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mandanas Victor J	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
jukic Aleksandra Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
antoni Rugiu Francesco Md	Practitioner - Non-Primary Care Provider (PCP)										
Guoping Zhou	Practitioner - Non-Primary Care Provider (PCP)										
anzarino Peter J Md	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Quigley Diane Rn	Practitioner - Non-Primary Care Provider (PCP)										
Coon Victoria Baumert	Practitioner - Non-Primary Care Provider (PCP)										
aul Bindu Md	Practitioner - Non-Primary Care Provider (PCP)										
erera Thomas B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
iaz Maria D Np	Practitioner - Non-Primary Care Provider (PCP)										
layman Defne Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
evy Denise Antoinette Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hi Patricia Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lirsch Suzanne Leslie Phd	Practitioner - Non-Primary Care Provider (PCP)										
aunt Nancy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
mith Angela Lantz	Practitioner - Non-Primary Care Provider (PCP)										
effler Steven Ira Md	Practitioner - Non-Primary Care Provider (PCP)										
alph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
inces Fausto Y Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Veiner Holly H	Practitioner - Non-Primary Care Provider (PCP)										
eischel Ulrich A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~



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Neal-Perry Genevieve S Md	Practitioner - Non-Primary Care Provider (PCP)										
Gennarelli Louis A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Naqvi Huma Hasnain Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gotian Amnon Md	Practitioner - Non-Primary Care Provider (PCP)										
Bautista Maria Lourdes Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Wright Roberta Diane	Practitioner - Non-Primary Care Provider (PCP)										
Huang Gloria Shining	Practitioner - Non-Primary Care Provider (PCP)										
Papavassiliou Dimitrios P Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Grasa Gabriela Anamaria Md	Practitioner - Non-Primary Care Provider (PCP)										
Murillo Mauricio Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Ahmed Imran M Dds	Practitioner - Non-Primary Care Provider (PCP)										
Jouvin-Castro Maria Angelina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Zhang Jian Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Jakubowicz Pamela Jasmine Md	Practitioner - Non-Primary Care Provider (PCP)										
Seham Jenny Phd	Practitioner - Non-Primary Care Provider (PCP)										
Saint-Aude Germaine Md	Practitioner - Non-Primary Care Provider (PCP)										
Song Jing Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chang Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Belayneh Lulenesh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Zapata Ryan J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Naco Elva Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berdichevsky Lillian Md	Practitioner - Non-Primary Care Provider (PCP)										
Smina Mihai Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Cohen Jason Brett Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Dar Peer Md	Practitioner - Non-Primary Care Provider (PCP)										
Goel Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)										
Verghese Joe Md	Practitioner - Non-Primary Care Provider (PCP)										
Sarwahi Vishal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chang Tylis	Practitioner - Non-Primary Care Provider (PCP)										
Taviloglu Gurkan Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Salyk Ronald	Practitioner - Non-Primary Care Provider (PCP)										
Leung Oilim	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Morin Monica A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Martinez Maria	Practitioner - Non-Primary Care Provider (PCP)										
Ostfeld Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lewis David A	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Moradi Issac Eshagh Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Garcia Isabel Dds	Practitioner - Non-Primary Care Provider (PCP)										
Elrafei Tarek Nabil Md	Practitioner - Non-Primary Care Provider (PCP)										
Cabral Lisa Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Demasio Kafui Alfreda Md	Practitioner - Non-Primary Care Provider (PCP)										
Burnett Michael Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Chambliss Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Zhang David	Practitioner - Non-Primary Care Provider (PCP)										
Alianakian Rosine	Practitioner - Non-Primary Care Provider (PCP)										
Shin Joseph H Md	Practitioner - Non-Primary Care Provider (PCP)										
Phillips John L Md	Practitioner - Non-Primary Care Provider (PCP)										
Bolkhovets Dmitry Md	Practitioner - Non-Primary Care Provider (PCP)										
Dorce Jean Emmanuel Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Troneci Lizica C Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Spevack Daniel M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Greller Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Pearlman Scott Brian Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_eone Matthew Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)										
Angert Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Raichoudhury Ritesh Md	Practitioner - Non-Primary Care Provider (PCP)										
Garg Madhur Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pardanani Setul Ram Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Oktay Maja	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scharoun Gina Magali Phd	Practitioner - Non-Primary Care Provider (PCP)										
Shlez Vitaly Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Hamilton Gabrielle	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Ivanov Iliyan Stoyanov Md	Practitioner - Non-Primary Care Provider (PCP)										
Jennings Marilena A Md	Practitioner - Non-Primary Care Provider (PCP)										
Shah Binod P Md	Practitioner - Non-Primary Care Provider (PCP)										
Ngo Tammy Phuong	Practitioner - Non-Primary Care Provider (PCP)										
Culver Sherry	Practitioner - Non-Primary Care Provider (PCP)										
Moloney Maura	Practitioner - Non-Primary Care Provider (PCP)										
Martinez Christine	Practitioner - Non-Primary Care Provider (PCP)										
Frumess Naomi Charlotte	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Han Myoung	Practitioner - Non-Primary Care Provider (PCP)										
Stanbery Dahlia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Carter Tanya	Practitioner - Non-Primary Care Provider (PCP)										
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)										
Weinstein Susan	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)										
Krumholtz Ira	Practitioner - Non-Primary Care Provider (PCP)										
Saint-Jacques Henock Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Albow Susan Marie Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rastogi Deepa Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Byrne Thomas	Practitioner - Non-Primary Care Provider (PCP)										
Silfa Rosa	Practitioner - Non-Primary Care Provider (PCP)										
Penafranqui Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Cleeman Edmond	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ho Sammy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Abramov Mikhail Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Dolera Josephine S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chen Yuxi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Thomas Cheryl A Phd	Practitioner - Non-Primary Care Provider (PCP)										
Xu Jing Md	Practitioner - Non-Primary Care Provider (PCP)										
Laddis Dimitri Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sehhat Khashayar Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
/illarian Porfirio Fagutao Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kishore Preeti Md	Practitioner - Non-Primary Care Provider (PCP)										
Oni-Eseleh Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Villiams Harriet	Practitioner - Non-Primary Care Provider (PCP)										
Sonzalez Ruben E Md	Practitioner - Non-Primary Care Provider (PCP)										
Dowe Kayode O Md	Practitioner - Non-Primary Care Provider (PCP)										
leischmann Nicole Md	Practitioner - Non-Primary Care Provider (PCP)										
tutner Daniella	Practitioner - Non-Primary Care Provider (PCP)										
Smith Jonathan C Md	Practitioner - Non-Primary Care Provider (PCP)										
Di Lullo Joseph Matthew Md	Practitioner - Non-Primary Care Provider (PCP)										
Pisacano Michael Anthony Md	Practitioner - Non-Primary Care Provider (PCP)										
ufariello Joann M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rewer Hilda	Practitioner - Non-Primary Care Provider (PCP)										
haperon Volvic Lcsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~					
Blass David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
aacson Ernest Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)										
han Zareen R Md	Practitioner - Non-Primary Care Provider (PCP)										
ingh Birendra Md	Practitioner - Non-Primary Care Provider (PCP)										
autista Cynthia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hoi Woonsung	Practitioner - Non-Primary Care Provider (PCP)	~	~								
ixon Carla	Practitioner - Non-Primary Care Provider (PCP)										
lawkins Meredith	Practitioner - Non-Primary Care Provider (PCP)										
lirsch Lisa Margot Licht	Practitioner - Non-Primary Care Provider (PCP)										
filler Alec L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veinstein S Russell Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Villiams Linda Md	Practitioner - Non-Primary Care Provider (PCP)										
Saither Kecia Md	Practitioner - Non-Primary Care Provider (PCP)										
chiop Luminita Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
cott-Hudson Marcia J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Contreras Virginia Md	Practitioner - Non-Primary Care Provider (PCP)										
erman Olga Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Steele Mehar Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Cavagnaro Christopher Scott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
mali Sofia	Practitioner - Non-Primary Care Provider (PCP)										
einlen Stephanie S Md	Practitioner - Non-Primary Care Provider (PCP)										
saur Larisa Md	Practitioner - Non-Primary Care Provider (PCP)										
ohari Arash Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ardillo Edward Paul Phd	Practitioner - Non-Primary Care Provider (PCP)										
ohrmann Mark J Md	Practitioner - Non-Primary Care Provider (PCP)										
aker Stephen Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
orlick Richard Greg Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arinhas Joaquim M Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
agan Michele Joy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
cdonnell Kevin M Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
uevas Asima	Practitioner - Non-Primary Care Provider (PCP)										
rasad Anisa Dpm	Practitioner - Non-Primary Care Provider (PCP)										
anglik Savita Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uma Manuel	Practitioner - Non-Primary Care Provider (PCP)										
utheit Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~								
ulloch Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
riedman Ronit	Practitioner - Non-Primary Care Provider (PCP)										
atterson Kirk Austin	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
-Hennawy Magdy Sayed Y Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
pinis Andrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
akshmi Kameswari D Md	Practitioner - Non-Primary Care Provider (PCP)										
garwal Surbhi Md	Practitioner - Non-Primary Care Provider (PCP)										
otter Michael R Dds	Practitioner - Non-Primary Care Provider (PCP)										
penig Regina M Dds	Practitioner - Non-Primary Care Provider (PCP)										
numman Imtiaz J Md	Practitioner - Non-Primary Care Provider (PCP)										
naines Matthew D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
apen Jeena Viji Md	Practitioner - Non-Primary Care Provider (PCP)										
oganathan Raghunandan S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Jakubowicz David Matthew Md	Practitioner - Non-Primary Care Provider (PCP)										
Chin Grace Encarnacion Dds	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Kim John J Md	Practitioner - Non-Primary Care Provider (PCP)										
Sharma Parvesh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)										
/entura Kara A	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Guccione Michael Richard Md	Practitioner - Non-Primary Care Provider (PCP)										
Manuzon Laarni S	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
ouard Rita Jean Md	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~
Gries James Robert Phd	Practitioner - Non-Primary Care Provider (PCP)										
Kanagala Madhusudhana Rao	Practitioner - Non-Primary Care Provider (PCP)										
Skokowska-Lebelt Anna Md	Practitioner - Non-Primary Care Provider (PCP)										
Packer Stuart Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
rdito Diane A Phd	Practitioner - Non-Primary Care Provider (PCP)										
Piperdi Bilal Md	Practitioner - Non-Primary Care Provider (PCP)										
lim Bun Md	Practitioner - Non-Primary Care Provider (PCP)										
Hanjan Tara Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
oizides Anthony M Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Moguilevitch Marina Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
/emulapalli Pratibha Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Grosberg Brian M Md	Practitioner - Non-Primary Care Provider (PCP)										
ain Vineet Md	Practitioner - Non-Primary Care Provider (PCP)										
Nabre Marjory Md	Practitioner - Non-Primary Care Provider (PCP)										
Collier Annie Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
Haller Chad Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)										
Gitlevich Tatyana R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Killion Christopher David Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
hou Ping Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aitchell Christa	Practitioner - Non-Primary Care Provider (PCP)										
rey Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Golestaneh Ladan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_arkin Marian	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Chudnoff Scott G Md	Practitioner - Non-Primary Care Provider (PCP)										
Reddy Shamantha G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tavarez Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gong Michelle Ng Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rivedi Heather Md	Practitioner - Non-Primary Care Provider (PCP)										
Mcwilliam James Robert Md	Practitioner - Non-Primary Care Provider (PCP)										
D'Alessandro David A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
agoe Clement Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fidvi Shabnam Amir Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Han Cathy	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Dyzenhaus Abraham	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schiff Bradley Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
anozzo Albert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schweitzer Kenneth	Practitioner - Non-Primary Care Provider (PCP)										
Kanevsky Julie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kojaoghlanian Tsoline Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
atuga Mariam Susan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
deyi Steve Md	Practitioner - Non-Primary Care Provider (PCP)										
Beek Grace L	Practitioner - Non-Primary Care Provider (PCP)										
Maxwell James E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Banez Ferdinand B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Offoha-Nwosu Nellyzita Chioma	Practitioner - Non-Primary Care Provider (PCP)	~	~								
laine William Paulin	Practitioner - Non-Primary Care Provider (PCP)										
aragin Benjamin Hyatt	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Moody Karen Marie	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kulkarni Aparna Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Blumfield Einat	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Keown Maureen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Villiams Marcia May	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Goffman Dena Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Perez Roberto	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Bauer Carolyn Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stroh Genevieve Marguerite	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Seraya Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brancale Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fourtounis Manolis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	✓	
Germanakos Angela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Uyanik James Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	✓	
Fishman Gary Rafael	Practitioner - Non-Primary Care Provider (PCP)											
Saad Eathar A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ilagan John Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Berger Alexandra	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Victoria Alexandra Md	Practitioner - Non-Primary Care Provider (PCP)											
Jurman Marlene	Practitioner - Non-Primary Care Provider (PCP)											
Owen Jane Weber Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)											
Schreiber Naalla Danielle Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bustillo Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Schwartz Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mattone Matthew Louis	Practitioner - Non-Primary Care Provider (PCP)											
King Brett Jared Dds	Practitioner - Non-Primary Care Provider (PCP)											
Lerner Jonathan Edward Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Weinstein Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Galvao Marie Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Von Schorn Claus P Md	Practitioner - Non-Primary Care Provider (PCP)											
Dyer John Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gordon David Stuart Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferrara Steven A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dummitt Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Bergang Rachel E Md	Practitioner - Non-Primary Care Provider (PCP)											
Papadopoulos Dimitria	Practitioner - Non-Primary Care Provider (PCP)											
Kosharskyy Boleslav	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	✓	



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	Participating ir	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Norman Janet	Practitioner - Non-Primary Care Provider (PCP)											
Correa-Lopez Wilma S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chu Paul Kwok-Ming Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ginzburg Yelena Zory Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shakowitz Anne Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Geyer Howard Lance Md	Practitioner - Non-Primary Care Provider (PCP)											
Suchin Scott M Md	Practitioner - Non-Primary Care Provider (PCP)											
Pan Debra H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Friedman Daniel Taft Md	Practitioner - Non-Primary Care Provider (PCP)											
Zalta Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
in Anthony Kung Ying	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kuokkanen Satu Maarit Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Becker Heather Joan Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Katyal Chhavi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Diaz Francisco	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Zodda Richard J	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Ngoc Minhthi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Retter Avi Samson Md	Practitioner - Non-Primary Care Provider (PCP)											
Rhim Hai Jung Helen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Klein Genna Waldman Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Yunen Jose R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kim Sun Jin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sokol Seth I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
limenez Yakdiel Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Maala-Gentolia Clarice Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tobin Katherine D Md	Practitioner - Non-Primary Care Provider (PCP)											
Cueva Edwin X	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~		
Davis Steven Ward Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Galera X	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cheng Yu-Chung Tony Ot	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kaplan Ilya V Md	Practitioner - Non-Primary Care Provider (PCP)											-



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* Safety Net Providers in Green	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Friedman Ilana Batya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mckenzie Tola Marie Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Swarttz Marc Eric	Practitioner - Non-Primary Care Provider (PCP)										
Olsen Dean G Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kcomt Myrna Soledad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wilbanks Tyr Ohling Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lubetsky Stacey Jill	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Miller Todd Stuart Md	Practitioner - Non-Primary Care Provider (PCP)										
Friedman Shari Md	Practitioner - Non-Primary Care Provider (PCP)										
Leff Jonathan D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sharma Vandana X	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mandalaywala Jasodaben C Md	Practitioner - Non-Primary Care Provider (PCP)										
Weaver James Clair Phd	Practitioner - Non-Primary Care Provider (PCP)										
Huang Paul Wei-Tse Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Villanueva-Siles Esperanz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Amat Jose X	Practitioner - Non-Primary Care Provider (PCP)										
Katkovskaya Irina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baron-Cane Marilyn Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Weiner Shoshana Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Minardo Josephine S Phd	Practitioner - Non-Primary Care Provider (PCP)										
Brijlall Devika	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wu Henry Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Ramchandani Neesha Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Birnbaum Stuart C Dpm	Practitioner - Non-Primary Care Provider (PCP)										
De Vos Gabriele Selma Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lombardi Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Agunloye Christianah Aina Rn	Practitioner - Non-Primary Care Provider (PCP)										
Sutton Nicole J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Eiland Lisa Renee Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Eccleston-Hosein Veronica T Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Ortega Esteban Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~



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	Participating Pa	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Cerillo Thomas Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Romano Israel	Practitioner - Non-Primary Care Provider (PCP)										
Kiluvia Moody	Practitioner - Non-Primary Care Provider (PCP)										
Nguyen Ngoc Tram Md	Practitioner - Non-Primary Care Provider (PCP)										
Harris-Cobbinah Deborah Np	Practitioner - Non-Primary Care Provider (PCP)										
Balakumar Mala	Practitioner - Non-Primary Care Provider (PCP)										
Jan Dominique Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Murakhovskaya Irina Md	Practitioner - Non-Primary Care Provider (PCP)										
Goldman Inessa Md	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Vanita Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Anyichi Nonyelu Md	Practitioner - Non-Primary Care Provider (PCP)										
Achkar Jacqueline Michele Md	Practitioner - Non-Primary Care Provider (PCP)										
Rosado Madeline Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ramachandran Sujatha Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mirchandani Gautam Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Cheng Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Briggs Rahil	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ahsan Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)										
Dragoman Monica V Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ramos Joerel Marcelo Md	Practitioner - Non-Primary Care Provider (PCP)										
Bellemare Sarah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosen Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
zzo Albert John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mencin Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Reich Daniel S Md	Practitioner - Non-Primary Care Provider (PCP)										
Smith Heather Lee Phd	Practitioner - Non-Primary Care Provider (PCP)										
Pena Jessica Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Nahouraii Helen S Dds	Practitioner - Non-Primary Care Provider (PCP)										
Li Yan Md	Practitioner - Non-Primary Care Provider (PCP)										
Nemerofsky Sheri Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Zapata Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Heo Hye Jung Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ewart Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pekovic Olivera Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sanz Enrique Jose Md	Practitioner - Non-Primary Care Provider (PCP)										
Huvane Bernadette Ellen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fox Ari	Practitioner - Non-Primary Care Provider (PCP)										
Wheatley Alice	Practitioner - Non-Primary Care Provider (PCP)										
Sierra Lola	Practitioner - Non-Primary Care Provider (PCP)										
Byrne Karen M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kim Sarah S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dubey Mariamma G Np	Practitioner - Non-Primary Care Provider (PCP)										
Peeva Elena Md	Practitioner - Non-Primary Care Provider (PCP)										
Lehman Daniel Simon Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kaufman David Md	Practitioner - Non-Primary Care Provider (PCP)										
Kurz Jeremiah S Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Casillas Maritza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Neary Siobhan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scheiner Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
O'Hara Marianne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Au Winnie Md	Practitioner - Non-Primary Care Provider (PCP)										
Hopper Susan I Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bautista Debbie Perez Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Baker Jason S Dds	Practitioner - Non-Primary Care Provider (PCP)										
Sadrazodi Kamran Md	Practitioner - Non-Primary Care Provider (PCP)										
Alam Hamid M M Md	Practitioner - Non-Primary Care Provider (PCP)										
Prevor-Weis Meredith Brooke Md	Practitioner - Non-Primary Care Provider (PCP)										
Sugg Samuel Clarkson Md	Practitioner - Non-Primary Care Provider (PCP)										
Smith Terrian A Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lima Christina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dittmar Peter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
ambrelli Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rooney Joanne M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baker Cheryl Np	Practitioner - Non-Primary Care Provider (PCP)										
oneeden Lorraine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onite Belinda R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Porsey Doris	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oriarty Maryanne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lartyniak James	Practitioner - Non-Primary Care Provider (PCP)										
haqra Hussein Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
olio Dominick Md	Practitioner - Non-Primary Care Provider (PCP)										
reilich Bryan Michael Phd	Practitioner - Non-Primary Care Provider (PCP)										
apner Marc Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ornblum Noah Saul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hu Changcheng	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
filler Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lazzariol Fernanda S Md	Practitioner - Non-Primary Care Provider (PCP)										
oldstein Kenneth Adam Md	Practitioner - Non-Primary Care Provider (PCP)										
hmed Imran M Md	Practitioner - Non-Primary Care Provider (PCP)										
ello Ricardo Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Greene Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
errano Maria Np	Practitioner - Non-Primary Care Provider (PCP)										
immons Shelbi	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
alls Janice Md	Practitioner - Non-Primary Care Provider (PCP)										
lercaldi Bridget	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ohnston Debra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hin Julia Jooyoung Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
nkelstein Malka Md	Practitioner - Non-Primary Care Provider (PCP)										
haran Alok Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hernyak Victoria Md	Practitioner - Non-Primary Care Provider (PCP)										
lilstein Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
werling Jessica Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Galanopoulou Aristea Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Samanich Joy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Feldman Yael Sharon Dmd	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Cheung Cedric P Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mango Charles William Md	Practitioner - Non-Primary Care Provider (PCP)											
Polizzi Francesco Paolo Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Cuartas Maria P Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Iqbal Javed Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah Purvi D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Friedman Shirly Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Geller David Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Polycarpe Myreille Md	Practitioner - Non-Primary Care Provider (PCP)											
Melamed Michal L Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Eytan Amir Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kur Benjamin Ryan Dds	Practitioner - Non-Primary Care Provider (PCP)											
Silver Alyssa Hope Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Douglas Lindsey C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Volpe Lorraine Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Reyes Maritza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Allen Lincoln D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Svorcan Zoran Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Qureshi Irfan A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wolf Eric Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Rozental Tatyana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Margolin Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ricafort Rosanna Jane Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lowe Samantha 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)											
Polanco Jacqueline Dds	Practitioner - Non-Primary Care Provider (PCP)											
Hossack Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Leegant Ava Ricka Md	Practitioner - Non-Primary Care Provider (PCP)										
Mooney-Sumpter Linda Np	Practitioner - Non-Primary Care Provider (PCP)										
Bilello Janis F Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Suojanen Julianne Kimberly Joy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Patel Ashok A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Melillo James Carl Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dhallu Gurjeet	Practitioner - Non-Primary Care Provider (PCP)										
Levine Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Zolty Ronald Md	Practitioner - Non-Primary Care Provider (PCP)										
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)										
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)										
Zaidi Arshad A Md	Practitioner - Non-Primary Care Provider (PCP)										
Khokhar Rubina S Md	Practitioner - Non-Primary Care Provider (PCP)										
Montecalvo Raymond Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Kutzy Theodore	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Silton Shira	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Paul Marc Md	Practitioner - Non-Primary Care Provider (PCP)										
Gulati Sandeep	Practitioner - Non-Primary Care Provider (PCP)										
Decoteau Kordai I	Practitioner - Non-Primary Care Provider (PCP)										
Silva Mauricio J Md	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)										
Bowers James Hamilton Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Loebl Adi Md	Practitioner - Non-Primary Care Provider (PCP)										
Bouzi Martine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Brown Charles Calvin Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Warwick Ruth	Practitioner - Non-Primary Care Provider (PCP)										
Eber Susan	Practitioner - Non-Primary Care Provider (PCP)										
Calenda Vincent	Practitioner - Non-Primary Care Provider (PCP)										
Bass Galina	Practitioner - Non-Primary Care Provider (PCP)										
Savkub Yevgeniya	Practitioner - Non-Primary Care Provider (PCP)										
Terrelonge Robert	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Fiorello Janine	Practitioner - Non-Primary Care Provider (PCP)										
Buse Dawn C Phr	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Meneses Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Illions Edward Md	Practitioner - Non-Primary Care Provider (PCP)										
Bruno Christie J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sharma Chanchal Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Borenstein Steven Howard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
George Erik Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Sardar Henry Do	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Miller Ricardo Anthony	Practitioner - Non-Primary Care Provider (PCP)										
Birmingham Derrick L Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gilaad Talya Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bello Folashade Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Parko Janet Lpn	Practitioner - Non-Primary Care Provider (PCP)										
ay Sherrill Dmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cavin Lillian Whitley Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Schimmrich Kristen Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lapier Fabreena E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lerena Cristina	Practitioner - Non-Primary Care Provider (PCP)										
lebert Tiffany	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
iu Qiang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mones Jodi Victoria Md	Practitioner - Non-Primary Care Provider (PCP)										
Braun Joshua Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scott Gary Lee Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Penis Reginald Jacques Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Goldberg Ythan Md	Practitioner - Non-Primary Care Provider (PCP)										
tivera Cristine Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
chwartz Alex	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
huu Ying Hue Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Madan Rebecca Edith Pellett Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Siegal Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
O'Connor Katherine Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Elsass Kelcy Dawn Md	Practitioner - Non-Primary Care Provider (PCP)										
Bardini John A Md	Practitioner - Non-Primary Care Provider (PCP)										
Rossin Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Azzarone Gabriella Claudia Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cherian Koshi Alummoottil Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Alkalay Avishai Albert	Practitioner - Non-Primary Care Provider (PCP)										
Monderer Renee Shoshana Md	Practitioner - Non-Primary Care Provider (PCP)										
Medina Miguel	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Colclough Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gonzales Diana	Practitioner - Non-Primary Care Provider (PCP)										
Molyneaux James	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
122623141freeman April	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Arce Negron Nelida Iris	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nifenecker Susan	Practitioner - Non-Primary Care Provider (PCP)										
Maling Alison T	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Fernandes David Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)										
Mazing Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dulu Alina Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aponte Ada Esther Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Eisen Lewis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Duchon Jennifer Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Weinman Aliza Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Strong Benjamin Waite Md	Practitioner - Non-Primary Care Provider (PCP)										
Hemmerdinger Steven Arthur Md	Practitioner - Non-Primary Care Provider (PCP)										
Cole Peter David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Calderon Vincente Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Kaledzi Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Johnson Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosner Mara Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Baribault Heather	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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* Safety Net Providers in Green												
	Participating	in Projects	_	1	1	1						
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
North Amanda Carlson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lam Leslie Suihong Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Jerschow Elina Md	Practitioner - Non-Primary Care Provider (PCP)											
Harnik lan G Md	Practitioner - Non-Primary Care Provider (PCP)											
Shih Anthony Thomas Shiuh-Tsong	Practitioner - Non-Primary Care Provider (PCP)											
Sachdev Bindu Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Agarwal Chhavi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Villara Margarita Z Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Zelefsky Joseph R Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rondinel Evelyn M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Aleksandrovich Leon	Practitioner - Non-Primary Care Provider (PCP)											
Taub Cynthia Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Se Won Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Aniff Mohamed	Practitioner - Non-Primary Care Provider (PCP)											
Afroze Salma Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Adewunmi Victoria E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Oza Parind Manoj Md	Practitioner - Non-Primary Care Provider (PCP)											
Naccarato Marc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stern Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Chapman Evelyn	Practitioner - Non-Primary Care Provider (PCP)											
Naik Sanjay	Practitioner - Non-Primary Care Provider (PCP)											
Rutman Hadassa	Practitioner - Non-Primary Care Provider (PCP)											-
Buyuk Erkan	Practitioner - Non-Primary Care Provider (PCP)											
Desruisseaux Mahalia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nwokeji Kingsley	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Blace Nancy	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Cobelli Marcie Broder	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brown Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rowe Amy F	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bailey Cheryl	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Curry Joan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Paljevic Esma	Practitioner - Non-Primary Care Provider (PCP)											
Soto Graciela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kelly Colleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mojazza Shahrzad Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nwosu Julius Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Krug Laura M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Finn Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Dubrow Ronelle Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
dowu Kehinde Olabisi	Practitioner - Non-Primary Care Provider (PCP)											
Klatsky Peter	Practitioner - Non-Primary Care Provider (PCP)											
Katzenberg Arelene	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Rita	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Frank J Garrido	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Perry Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Smith Harriet	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jason	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
yall Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Cesari Norma	Practitioner - Non-Primary Care Provider (PCP)											
Alapatt Leena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gambassi Melanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ferrara Lucille	Practitioner - Non-Primary Care Provider (PCP)											
Frame Rosemary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mcinerney Michele	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Γift Louisa	Practitioner - Non-Primary Care Provider (PCP)											
Casiano Mildred	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hacker-Jakus Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Goilav Beatrice	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	-
Berger Samuel Alfred	Practitioner - Non-Primary Care Provider (PCP)											
azar Jeffrey Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Robinson John	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cesar A Rojas Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Nebolisa Felicia	Practitioner - Non-Primary Care Provider (PCP)											
Weiser Daniel A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sadie Johnson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Natalie Brenner	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gill Joel Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Siedlecki Alan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Elzholz Bryan Matthew Md	Practitioner - Non-Primary Care Provider (PCP)											
Zelinka Peter	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Crespi Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Elena Gonzalez Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Imtiaz Ahmad	Practitioner - Non-Primary Care Provider (PCP)											
Forlivio Johanna M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baerga Sergio L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah Nishant Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nierva Emmanuel Aguilar	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Raphael Katia	Practitioner - Non-Primary Care Provider (PCP)											
Renee Chalom	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sulejman Celaj Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Perry P Kaneriya	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mitchell Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Flynn Noreen C	Practitioner - Non-Primary Care Provider (PCP)											
Mchenry Janet	Practitioner - Non-Primary Care Provider (PCP)											
Alan Teigman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bazaz Shafiq A Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Diana Grinberg	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cottingham C Sinclair	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rishi Malhotra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Carl Ankrah	Practitioner - Non-Primary Care Provider (PCP)											
Graw-Panzer Katharina Dorothea Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Annmarie Ketura Gordon-Wint	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kasapira Sophia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Hubert Gauman Robin Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pedro Pablo Maria Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joanne M Nazif	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pyo Robert T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jason Lupow Brett Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lawrence D Bub	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Ostrowsky Belinda E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Daniel Antoniello	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bajaj Komal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Grushko Michael Jason Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Zylberman Shani	Practitioner - Non-Primary Care Provider (PCP)											
Khader Samer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gebb Juliana Sanchez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gomes William	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jean-Louis Pascale	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jariwala Sunit	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nathan Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Otoo Erica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ozdoba Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Burns Judah Gershon	Practitioner - Non-Primary Care Provider (PCP)											
Lawhorne Paul Augustus Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ida Louise Santana Md	Practitioner - Non-Primary Care Provider (PCP)											
Khilkin Michael Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kaplan Evan	Practitioner - Non-Primary Care Provider (PCP)											
Alaie Mehrdad Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Espinoza Ronald D Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Love Charito Md	Practitioner - Non-Primary Care Provider (PCP)											
Pluskalowski Sharon I	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nguyen Ann Lan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blum Yossef	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lopez-Leon Manuel	Practitioner - Non-Primary Care Provider (PCP)											
		•	•	•			•		•	•		



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Harris Shelby	Practitioner - Non-Primary Care Provider (PCP)										
edi Sudha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vang Asher	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
alstead-Kenny Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
almer Sophia	Practitioner - Non-Primary Care Provider (PCP)										
Gruson Konrad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
illasenor Rosario Ferrer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
tefanec Tihomir	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ravtsov Aleksandr	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eboah Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
augialaite Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hrivastava Anurag	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/allis Susan	Practitioner - Non-Primary Care Provider (PCP)										
tkin Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lellacheruvu Smitha	Practitioner - Non-Primary Care Provider (PCP)										
evine Jacqueline	Practitioner - Non-Primary Care Provider (PCP)										
onchaurk Peter	Practitioner - Non-Primary Care Provider (PCP)										
arfein Evan	Practitioner - Non-Primary Care Provider (PCP)										
itkind Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Icmahon Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ovak Inna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
atel Snehal R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
atel Vinita Md	Practitioner - Non-Primary Care Provider (PCP)										
larlyse Frieda Haward Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
luthyala Padmini Kavitha Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ernandez Miguel Rafael Md	Practitioner - Non-Primary Care Provider (PCP)										
haeton Rebecca Md	Practitioner - Non-Primary Care Provider (PCP)										
lorice Karen Lizette	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
luynh Trang K	Practitioner - Non-Primary Care Provider (PCP)										
owning Keith Thomas Md	Practitioner - Non-Primary Care Provider (PCP)										
Dommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Berenfeld Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Porrovecchio Andrea Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fox Jana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Timashpolsky Yulya	Practitioner - Non-Primary Care Provider (PCP)										
Guttenplan Nils	Practitioner - Non-Primary Care Provider (PCP)										
Seymour Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aristide Burducea	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Myers Lloyd Lynford	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bhalakia Avni M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nida Qadir	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tod Mathew Haller	Practitioner - Non-Primary Care Provider (PCP)										
Paniagua-Ryan Aimee	Practitioner - Non-Primary Care Provider (PCP)										
Mulcahy Laura J	Practitioner - Non-Primary Care Provider (PCP)										
Yang Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Daniel David R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shah Neomi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Burke Robert	Practitioner - Non-Primary Care Provider (PCP)										
Greene Kamala	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nemeth Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Henry Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nahar Aman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baer Jesse Duncan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Almonte Miguelina	Practitioner - Non-Primary Care Provider (PCP)										
Espinal Jose	Practitioner - Non-Primary Care Provider (PCP)										
Tolentino Xiomara	Practitioner - Non-Primary Care Provider (PCP)										
Arroyo Helen	Practitioner - Non-Primary Care Provider (PCP)										
Nerestan Dominique	Practitioner - Non-Primary Care Provider (PCP)										
Valentin Ana	Practitioner - Non-Primary Care Provider (PCP)										
Veloz Neil	Practitioner - Non-Primary Care Provider (PCP)										
Lopez Anthony Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Emadu Paul O Lpn	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Choi Jenny Jee-Eun Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Abraham Tony Md	Practitioner - Non-Primary Care Provider (PCP)											
Mamamtavrishvili Maia	Practitioner - Non-Primary Care Provider (PCP)											
Brotea Cristia	Practitioner - Non-Primary Care Provider (PCP)											
Vicencio Carmencita Concepcion	Practitioner - Non-Primary Care Provider (PCP)											
Eng Yoko	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Liu Xiaoguang	Practitioner - Non-Primary Care Provider (PCP)											
Stehlikova Martina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sutherland Anne	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Frieder Ariela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Knowles Alicia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Varma Vikas	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Kim Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Kuo Sheng Feng Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
George Sarita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rivera Milagros Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wiley Jose Maunel Md	Practitioner - Non-Primary Care Provider (PCP)											
Camacho Diego R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Merrill Elizabeth Gene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Berg Debra	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Gross Elissa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gort Linda	Practitioner - Non-Primary Care Provider (PCP)											
Schneider-Machin Lauren	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Moccellin Maria	Practitioner - Non-Primary Care Provider (PCP)											
Seiden Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Reinglass Aimee	Practitioner - Non-Primary Care Provider (PCP)											
Edith A Frank	Practitioner - Non-Primary Care Provider (PCP)											
Hausman Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Rebecca Rayanne Dinowitz	Practitioner - Non-Primary Care Provider (PCP)											
Gartrell Benjamin Adam Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Harris Akwele Lpn	Practitioner - Non-Primary Care Provider (PCP)											
Nahar Niru Shamsun Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Leotaud Gerard Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~		~	
Libutti Steven Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kolman Heidi	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Fraioli Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Canty Caroline	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mcginley John	Practitioner - Non-Primary Care Provider (PCP)											
Nagel Dalia	Practitioner - Non-Primary Care Provider (PCP)											
Collins Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kramer Arin	Practitioner - Non-Primary Care Provider (PCP)											
Kronfeld Gary David Md	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Dibos Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Abramowitz Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nagorny Andrei	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bobb Vanessa Toney	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Sonali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Weille Jean Walker	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Reichert James Michael	Practitioner - Non-Primary Care Provider (PCP)											
/un Edward Chung	Practitioner - Non-Primary Care Provider (PCP)											
Sandra Boateng-Wilson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
isenenkov Dmitry Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sesay Alpha Lpn	Practitioner - Non-Primary Care Provider (PCP)											
Desravines Cynthia Pa	Practitioner - Non-Primary Care Provider (PCP)											
Andrew E Chertoff	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stanberry Andre	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Tanveer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
rischer Katya	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Robbins Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kelling Ernest	Practitioner - Non-Primary Care Provider (PCP)											
Kaye Shana	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Bell James lii	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Jay Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Korcak Jason Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sarah K Oh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gutwein Jeremy Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Hantman lan	Practitioner - Non-Primary Care Provider (PCP)											
Theodore E Patsis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tsai Louis Cheng-Hong	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Magana Enrigue	Practitioner - Non-Primary Care Provider (PCP)											
Sizgoric Zoia	Practitioner - Non-Primary Care Provider (PCP)											
Vazquez Roxana	Practitioner - Non-Primary Care Provider (PCP)											
Repaci Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Silletti Joseph Peter	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Chenthitta Sheena A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP)											
Shrivastava Abhishek	Practitioner - Non-Primary Care Provider (PCP)											
Tauras James Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ceresnak Jeffrey Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Benny Hakim	Practitioner - Non-Primary Care Provider (PCP)											
Carolyn Andrews	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Welles Timothy	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Amin Bijal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Golowa Yosef	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blanco Irene	Practitioner - Non-Primary Care Provider (PCP)											
Mcavey Beth Alyson	Practitioner - Non-Primary Care Provider (PCP)											
Sun Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Siegel Robert	Practitioner - Non-Primary Care Provider (PCP)											
Krishnamurthy Karthik	Practitioner - Non-Primary Care Provider (PCP)											
Kalia Harmit	Practitioner - Non-Primary Care Provider (PCP)											
Chintala Sreedhar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pasquale David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Reischer Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Digangi Condon Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chuck Roy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Го Justin Kingsley	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Krishnan Raj	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Millman Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wang Yanhua	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Broder Anna Rutberg	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Glied Allen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Makinde Christiana Temitope	Practitioner - Non-Primary Care Provider (PCP)											
Albert Heng-Yao Chang	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Melissa Lee Mei Woo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah Darshita Shalin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kalantre Sarika	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Vicioso Edwin Xavier Md	Practitioner - Non-Primary Care Provider (PCP)											
Catanzaro Richard Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Dupont Paul G Md	Practitioner - Non-Primary Care Provider (PCP)											
Elavunkal Jyoti Teresa Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mohan Geetali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
John Murray Greally	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
leffrey M Levsky Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sperling Debra	Practitioner - Non-Primary Care Provider (PCP)											
Baah George	Practitioner - Non-Primary Care Provider (PCP)											
Payne Dylan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Panarelli Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Chin Philip	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Karkowsky Eve	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Saxena Jaya Banez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hotinsky Alexander Yuryevich	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Goradia Dhawal Arun	Practitioner - Non-Primary Care Provider (PCP)											
Katt Marguerite E	Practitioner - Non-Primary Care Provider (PCP)											-



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* Safety Net Providers in Green	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Edward Oduro-Kwakye	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Balazs Halmos	Practitioner - Non-Primary Care Provider (PCP)										
Nadia Ovchinsky	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)										
Wiechmann Lisa Silvia	Practitioner - Non-Primary Care Provider (PCP)										
Nevadunsky Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Wan Phyllis	Practitioner - Non-Primary Care Provider (PCP)										
Wanich Tony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Geha Rula	Practitioner - Non-Primary Care Provider (PCP)										
Fausto James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Glover Karinn Ann Maureen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Glassman Harrison	Practitioner - Non-Primary Care Provider (PCP)										
Taveras Jose Martin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Emma B Arons	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nancy Chung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pyram Chantal Myrta Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Burjonrappa Sathyaprasad Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Thompson John Federick	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ryan Turner Md	Practitioner - Non-Primary Care Provider (PCP)										
Guerrero Manuel Alejandro Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Green Debra Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fritz Rani Bili	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alix E Fleury	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Shujauddin Sadahf	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Caldemeyer Kar	Practitioner - Non-Primary Care Provider (PCP)										
Raff Joshua	Practitioner - Non-Primary Care Provider (PCP)										
Smith-Marrone Nathaniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Mota Marilyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saunders Donna	Practitioner - Non-Primary Care Provider (PCP)										
Greene Kenneth	Practitioner - Non-Primary Care Provider (PCP)										
Han Maggie	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)											
Bautista Richard	Practitioner - Non-Primary Care Provider (PCP)											
Bravo Carlos	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Gil Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
_uciano Alejandro	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Priday Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Wellner Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Ciocon David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Reynolds David Neal Md	Practitioner - Non-Primary Care Provider (PCP)											
Narvaez Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Duhl Adam Jon	Practitioner - Non-Primary Care Provider (PCP)											
Arad Danit	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Somez Ingrid	Practitioner - Non-Primary Care Provider (PCP)											
Vu Ding	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Farrell Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Гао Qi	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Polineni Rahul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Keliddari Farhad	Practitioner - Non-Primary Care Provider (PCP)											
Gill Jonathan Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Virchansky William Michael	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Willock Sharlene	Practitioner - Non-Primary Care Provider (PCP)											
Simi Suri Do	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Nweke Kachi Nkonyelu	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Beatriu Reig	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pisarenko Vadim Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zarnegar Reza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gilmore Melinda	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Jalu Patel	Practitioner - Non-Primary Care Provider (PCP)											
liev Peter Bratovanov	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rocca Juan Pablo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gosselin Edward Michael	Practitioner - Non-Primary Care Provider (PCP)				İ							



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Klass Sheri Jo	Practitioner - Non-Primary Care Provider (PCP)										
Cortis Carmen Theresa Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Mahoney Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nazario Helen	Practitioner - Non-Primary Care Provider (PCP)										
Sullivan Alexandra	Practitioner - Non-Primary Care Provider (PCP)										
Rivera Adavelyn	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Rabbani Farhang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Montgomery Leslie	Practitioner - Non-Primary Care Provider (PCP)										
Adler Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sikorski Megan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vagman Gabriel	Practitioner - Non-Primary Care Provider (PCP)										
Greeramoju Prashanth	Practitioner - Non-Primary Care Provider (PCP)										
larjot S Dulai Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
uloria Mamta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ang Charles	Practitioner - Non-Primary Care Provider (PCP)										
an Wei Livy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ak Kevin Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/anessa A Valentino	Practitioner - Non-Primary Care Provider (PCP)										
'aya Diana	Practitioner - Non-Primary Care Provider (PCP)										
omita Craig	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Noghtaderi Sam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sadoughi Ali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vhite-Davis Tanya	Practitioner - Non-Primary Care Provider (PCP)										
Cecilia M Branas	Practitioner - Non-Primary Care Provider (PCP)										
Cazam Tal Manor	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Cunningham Leslie Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
pton Laura Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Carullo Veronica Patricia Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sharov Yakov	Practitioner - Non-Primary Care Provider (PCP)										
Spektor Dalia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marinoff Rebecca	Practitioner - Non-Primary Care Provider (PCP)										



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* Sarety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Api Marietta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Marciano Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Daily Johanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kogan-Liberman Debora L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Haque Hoosna	Practitioner - Non-Primary Care Provider (PCP)											
Michael H Andreae	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kathryn Frances Kirchoff	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nerenberg Rebecca Heidi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gallo Laurie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kalyoussef Sabah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Roth Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Witter Michelle Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Reteguis Rocio L	Practitioner - Non-Primary Care Provider (PCP)											
Rebecca Dori Ann Schrag	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Maureen Patrickakos	Practitioner - Non-Primary Care Provider (PCP)											
Gebrael Jacob	Practitioner - Non-Primary Care Provider (PCP)											
Borrero Charin Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Peragine Donna	Practitioner - Non-Primary Care Provider (PCP)											
Pablo Freije Ibanez	Practitioner - Non-Primary Care Provider (PCP)											
Spencer Kate R	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Sabana R Sunesara Pa	Practitioner - Non-Primary Care Provider (PCP)											
Dejesus Umberto Joseph	Practitioner - Non-Primary Care Provider (PCP)											
/illanueva Jinette Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Francois Veronica	Practitioner - Non-Primary Care Provider (PCP)											
Zarfati Doreen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Berger Jay Steven	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Michael Smith Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Soeiro Loren Geoffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pieroni Sabrina	Practitioner - Non-Primary Care Provider (PCP)											
Gershengorn Hayley Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Charles Marjorie C	Practitioner - Non-Primary Care Provider (PCP)											
Tan-Geller Melin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Norman Otsuka Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baron Nicole Vanessa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Janna Jo Danbe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Babich Jay Paul	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sanchez John Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Duncan Dameon Rupert Vincent	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blackstock Daryle Marc-Anthonie Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wen-Jeng Melissa Yao	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sarah Chambers	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mariuma Eric Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wahezi Sayed Emal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Patel Pragnesh R Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gritz David Clark	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Robinson Julie Vale Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Paul Mario Mignone	Practitioner - Non-Primary Care Provider (PCP)											
Jakobleff William	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Manis George	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Neuman Tzvi Yehuda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cohen Perry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lee Tony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fast Noam	Practitioner - Non-Primary Care Provider (PCP)											
Alexis-Edmond Mitz-Ann	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Chuang Meleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Judge Nancy Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Friedman Adam	Practitioner - Non-Primary Care Provider (PCP)											
Flusberg Milana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kazos Alexander	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	-
Patzkowsky Kristin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dym Robert	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gawargious Hana Romany	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mehta Keyur J	Practitioner - Non-Primary Care Provider (PCP)										
Schulman Molly	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Cole-Olsewski Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Cheung Jason Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Silberstein Michael Wade Md	Practitioner - Non-Primary Care Provider (PCP)										
Cartmill Keith	Practitioner - Non-Primary Care Provider (PCP)										
Cardona Lina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tamar Goldwaser	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Leung Sharon Szeyan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kamander Aviva	Practitioner - Non-Primary Care Provider (PCP)										
Katikaneni Madhavi	Practitioner - Non-Primary Care Provider (PCP)										
Sanchez Julia	Practitioner - Non-Primary Care Provider (PCP)										
Sinha Sumita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shin Ja	Practitioner - Non-Primary Care Provider (PCP)										
Cheuck Lanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gripper Sommer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Duran-Kim Meral	Practitioner - Non-Primary Care Provider (PCP)										
Rosenberg Jamie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Swerdlow Elaine	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Eagle Steven	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shiloh Ariel L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gulani Reshma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Thompson Alecia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lister Rolanda Lamora	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Gal Altberg	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Yasmin Dhar	Practitioner - Non-Primary Care Provider (PCP)										
Chaur Adriana Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Smith Alyson Wetter	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Lee Diana S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Choi Steven J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Dennis Jay Chia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shieh Shi-Jun Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
D Elia Joanna Barnett	Practitioner - Non-Primary Care Provider (PCP)										
Shah Vaishali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Farris Zachary	Practitioner - Non-Primary Care Provider (PCP)										
Merlo Lourdes	Practitioner - Non-Primary Care Provider (PCP)										
Martinez Igda	Practitioner - Non-Primary Care Provider (PCP)										
Mercredi Guerline	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
White Monique	Practitioner - Non-Primary Care Provider (PCP)										
Joy Christina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ambarian Naira	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Bhullar Guraman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kowenski Jacob	Practitioner - Non-Primary Care Provider (PCP)										
Alis Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Matthews Victoria	Practitioner - Non-Primary Care Provider (PCP)										
Andretta Patrick	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Carmen Lopez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Elkind Richard M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Papalezova Katia Todorova	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Andreopoulou Eleni	Practitioner - Non-Primary Care Provider (PCP)										
Klobocista Merieme	Practitioner - Non-Primary Care Provider (PCP)										
Koci Piro	Practitioner - Non-Primary Care Provider (PCP)										
Zhang Cheng	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Crocco Mary Julia	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Lubetzky Michelle L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Doddakashi Satish	Practitioner - Non-Primary Care Provider (PCP)										
⁄assari Reza	Practitioner - Non-Primary Care Provider (PCP)										
/ira Lorena Duplessi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Cohen Rebecca	Practitioner - Non-Primary Care Provider (PCP)										
Hankerson Sidney	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dhiya Saba	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Parkey Joe	Practitioner - Non-Primary Care Provider (PCP)										
Kang Angela	Practitioner - Non-Primary Care Provider (PCP)										
Seidman Alyson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Gensure Robert	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Benjelloun Touimy Rachid	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chambers Stephinie Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rajan Mekha	Practitioner - Non-Primary Care Provider (PCP)										
Shaparin Naum	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kotay Anupama	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Coulter Maura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Balili Irida	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Patel Alkesh Navin	Practitioner - Non-Primary Care Provider (PCP)										
Mr Ravindranauth Jamwant	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Droesch Karen R Np	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Nieves Rosado Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Myers Timothy Vernon	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Nolan Ann	Practitioner - Non-Primary Care Provider (PCP)										
Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)										
Nisnevitch-Savarese Zoulfira	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Egert Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Bisen Viwek	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rochel Henry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schrager Judith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ozcan Mahire	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Segal Rhea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Salazar Claudia	Practitioner - Non-Primary Care Provider (PCP)										
Morgan Aurea	Practitioner - Non-Primary Care Provider (PCP)										
Artis Marcus	Practitioner - Non-Primary Care Provider (PCP)										
Dowling Michael Francis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shirazi Michael	Practitioner - Non-Primary Care Provider (PCP)										
Lee Bonnie A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Samuels Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Farmakidis Constantin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vidan Erez	Practitioner - Non-Primary Care Provider (PCP)											
Turner James	Practitioner - Non-Primary Care Provider (PCP)											
Joutovsky Mikhail	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Osborne Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Hodge Richard	Practitioner - Non-Primary Care Provider (PCP)											
German Miguelina	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Alla Do	Practitioner - Non-Primary Care Provider (PCP)											
Morrone Kerry Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gwonuk Lim	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Eliav Chaim B Md	Practitioner - Non-Primary Care Provider (PCP)											
Fenig Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
_evine Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hoskinson Orlene	Practitioner - Non-Primary Care Provider (PCP)											
Ribeiro Sady	Practitioner - Non-Primary Care Provider (PCP)											
Morais Joshua	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
De Leon Miriam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Morrison Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~	
Deguzman Arnel M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Twomey Stephanie F	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~	
Hope Aluko Akini	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	~	~	
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Orsatti Giulia	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Pillai Sophia	Practitioner - Non-Primary Care Provider (PCP)											
Peralta Karlista	Practitioner - Non-Primary Care Provider (PCP)											
ont-Ramos Lillian	Practitioner - Non-Primary Care Provider (PCP)											
Shkedi Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Maldonado Liane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Diaz Estefania	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Urena Yudelka	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Gruscinska Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
David Erica	Practitioner - Non-Primary Care Provider (PCP)											
Bussoletti Natalee Marie	Practitioner - Non-Primary Care Provider (PCP)											
Guberman Erin	Practitioner - Non-Primary Care Provider (PCP)											
Petrosyan Tamara	Practitioner - Non-Primary Care Provider (PCP)											
Salazar Rosa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ertegun Leyla	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Statter Mindy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dinapoli Gina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lee Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah Payal K	Practitioner - Non-Primary Care Provider (PCP)											
Cook Kristy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Laborde Elve	Practitioner - Non-Primary Care Provider (PCP)											
Simmons Sylvia	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Nickel George John Jr	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Ruocco Martin James	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Quartey Tricia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
073802629adames Julissa	Practitioner - Non-Primary Care Provider (PCP)											
Mcgahee Adam Ray	Practitioner - Non-Primary Care Provider (PCP)											
Castillo Nicole	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Dushey Craig	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Fitzmaurice Emilie	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Hunte-Lee Daylene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mathew Bindhu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Constante Glenn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lange Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ilagan Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brandwen Keith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Clemente Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fay Marina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ejiogu Joy Ljeoma	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Gomes Elizabet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shaikh Munima Rafi	Practitioner - Non-Primary Care Provider (PCP)											
Rigual Lynch Lourdes	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Norat- Anderson Elby	Practitioner - Non-Primary Care Provider (PCP)											
Slovut David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Steng Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Valsh Ronald	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Freja Christy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Montes De Oca Miroslava	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Serrano Yaneth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sao Weiyi	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Park Sun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Iccabe Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Sun-Young Ahn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Burgos-Fontanez Obdulia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vemmer Kerriemari	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Puius Yoram	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vahezi Dawn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pinto Priya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Villiams Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Cunqueiro Alain	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bloom Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Rohs Anne E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
rimer Marina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
roniadis Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
anghvi Kunal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ominguez Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Skversky Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ay Robert Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenberg Staci	Practitioner - Non-Primary Care Provider (PCP)											
ettaw Holly	Practitioner - Non-Primary Care Provider (PCP)											



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* Sarety Net Providers in Green	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Fanti Peter	Practitioner - Non-Primary Care Provider (PCP)											
Wolgast Lucia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wilde Eric	Practitioner - Non-Primary Care Provider (PCP)											
Ngai Ivan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fink Rebecca Naomi	Practitioner - Non-Primary Care Provider (PCP)											
Vollbracht Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Restivo Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fligelman Tal	Practitioner - Non-Primary Care Provider (PCP)											
Mitsumoto Rossarin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Anighoro Gloria	Practitioner - Non-Primary Care Provider (PCP)											
Geatrakas Christina Sharon	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
radlis Bella	Practitioner - Non-Primary Care Provider (PCP)											
Czarnecki Jamie Charlsie Marie	Practitioner - Non-Primary Care Provider (PCP)											
Pilika Asti	Practitioner - Non-Primary Care Provider (PCP)											
Ciotti Andrew James	Practitioner - Non-Primary Care Provider (PCP)											
Hamet Marc	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Grucela Alexis L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tepper Oren M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stableford Jennifer Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Danback Kristine F Phd	Practitioner - Non-Primary Care Provider (PCP)											
Graber Jerome Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Eddington Kay Allen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Acclain Danielle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ramos Julie J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Scheinfeld Meir	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Aksoy Tulay	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
⁄u Simon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Golombeck Arel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	-
aud Geeta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Maingi Shail	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Uy Natalie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Goloborodko Valentyna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dudaie Ronen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tassler Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bhargava Amit	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Lowe Shani	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Irizarry Eddie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chuy Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Chang Elisa	Practitioner - Non-Primary Care Provider (PCP)											
Yozawitz Elissa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rudolph Bryan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Yang Julie	Practitioner - Non-Primary Care Provider (PCP)											
Jones Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jeanniton Chaneve	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Milman Sofiya	Practitioner - Non-Primary Care Provider (PCP)											
Maddox Jill	Practitioner - Non-Primary Care Provider (PCP)											
Muppuri Swapna	Practitioner - Non-Primary Care Provider (PCP)											
Aydin Scott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Behin Daniel	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Gritsenko Karina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stark Allison	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
West Monique	Practitioner - Non-Primary Care Provider (PCP)											
Rufino Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sarfaraz Nimra	Practitioner - Non-Primary Care Provider (PCP)											
Wartak Siddharth	Practitioner - Non-Primary Care Provider (PCP)											
Vydyanathan Amaresh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Santikul Marisa Kanjana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Lazarciuc Mirela Nicole	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Hillard Virany	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Nauman	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Lombino Michae	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Wong Joyce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Concepcion-Diaz Evelyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Edgar Ellen	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
anarelli Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
randenberger Frederic	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
tomero Jose Luis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
reventive Diagnostics Inc	Practitioner - Non-Primary Care Provider (PCP)										
ayler Liise K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
enry Kathryn Anna	Practitioner - Non-Primary Care Provider (PCP)										
reen Young Sam	Practitioner - Non-Primary Care Provider (PCP)										
ichdale Kathryn	Practitioner - Non-Primary Care Provider (PCP)										
/ard Elizabeth Roberta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
alverstam Caroline	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
patz Dawn M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arcioglu Amanda	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
aleano Eduardo Enrique	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
opez Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ailman Toby	Practitioner - Non-Primary Care Provider (PCP)										
ohnson Baleisha	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
ales-Kogan Ariel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
usan Teresa Wesoly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lalhotra Yogangi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
enfield Nerys Camilla	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rovar Gilbert T	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
hao Jerry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arvajal Diana	Practitioner - Non-Primary Care Provider (PCP)										
ickey Jeanne C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rmstrong Samantha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
na Ileana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
olarsky Marian	Practitioner - Non-Primary Care Provider (PCP)										
lann Glenn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Orsi Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Miah Bahar	Practitioner - Non-Primary Care Provider (PCP)										
Trenard Natoushka	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Kuriakose Soni	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Argeros Olga	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Digiovanni Paul Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Alter Marc J	Practitioner - Non-Primary Care Provider (PCP)										
Aponte-Yap Liliana	Practitioner - Non-Primary Care Provider (PCP)										
Kezerashvili Anna	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Klinghoffer Carli Pam	Practitioner - Non-Primary Care Provider (PCP)										
Kanitkar Manali	Practitioner - Non-Primary Care Provider (PCP)										
Campbell Bruce	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Palomino Yesenia	Practitioner - Non-Primary Care Provider (PCP)										
Ajwani Neena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Mcgraw Edward	Practitioner - Non-Primary Care Provider (PCP)										
Kolodner Dara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rodriguez Jose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Parham-Ward Valerie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fried Emily	Practitioner - Non-Primary Care Provider (PCP)										
Chery Sherline	Practitioner - Non-Primary Care Provider (PCP)										
Hashim Rebecca Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Jose Anita	Practitioner - Non-Primary Care Provider (PCP)										
Eucker Hannah	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Rubaltelli David M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Simelton Bernard H	Practitioner - Non-Primary Care Provider (PCP)										
Goldstein Robert C Md	Practitioner - Non-Primary Care Provider (PCP)										
Narendra Nithan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Haasz Maya	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Foral Jonathan	Practitioner - Non-Primary Care Provider (PCP)										
Balchan Brooke	Practitioner - Non-Primary Care Provider (PCP)										
ipscomb Sharo	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Jacobs Sharone	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Munoz Kantha Maria	Practitioner - Non-Primary Care Provider (PCP)											
Valentin Evelyn	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Nath Sandy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Greenough Kaitlyn	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rivera Jamy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Choueiter Nadine Fakhri	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mallipeddi Sahitya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Matus Jordan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Long Glenda Minus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mahmoudiani Shahriar	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Taylor Marlene B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
St. Charles Marise	Practitioner - Non-Primary Care Provider (PCP)											
Van Arsdale Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lawton Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Michels-Pettinelli Allison	Practitioner - Non-Primary Care Provider (PCP)											
Tomaski Sara Helene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sulaj Donjeta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Moriarty Jeremy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Henri Gerno Pierre	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Amoah Joyce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ro Angela	Practitioner - Non-Primary Care Provider (PCP)											
Serafini Francesco Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brana-Berrios Marta A	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Jang Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Fobih Linda	Practitioner - Non-Primary Care Provider (PCP)											
Courtney Jonathan Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Williams Tifaun Andrena	Practitioner - Non-Primary Care Provider (PCP)											
Attoti Chandana	Practitioner - Non-Primary Care Provider (PCP)											
Angustia Cumanda Delrocio	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Alt Elizabeth Neeltje	Practitioner - Non-Primary Care Provider (PCP)											



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Mizrachi Adam	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Wong Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Jincy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Oberlander Adam M	Practitioner - Non-Primary Care Provider (PCP)											
Nessim Brian David Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Nataneli Nathaniel	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Burton Rebecca Lyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gordon Samantha Danna	Practitioner - Non-Primary Care Provider (PCP)											
Santos-Rattigan Shaunta Sherelle	Practitioner - Non-Primary Care Provider (PCP)											
Tanaka Christopher Y	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Welch Mary Roberta Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kim Shwan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Perez-Cubillan Yaberci	Practitioner - Non-Primary Care Provider (PCP)											
Marshall Lisa L	Practitioner - Non-Primary Care Provider (PCP)											
Kashyap Yogita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~		~	
Sharma Madhu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bjurlin Marc Andrew	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mcelaney Brian L	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Graham Jay Alexander	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lobue Josephine	Practitioner - Non-Primary Care Provider (PCP)											
Hong Hye	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shum Mili	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Friedman Amy Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tran Vu H	Practitioner - Non-Primary Care Provider (PCP)											
Roberts Suzanne L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mcgraw Corey A	Practitioner - Non-Primary Care Provider (PCP)											
Forman Howard L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sticco Charles Craig	Practitioner - Non-Primary Care Provider (PCP)											
Yu Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Chitamitara Pitchaya P	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rosenblum Jeremy Mark	Practitioner - Non-Primary Care Provider (PCP)											



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Cortes Adriana	Practitioner - Non-Primary Care Provider (PCP)											
Bhalodia Rinkalben Dharmendra	Practitioner - Non-Primary Care Provider (PCP)											
Kudesia Rashmi	Practitioner - Non-Primary Care Provider (PCP)											
Davila-Velazquez Juan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Yedlin Adam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Carnelia James	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Rabiner Joni	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pereira Elaine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kumar Neelja	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Johnson Beverly	Practitioner - Non-Primary Care Provider (PCP)											
Forsh David	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Popowitz Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Padua Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Cui Nuan	Practitioner - Non-Primary Care Provider (PCP)											
Choi Helen	Practitioner - Non-Primary Care Provider (PCP)											
Stern Joshua	Practitioner - Non-Primary Care Provider (PCP)											
Liberman Eric	Practitioner - Non-Primary Care Provider (PCP)											
Gittens Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Drzewiecki Beth Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bruney Talitha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Casale Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pavlovic Jelena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Walsh Erin Kelly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kurian Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Carlucci John	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Abraham Ami	Practitioner - Non-Primary Care Provider (PCP)											
Dabo Sidiki	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Peskin-Stolze Melissa Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ramachandran Simi	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Steinberg Katherine Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ragsdale Ellie Simpson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Spoozak Lori Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Beal Jules C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Garretto Diana J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stephanie Samuels	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Agarwal Seema	Practitioner - Non-Primary Care Provider (PCP)											
Viswanathan Preeti	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bosler Jayme Susan	Practitioner - Non-Primary Care Provider (PCP)											
Coron Roger	Practitioner - Non-Primary Care Provider (PCP)											
Brucker Jason J	Practitioner - Non-Primary Care Provider (PCP)											
Calderon Ruddy Smith	Practitioner - Non-Primary Care Provider (PCP)											
Creagan Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Akingboye Bolanle Adenike	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gersten Adam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/ien Alexis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Suskin Barrie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hidalgo Idaly	Practitioner - Non-Primary Care Provider (PCP)											
Zayde Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Munjal Iona Mairi Macbeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mouzon Sybil Montas	Practitioner - Non-Primary Care Provider (PCP)											
Schwechter Evan Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ridman Dmitry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Goldberg-Stein Shlomit	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Briones Suzette	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
aird Amanda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kim Soo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Paroder Viktoriya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
eczycki Adam Z	Practitioner - Non-Primary Care Provider (PCP)											
Saponara Fiorella Karina	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
ubin Sophia	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Paley Deana Edwards	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Park Aileen M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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* Sarety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Hung Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Heggawadi Rajendraswamy	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Samuel George	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Fisher Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Samuels Rachel L	Practitioner - Non-Primary Care Provider (PCP)											
Williams Martha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Merrick Kareem	Practitioner - Non-Primary Care Provider (PCP)											
Iacono Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Shah Manan Ashokkumar	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Cohen Jacob	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Hirschl David Avishay	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fraij Omar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sternlicht Hillel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nagula Shreya M	Practitioner - Non-Primary Care Provider (PCP)											
Mariya Kobi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fetherolf Elizabeth Daire	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Campbell Pamela Ann	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)	~	~									
Clarenbach Jacob Johannes	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ajani Sabina	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Schwartz Shimon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chambers Terry-Ann T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Odjegba Benson Edijanah	Practitioner - Non-Primary Care Provider (PCP)											
Jmali Ismael Lualhati	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bayo Fatumata	Practitioner - Non-Primary Care Provider (PCP)											
Sackle Edward Matey	Practitioner - Non-Primary Care Provider (PCP)											
Nealon Mary T	Practitioner - Non-Primary Care Provider (PCP)											
Dekhtyar Jessica A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Baldeon Sylvia	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Emily Lauren Polak	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sharma Deep	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Odame-Adiei Stella	Practitioner - Non-Primary Care Provider (PCP)											
Rashid Saadia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tanna Monique	Practitioner - Non-Primary Care Provider (PCP)											
Wolter-Nitta Dietlinde A	Practitioner - Non-Primary Care Provider (PCP)											
Cabrera Yuberkys	Practitioner - Non-Primary Care Provider (PCP)											
Townes Meredith Leigh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sellars Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Bender Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Cheng Haiying	Practitioner - Non-Primary Care Provider (PCP)											
Kanofsky Jacob	Practitioner - Non-Primary Care Provider (PCP)											
Bernal Armando	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Moss Noah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kastenschmidt Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Miller Ann L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Schulz Jacob	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Marrese Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bachhuber Marcus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Battini Ramakrishn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cole Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nolan Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Fornari Eric	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ow Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vermeulen Marsia	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Gangar Mona	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ajaimy Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ohri Nitin	Practitioner - Non-Primary Care Provider (PCP)											
Karabakhtsian Rouzan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Suwandhi Pauline	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Duffy Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Amstel David Jeremy	Practitioner - Non-Primary Care Provider (PCP)											
Di Biase Luigi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Robinson Angela	Practitioner - Non-Primary Care Provider (PCP)											
Sepinski Jon Scott	Practitioner - Non-Primary Care Provider (PCP)											
Kaye Annette	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Money Kelsey Erin	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Salah Soliman	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Spencer Monica Awurafua	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Caratas Mihai	Practitioner - Non-Primary Care Provider (PCP)											
Vigoda Ivette	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
O'Banyoun-Organ Tirana	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Burger Claudia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Choudhury Mahin	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Amico Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kirk Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Patel Dhvanit	Practitioner - Non-Primary Care Provider (PCP)											
Wadke Rahul C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dang Anh	Practitioner - Non-Primary Care Provider (PCP)											
Chukwuocha Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Naz Sofia Yusuf	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Oruganti Balaji	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Tang Nelson	Practitioner - Non-Primary Care Provider (PCP)											
Gruber Brian James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Estefan Bebsy C	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
loseph Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											·
Flores Zylma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	i
Sony Deepthi	Practitioner - Non-Primary Care Provider (PCP)	~	✓	~	~	~	~	~	~	~	~	i
Boudreaux Tyson	Practitioner - Non-Primary Care Provider (PCP)											
Martinez Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Williams Edith L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	



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	Participating ir	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mccormick li James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joseph Venus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wolfe Diana	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Okorougwo Clemenhna Chinyere	Practitioner - Non-Primary Care Provider (PCP)											
Samaroo Parbhu Dyal	Practitioner - Non-Primary Care Provider (PCP)											
Shah Ruchi Arpan	Practitioner - Non-Primary Care Provider (PCP)											
Petkos Jennifer Renee	Practitioner - Non-Primary Care Provider (PCP)											
Pelliciari Nicholas Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Taillefer Bertha	Practitioner - Non-Primary Care Provider (PCP)											
Allen Raymond J	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Anyanwu Moses Chidiebere	Practitioner - Non-Primary Care Provider (PCP)											
Medina De Genova Ernesto	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Keenan Janine Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lee Jimmy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Duncan Darlene Bevel	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Hassan Samina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dunn-Murad lanthe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chacko Celin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Takyi Charles	Practitioner - Non-Primary Care Provider (PCP)											
Hofmann Joanna Frances	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Weiss Yehudis Belle	Practitioner - Non-Primary Care Provider (PCP)											
/iron Anna	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Noel Stephen R	Practitioner - Non-Primary Care Provider (PCP)											
Yung Pik Sai	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Bass Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Pillet Jason Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
upkin Michelle I	Practitioner - Non-Primary Care Provider (PCP)											
Mir Nadeem	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Figueroa Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Katz Abigail	Practitioner - Non-Primary Care Provider (PCP)											
Villiams Jenny	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Acevedo Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hurst Cheryl	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Martinez Cynthia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shair Madeleine	Practitioner - Non-Primary Care Provider (PCP)											
Vaccariello Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Goorin Laura	Practitioner - Non-Primary Care Provider (PCP)											
Powell Deirdra S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Padilla-Matthew Grace	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mathew Renu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mitchell Arlene N	Practitioner - Non-Primary Care Provider (PCP)											
Freund Dvora	Practitioner - Non-Primary Care Provider (PCP)											
Besser Richard E	Practitioner - Non-Primary Care Provider (PCP)											
Yepes Marin Diana V	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Morgan Diane M	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Tracy Thuy	Practitioner - Non-Primary Care Provider (PCP)											
Fragano Karen Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Saleem Omar	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Hinojosa Franz	Practitioner - Non-Primary Care Provider (PCP)											
Scorrano Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosario-Vargas Estelle	Practitioner - Non-Primary Care Provider (PCP)											
Hefner Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Faiyaz Seema	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Schultz Emily	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bretz Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Brown Athena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Siddiqui Zehra	Practitioner - Non-Primary Care Provider (PCP)											
Son Hwa	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Dilorenzo Mary E	Practitioner - Non-Primary Care Provider (PCP)											
Arevalo Sandra J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tirado-Lampert Diane	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Saddoo Paulette Claire	Practitioner - Non-Primary Care Provider (PCP)											



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Yeoh Alvyn S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Muniz De La Pena Cristina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stremmel Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Delgado Javier	Practitioner - Non-Primary Care Provider (PCP)											
Figueroa Evelyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Guity Nydia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Suben Elaine	Practitioner - Non-Primary Care Provider (PCP)											
129661013diaz Stefany	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Rodriguez Zulma	Practitioner - Non-Primary Care Provider (PCP)											
Stoever Stephen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Straatmann Caroline Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mikhail-Powe Joanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mark C Liszewski	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fumagalli Michelle D Np	Practitioner - Non-Primary Care Provider (PCP)											
Conen Amy	Practitioner - Non-Primary Care Provider (PCP)											
Mccoy Katrina Lee	Practitioner - Non-Primary Care Provider (PCP)											
Weber Sharon Rose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Schaefer Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Marquez Manuel	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Atay-Rosenthal Saadet Md	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Patel Minesh R Md	Practitioner - Non-Primary Care Provider (PCP)											
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)											
Wimbish Folake	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Sebastian Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Caron Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mena Natalie	Practitioner - Non-Primary Care Provider (PCP)											
Nichols Xiomara	Practitioner - Non-Primary Care Provider (PCP)											
Stapert Erika	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Brenda	Practitioner - Non-Primary Care Provider (PCP)											
Ermakova Anna	Practitioner - Non-Primary Care Provider (PCP)											
Mahlau Dawn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Lopen Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Wong Brian Sze-Lik	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Milano Amy Beth	Practitioner - Non-Primary Care Provider (PCP)											
Allman Brooke	Practitioner - Non-Primary Care Provider (PCP)											
Nunez Araceli	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ellsasser Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Murphy Meagan H	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ito Ryosuke	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mann Shari Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Hinds Erica Natalia	Practitioner - Non-Primary Care Provider (PCP)											
Shin Dong-In	Practitioner - Non-Primary Care Provider (PCP)											
Tushaj Mara R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Clark Meaghann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fein Daniel M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fabros Ernest Richard Astrero	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Berko Netanel Stern	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Granit Volkan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Coplowitz Shana	Practitioner - Non-Primary Care Provider (PCP)											
Rivera Aiyana Eva	Practitioner - Non-Primary Care Provider (PCP)											
Leitstein Harris	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Yoon Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gorseth Karin	Practitioner - Non-Primary Care Provider (PCP)											
Wyville Dale V	Practitioner - Non-Primary Care Provider (PCP)											
Montano Cristina V	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dalpiaz Erol Mario	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Santiago Miguel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Massey Shubhra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Atrio Jessica Maria	Practitioner - Non-Primary Care Provider (PCP)											
Pullockaran Janet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shapiro Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Amuta Jeanne Uchechi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating 1	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Giurca Dan	Practitioner - Non-Primary Care Provider (PCP)											
Abelow Chaya Batya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rivera Enid Yvette	Practitioner - Non-Primary Care Provider (PCP)											
Mcphaul Sherwood	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~		
Rinke Michael Lawrence	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ayala Jenny Soledad	Practitioner - Non-Primary Care Provider (PCP)											
Spencer Trudy I	Practitioner - Non-Primary Care Provider (PCP)											
Nayak Natasha	Practitioner - Non-Primary Care Provider (PCP)											
Mervius Mara	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Asher Tara Lavonae	Practitioner - Non-Primary Care Provider (PCP)											
Kastner Theodore A	Practitioner - Non-Primary Care Provider (PCP)											
Breborowicz Andrzej Krzysztof	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gomez De Vargas Mencia M	Practitioner - Non-Primary Care Provider (PCP)											
Asselin Michael J Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fathimani Kayvan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joseph Shija	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Leupp Timothy Connor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Figueiredo Catarina Marisa	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Umylny Pauline L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Spitzer Yelena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bhatt Muneer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Scantlebury Monica Ann	Practitioner - Non-Primary Care Provider (PCP)											
Lizano Danny	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wise Marion	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Anusionwu Reagan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Roldan Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Smith Clive Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Talib Hina Javid	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hotchkiss Laura	Practitioner - Non-Primary Care Provider (PCP)											
Zampolin Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Slosar Magdalena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mendez Barbara	Practitioner - Non-Primary Care Provider (PCP)										
Weiss Meredith	Practitioner - Non-Primary Care Provider (PCP)										
Ceide Mirnova Emmanuelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Corley Kenneth Ryan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shankar Adurthy Ananth	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Cole Adam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lee Janet B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davidson Sasha Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cheng Eric Jen-Hao	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Huang Hongying	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
evin Erika	Practitioner - Non-Primary Care Provider (PCP)										
Chuang Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Salen Benjamin Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Serra Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Veinman Danielle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mahgerefteh Joseph	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Mehta Anita K	Practitioner - Non-Primary Care Provider (PCP)										
Manavalan Anjali Devassy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lones Peter lii	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Thornton Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ounger Joshua Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Buresch Arin Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hawkins Eleanor	Practitioner - Non-Primary Care Provider (PCP)										
Baig Mahadi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Adams Kelly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Srinivasan Maria Cristina	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Blair Donald J	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
′azdanbakhsh Khashayar	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Bachar Oren J	Practitioner - Non-Primary Care Provider (PCP)										
Rider Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Stern Kenan Walter Davis	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Forman Katie Rae	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rezai Gharai Leila	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stern Adria L	Practitioner - Non-Primary Care Provider (PCP)											
Raymon Gail Margarita	Practitioner - Non-Primary Care Provider (PCP)											
Holland Sally Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Jones-Jacques Makeda Naomi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Stein Nancy D	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Del Arca Hernan Cesar	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Corey Patrick Spencer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Thiel Dennis A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Duberstein Coad Susan E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
(wah Joann A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
⁄u Van	Practitioner - Non-Primary Care Provider (PCP)											
Fried Joanna L	Practitioner - Non-Primary Care Provider (PCP)											
Carino Anthony James	Practitioner - Non-Primary Care Provider (PCP)											
Stein Emily S	Practitioner - Non-Primary Care Provider (PCP)											
Fullar Hina	Practitioner - Non-Primary Care Provider (PCP)											
lablonska Marzena	Practitioner - Non-Primary Care Provider (PCP)											
Viegand Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Anuj K	Practitioner - Non-Primary Care Provider (PCP)											
Bell Jason Henry	Practitioner - Non-Primary Care Provider (PCP)											
Shah Chirag Dinesh	Practitioner - Non-Primary Care Provider (PCP)											
Goel Swati	Practitioner - Non-Primary Care Provider (PCP)											
Agrawal Manasi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Barrett Jesse D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chacko Kristina	Practitioner - Non-Primary Care Provider (PCP)											
Cassel Gina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Austin Katherine M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Gross Valerie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
_ado Juan Jose	Practitioner - Non-Primary Care Provider (PCP)											
au Tsang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Newell Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hemel Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Klokeid Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mitchell Eric	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Mohrmann Laurel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Patel Ronak Amrut	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Chiraag	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Glotzbach Kristi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pettei Edward	Practitioner - Non-Primary Care Provider (PCP)											
Pothula Aravind	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Venegas-Borselino Carla	Practitioner - Non-Primary Care Provider (PCP)											
Yeh Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kim Stacey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Yu Bo	Practitioner - Non-Primary Care Provider (PCP)											
Amorosa Louis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fraser Candice N	Practitioner - Non-Primary Care Provider (PCP)											
Lukin Dana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chaitowitz Mark H	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lopez Francis	Practitioner - Non-Primary Care Provider (PCP)											
Rahmanian Marjan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Liff Jeremy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mehra Shilpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Malbari Fatema	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tabatabaie Vafa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Boules Heidi Mary	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Gibber Marc Jason	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Khan-Ali Madhury	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mani Nithya	Practitioner - Non-Primary Care Provider (PCP)											
Lelonek Gary Joshua	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Porco Aldo	Practitioner - Non-Primary Care Provider (PCP)											
Montgomery Ingrid L	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Campbell Velma Lyn	Practitioner - Non-Primary Care Provider (PCP)											
Holden Matthew Seth	Practitioner - Non-Primary Care Provider (PCP)											
Bellama Linda J	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)	~	~									
Thambirajah Gloria Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Krishnan Gokul Thiruppathi	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Zigman Arlene	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)											
Albanese Janine M	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)											
Singla Prem	Practitioner - Non-Primary Care Provider (PCP)											
Alston Pamela Louise	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~	
Boynton Hilary Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Soddano Claudia Christina	Practitioner - Non-Primary Care Provider (PCP)											
Kipp Julie	Practitioner - Non-Primary Care Provider (PCP)											
Belliard Esperanza D	Practitioner - Non-Primary Care Provider (PCP)											
Olivencia Nellia Z	Practitioner - Non-Primary Care Provider (PCP)											
Pritchett Kevin	Practitioner - Non-Primary Care Provider (PCP)	~								~		
Herrick Jason Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Colon Mirtha Apolonia	Practitioner - Non-Primary Care Provider (PCP)											
Khetsuriani Irina	Practitioner - Non-Primary Care Provider (PCP)											
Bauer David Albert	Practitioner - Non-Primary Care Provider (PCP)											
Prenner Allen I	Practitioner - Non-Primary Care Provider (PCP)											
Canestraro Julia	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Hausler Kristen Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Miller Erin Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Poarangan Puspa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~	
Mushekov Timur	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
lunez-Paulino Eva	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~		
Veinstein Susan	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Acnamara Courtney	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~	
Kornblum Michelle	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Afzal Amna S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Diwan Ruffaida	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ain Ruchicka	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cho Woojin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Oounel Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)											
Nemboup Adija	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rivelis Erin	Practitioner - Non-Primary Care Provider (PCP)											
Acquaid Monica Mary	Practitioner - Non-Primary Care Provider (PCP)											
awson Katharine Rieke	Practitioner - Non-Primary Care Provider (PCP)											
lvarez Mayra Emily	Practitioner - Non-Primary Care Provider (PCP)											
Rappaport Lisa N	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Anne	Practitioner - Non-Primary Care Provider (PCP)											
Hall Adam R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*	~	~	~	~	~	~	
Basaranlar Susan	Practitioner - Non-Primary Care Provider (PCP)											
idelman Leila H	Practitioner - Non-Primary Care Provider (PCP)											
heng Yun Yan	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Ramirez Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
mnawah Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Bhopi Rashmi Sudhakar	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Matthew C Swan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~	
Bareis-Sotelo Michelle Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~	
ugalli Belinda K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating ir	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Edugene Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sundar Lalitakala	Practitioner - Non-Primary Care Provider (PCP)										
Reisman Bruce	Practitioner - Non-Primary Care Provider (PCP)										
Erdfarb Amichai Joshua	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Estrada Mayra Lizah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Kida Eriko	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wong Joyce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Jefferson Karen	Practitioner - Non-Primary Care Provider (PCP)										
Wong Jordan J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Azam Mohammad Mahboob	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Chau Mei Lun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Macdonald Ross F	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nasserberg Emily Sara	Practitioner - Non-Primary Care Provider (PCP)										
Colon Jessica Arelys	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Meckael Sherif N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Setty Sudarshan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Noone Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shmukler Anna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Faliszek James	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Jstun Berrin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Johns Tanya	Practitioner - Non-Primary Care Provider (PCP)										
Joshi Aditi	Practitioner - Non-Primary Care Provider (PCP)										
Lee Diana	Practitioner - Non-Primary Care Provider (PCP)										
Kaipa Santosh Kumar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Moskowitz Howard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kadariya Dinesh	Practitioner - Non-Primary Care Provider (PCP)										
Antonucci Stephen Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kommana Harisha	Practitioner - Non-Primary Care Provider (PCP)										
Smith Heather Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Leuchten Scott J	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Rubin Trudy	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Landinez Rosa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Turhan Mine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blair Jordana Sarah	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Klingman Arlene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Ceesay Lamin S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Garo Nicholas	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Ciumpavu Gheorghe	Practitioner - Non-Primary Care Provider (PCP)											
Deutsch Rita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Lim Hyeong Young	Practitioner - Non-Primary Care Provider (PCP)											
Patel Reeena	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Andujar Diane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Uddin Azeza	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Blum Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Baron Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blanco Patricia Filart	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hicks Kandree	Practitioner - Non-Primary Care Provider (PCP)											
Gosselin Gary Joseph	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)	~	~									
Ferjuste Fedlande	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Miller Margaret Mcdonald	Practitioner - Non-Primary Care Provider (PCP)											
Ankola Prashant	Practitioner - Non-Primary Care Provider (PCP)											
Shaffer Scott H	Practitioner - Non-Primary Care Provider (PCP)											
Satyadeo Meera H	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Colton Jana Alexandra	Practitioner - Non-Primary Care Provider (PCP)											
Sankin Alexander I	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Grabovskaya Nadezhda	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Patel Viral Champak	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tompkins Leslie	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Schwartz Karen R	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mor Nadav	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosner Zachary Conway	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nassar Michel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Raiszadeh Farbod	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Stephens Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davila Jennifer G	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hsu-Walklet Teresa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kessler-Goldsmith Beatrice	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Dessalines Dervelyne	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
Kleinert Kelly J	Practitioner - Non-Primary Care Provider (PCP)										
Polcino Michael H	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Coons Megan Patricia	Practitioner - Non-Primary Care Provider (PCP)										
Cavagnaro John A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lugo Edgardo	Practitioner - Non-Primary Care Provider (PCP)										
Jain Priti	Practitioner - Non-Primary Care Provider (PCP)										
Weichman Katie E	Practitioner - Non-Primary Care Provider (PCP)										
Berger Ari	Practitioner - Non-Primary Care Provider (PCP)										
Suarez Maria Priscila	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Fields Richard I	Practitioner - Non-Primary Care Provider (PCP)										
Anto Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)										
Croslin Nicole M	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Bucci John P	Practitioner - Non-Primary Care Provider (PCP)										
Parikh Neeti Bharat	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aponte Kali Chandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lieberman David	Practitioner - Non-Primary Care Provider (PCP)										
Rogoff Gary	Practitioner - Non-Primary Care Provider (PCP)										
Oviedo Luz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hoang Bang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Knapp Esther	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lockley-Hill Leah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Arthur Jill	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Arora Shitij	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Melvin William Scott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Koai Esther	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mclellan Beth	Practitioner - Non-Primary Care Provider (PCP)											
Cabreza Vivienne Lopez	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Janson Christopher Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Khan Sidrah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
evy Brenda Freha	Practitioner - Non-Primary Care Provider (PCP)											
Sarwar Uzma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Williams Toshia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Simister Nova	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Miliano Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Fellows Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Branch Cynthia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mendez Idalia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mills Johanne Lemoine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Blackmore Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Harding Katherine L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zinaman Michael Jay	Practitioner - Non-Primary Care Provider (PCP)											
Syeda Adiba	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Greech Marisa Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/elez Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ferastraoaru Denisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tomback David Adam	Practitioner - Non-Primary Care Provider (PCP)											
Smith Darryl	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vilson-Bennett Renee	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Grun Deborah J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	-
rons Rachel Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Nayak Mansi Manohar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Alikakos Maria	Practitioner - Non-Primary Care Provider (PCP)											
Hui Hilltone	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
De La Barca Reina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Rosendo Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Graves Juliana E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Strauss David William	Practitioner - Non-Primary Care Provider (PCP)										
Krajewski Raymond	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Goldstein Jill Y	Practitioner - Non-Primary Care Provider (PCP)	~	~								
London Karyn J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Buss Jeanette T	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Cruz-Robertson Charlene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Chartier Brian David	Practitioner - Non-Primary Care Provider (PCP)										
Ma Peter	Practitioner - Non-Primary Care Provider (PCP)										
Mindich Rachel M	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)	~	~								
Erazo Marleny	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Bunyan Angela M	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Puerto Denise	Practitioner - Non-Primary Care Provider (PCP)										
Wieder Harriot Estelle	Practitioner - Non-Primary Care Provider (PCP)										
Kevelson Sara Daniella	Practitioner - Non-Primary Care Provider (PCP)										
Kam Sung Hee	Practitioner - Non-Primary Care Provider (PCP)										
Chee Benjamin Anted	Practitioner - Non-Primary Care Provider (PCP)										
Greenhill Susan Walton	Practitioner - Non-Primary Care Provider (PCP)										
Billinghurst Susan J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Phookan Jaya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hanson Latisha M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Bluman Anton	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Finkelstein Mikal R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
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)	~	~								



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	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
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)	~	~									
Nuguid Aida G	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Thompson Sharon Y	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Xie Jack	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brulhardt Marianne E	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Harris Matthew	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Jdemba Adaobi	Practitioner - Non-Primary Care Provider (PCP)											
Tateosian Marianne E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Janakiram Murali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Solomon Julie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zaidi Syed	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jackson Arnice	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~	
Stryker Lee Edward	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Martinez Emanuel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pojman Sara Miller	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Arenas Chona Balauag	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Yudelka	Practitioner - Non-Primary Care Provider (PCP)											
Spoljaric Maria Clarissa Gwendolyn	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Khwalsingh Ahilya	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Bronovitski Dmitri	Practitioner - Non-Primary Care Provider (PCP)											
Prisciandaro Manuel	Practitioner - Non-Primary Care Provider (PCP)											
Maslyanskaya Sofya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vang Wei	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gibney Tara	Practitioner - Non-Primary Care Provider (PCP)											
Bitter Henni E	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Smith Tameka M	Practitioner - Non-Primary Care Provider (PCP)	~	~									
/attappally Leena Np	Practitioner - Non-Primary Care Provider (PCP)											
Medford Linda A	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Rigg Suyin A	Practitioner - Non-Primary Care Provider (PCP)	~	~									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Aviles Susana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gupta Atul Kumar	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Shimonov Israel	Practitioner - Non-Primary Care Provider (PCP)											
Ramesh Manish	Practitioner - Non-Primary Care Provider (PCP)											
Yee Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											
Carey Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Foster Paul F	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Sullivan Daniel J	Practitioner - Non-Primary Care Provider (PCP)											
Lee Hyeonhye	Practitioner - Non-Primary Care Provider (PCP)											
Balaskonis Asimina	Practitioner - Non-Primary Care Provider (PCP)											
Feldman Jay	Practitioner - Non-Primary Care Provider (PCP)											
Shollar Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Morgan Marie D	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Schoenberg Mark P	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kouyate Mohamed	Practitioner - Non-Primary Care Provider (PCP)											
Osman-Wager Jamie Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Murphy Caroline Ann	Practitioner - Non-Primary Care Provider (PCP)											
Alli Sam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Borisoff Sanders	Practitioner - Non-Primary Care Provider (PCP)											
Kim Edna	Practitioner - Non-Primary Care Provider (PCP)											
Ramachandran Rajesh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pearlman Shoshannah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~		
Zybert David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Aggarwal Richa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Asante Modesta	Practitioner - Non-Primary Care Provider (PCP)											
Lamothe Romous	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Duchein Yvette A	Practitioner - Non-Primary Care Provider (PCP)											
Abbott Ethan Ernest	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Felsen Uriel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Eisenberger Eliezer T	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gumbs Cahlelah	Practitioner - Non-Primary Care Provider (PCP)										
Beyer Lori	Practitioner - Non-Primary Care Provider (PCP)										
Shafter Roberta Breslof	Practitioner - Non-Primary Care Provider (PCP)										
Hand Celeste	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ciro Dianne	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~
Levine Elisheva	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Burshtain Ofer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Smith Erica Joi	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Wynn Carrie J	Practitioner - Non-Primary Care Provider (PCP)										
Toscano Fiore Vincent	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fradin Kelly Nicole Falh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Juthani Viral Virendra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Munro Manuel	Practitioner - Non-Primary Care Provider (PCP)										
Wholley Preston	Practitioner - Non-Primary Care Provider (PCP)										
Rodgers Caryn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tiwari Akankasha	Practitioner - Non-Primary Care Provider (PCP)										
Fernandez Brandt Melina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ogwell Leigh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Santos Teresa	Practitioner - Non-Primary Care Provider (PCP)										
Chaperon Jeannelle	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Cohen Xiomara	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Suman Ajay	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Budden Michael P	Practitioner - Non-Primary Care Provider (PCP)										
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)										
Selim Abdelrahman	Practitioner - Non-Primary Care Provider (PCP)										
Gomez Danny J	Practitioner - Non-Primary Care Provider (PCP)										
Ramos Timothy D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Mathelier Krystina T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Rivera Shania Tamara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Scott Eirwen Murray	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Castillo Desiree Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Altschuler Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cirilli Carla Patrizia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cuno Kate Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joseph Merin S	Practitioner - Non-Primary Care Provider (PCP)											
Hagge-Greenberg Aaron E	Practitioner - Non-Primary Care Provider (PCP)											
Maravilla Camilo Dean Domingo	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Terner Sofia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gustave Ludmilla	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kuttler Karen Waedekin	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Eckard Valerie Rockwell	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Cancel David	Practitioner - Non-Primary Care Provider (PCP)											
Germain Wil Edvard	Practitioner - Non-Primary Care Provider (PCP)											
Magee Shane Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Guo Alice Qingyi	Practitioner - Non-Primary Care Provider (PCP)											
Kamal Layla Georges	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Furgiuele Miriam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Novetsky Akiva Pesace	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Henneberry Kyle J	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Antwine Nafeesah F	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Raghukultilak Bharath	Practitioner - Non-Primary Care Provider (PCP)											
Panayiotopoulos Aristotle	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Tara Quimby Tara Louise	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Stuart Lance	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Clapp Mara Alexandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Karwal Rahul Singh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Thomas Rinta	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)											
		•	•	•	•	•	•		•	•		



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Fetkin Sheree A	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)											
Sangani Nicole Paresh	Practitioner - Non-Primary Care Provider (PCP)											
Byfield Lorraine C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vestcott Jacqueline C	Practitioner - Non-Primary Care Provider (PCP)											
Gialvsakis John Peter	Practitioner - Non-Primary Care Provider (PCP)											
inghui Xie	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Cocca-Bates Katherine C	Practitioner - Non-Primary Care Provider (PCP)											
urka Natalie Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
hinitz Emily	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
laple Jenifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
laleska Kerry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
rown Haydee	Practitioner - Non-Primary Care Provider (PCP)											
Fraham Francis	Practitioner - Non-Primary Care Provider (PCP)											
owes Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
anavy Holly	Practitioner - Non-Primary Care Provider (PCP)											
okoli Uchenwa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
rutsaert Erika	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
arg Karan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ermyn Rita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ellamkonda Tara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
olmes Tamara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
loore Nora	Practitioner - Non-Primary Care Provider (PCP)											
ark Connie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ang Joann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
hupali Deepa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Syrkin Grigory	Practitioner - Non-Primary Care Provider (PCP)											
Yoon Michele	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Ferzli Myriam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rand Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Pena Felix	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Zanartu Cristian	Practitioner - Non-Primary Care Provider (PCP)											
Shariff Saadat	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
loffe Edward	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mccabe Megan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ashraf Mohammad	Practitioner - Non-Primary Care Provider (PCP)											
Carlos Pans Daniela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Liedel Jennifer Lou	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pallack Robyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Anampa Mesias Jesus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rozin Dmitry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Powell Kristin	Practitioner - Non-Primary Care Provider (PCP)											
Narang Rahul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jain Sachin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gil Judith	Practitioner - Non-Primary Care Provider (PCP)											
Verdesoto Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Stern David R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Barmettler Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Smith Saviana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ravikumar Deepa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
De Aliva	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shoshani Nechama	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Altschul David	Practitioner - Non-Primary Care Provider (PCP)											
Bondarev Alexei	Practitioner - Non-Primary Care Provider (PCP)											
Ogoke Bentley	Practitioner - Non-Primary Care Provider (PCP)											
Arias John	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Weinberg Joy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mahadeo Kris Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Boardman John	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Suri Asif	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gabriel Liana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Figueiredo Lisa	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Pattamanuch Nicole	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Bruno Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lemasters Patrick	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Seth Ami	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Borrayes Lester	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Philip Liju	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Miksa Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kerner Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Springer Mellanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kazzi Massoud	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sharma Samar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Khan Sameer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Takematsu Mai	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dadlez Nina Mireille	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Khinvasara Neha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tsukanov Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Barraza Giselle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chiong Brian	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Shirinov Robert	Practitioner - Non-Primary Care Provider (PCP)											
Green Judith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Siu Larry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Luo Jenny	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kannaditharayil Deepa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Harroche Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Safo Stella	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Choice Curtis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cardenas-Mori Jhosselini A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Goldschmiedt Judah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Capone Kristin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Smith Vance	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Meng Fangyin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vanel Ramona	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Walsh Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Fukunaga Bryce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mehta Sukrant	Practitioner - Non-Primary Care Provider (PCP)											
Jacobs Charleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dunbar Julia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Guevara Ernesto Jose	Practitioner - Non-Primary Care Provider (PCP)											
Pimentel Veronica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shaban Nada	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	_
Kitchell David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mushi Juliet Estomih	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Norton Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gavrilova Tatyana	Practitioner - Non-Primary Care Provider (PCP)											
Lacayo Allen	Practitioner - Non-Primary Care Provider (PCP)											_
Meerkov Meera	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	_
Patel Nihal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Perkins Bennal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	_
Tsimerman Alla	Practitioner - Non-Primary Care Provider (PCP)	~	~									_
Fiorito-Torres Franchesca	Practitioner - Non-Primary Care Provider (PCP)											_
Gamss Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	_
Cubero Ismael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Golive Anjani	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tannebaum Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
_eader Isaac	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nadler Ariella	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Malyszko Bozena	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Thomas Vivek	Practitioner - Non-Primary Care Provider (PCP)											
Nasserman Emily	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	-



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Del Rivero Jaydira	Practitioner - Non-Primary Care Provider (PCP)											
Werden Scott	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Fang Yanan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hauck Kevin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Moran-Atkin Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Torres-Deas Lucille	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Young Shiu May	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Manik Arvind Chandulah	Practitioner - Non-Primary Care Provider (PCP)											
Goodearl Anna Ward	Practitioner - Non-Primary Care Provider (PCP)											
Schnapp Marisa	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Mulaikal Elizabeth R	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Lapidus Robert L	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Wheeler Sandra E	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Pechter Patricia M	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Meredith Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Perez Aniluz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Weiss Erica	Practitioner - Non-Primary Care Provider (PCP)											
Kabeer Sarfaraz	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Fellows Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baldwin Rosalie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Veras Andrea	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Zhang Ling	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pichardo Lissette	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Avitable Nicholas	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Upadhyay Shivanck	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Varghese Sarat	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Grundland Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Sunkara Tagore	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Rivera Stacey	Practitioner - Non-Primary Care Provider (PCP)											
Grewal Harpreet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shylinska Ilona	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	



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* Sarety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Lopez Taina	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	~	
Guevara-Pineda Daniel	Practitioner - Non-Primary Care Provider (PCP)	~		>	~		~	~	~	~	~	
Li Norah	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	~	
Uy Vincent	Practitioner - Non-Primary Care Provider (PCP)	~		*	~		~	~	~	~	✓	
Joseph Anise	Practitioner - Non-Primary Care Provider (PCP)	~		*	~		~	~	~	~	✓	
Cabassa Johanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~	~	~	~	~	~	~	
Adamczyk Janine	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	~	
Subramanya Nalini	Practitioner - Non-Primary Care Provider (PCP)											
Khalid Laila	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Abuzeid Al-Waleed Mohamed	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~	~	~	~	~	~	~	
Mullin Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hine Orion	Practitioner - Non-Primary Care Provider (PCP)	~		*	~		~	~	~	~	~	
Rayannavar Arpana	Practitioner - Non-Primary Care Provider (PCP)	~		*	~		~	~	~	~	~	
Reddy Loveleen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Chekuri Sweta	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~	~	~	~	~	~	~	
Upshaw Montressor L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Snyder Liat S	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~	~	~	~	~	~	~	
Kwofie Stella	Practitioner - Non-Primary Care Provider (PCP)											
Dhar Nidhi	Practitioner - Non-Primary Care Provider (PCP)											
Theventhiran Alex B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Abrams Jordan C	Practitioner - Non-Primary Care Provider (PCP)											
Salcedo Osiris	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Kone Odiya Camara	Practitioner - Non-Primary Care Provider (PCP)											
Sanchez Carlos Alfonso	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~	~	~	~	~	~	~	
Iranpourboroujeni Tannaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Smith Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Caces Wilfredo	Practitioner - Non-Primary Care Provider (PCP)											
Spund Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Herrera Mariela Del Carmen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Childs Claiborne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	✓	~	✓	~	
Morris Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
John Liza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Bangar Maneesha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Gervits Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Uduwana Shanika Ranmali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Slinchenkova Olena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Dhar Trina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Masias Castanon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Patel Mehulaben	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
n Haejin	Practitioner - Non-Primary Care Provider (PCP)											1
Mercader Carolina	Practitioner - Non-Primary Care Provider (PCP)											1
Okoli Oscar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Garg Richa	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	1
Silva Katrina Shea	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Daniel Reny Rajan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Anderson John Roger	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Schroeder Joyce D	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Benjamin Tameka	Practitioner - Non-Primary Care Provider (PCP)											1
lakobsen Kwan-long Lee	Practitioner - Non-Primary Care Provider (PCP)											1
Obrien Patrick R	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Dberfelder Cynthia Caskey	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Garay Miryam D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	1
Antonio Justina A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
Smith Tracy G	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	1
Sunkyo Jung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
St Felix Wendy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1
icuanan Lloyd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Crocco Lauren E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ttan Sanju P	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kajita Grace R	Practitioner - Non-Primary Care Provider (PCP)											
Hossain Mohammad Imtiaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Dumas Suzanne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	1



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* Safety Net Providers in Green	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Grewal Berneet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Randhawa Neelkamal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hall Kendria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ravi Anita	Practitioner - Non-Primary Care Provider (PCP)											
Casasnovas Carmen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Grubb Kristen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Reddy Divyabalakrishna	Practitioner - Non-Primary Care Provider (PCP)											
Malasky Charlotte	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fein Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ahluwalia Dayal S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Keating Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Santalone-Certa Marianne T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Patel Dwaita	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Decotiis Christopher Lee	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Ruvo Anthony Francis	Practitioner - Non-Primary Care Provider (PCP)											
Curtis Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Hadidi Zinah M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bastone Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Edwards Deidre	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Abraham Nitya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Crawford Dana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Simpson-Jones Roxanne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Callender Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hipkens Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Awwad Reem	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Owens Jamie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Santos Josue	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Reyes Gil Morayma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cunningham Ryan Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hayde Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kapur Avnit	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	✓	



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	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Standefer Julia	Practitioner - Non-Primary Care Provider (PCP)										
Lloyd Andrew V	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lulo Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Santoro Jamie Matthew	Practitioner - Non-Primary Care Provider (PCP)										
Lamsen Marie Louies M	Practitioner - Non-Primary Care Provider (PCP)										
Ng Ka Chun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Williams Andrew R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Moltisanti Laura A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Hirschfeld Azriel	Practitioner - Non-Primary Care Provider (PCP)										
Ciani Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Millwood Annie R D	Practitioner - Non-Primary Care Provider (PCP)										
Tsounias Emmanouil	Practitioner - Non-Primary Care Provider (PCP)										
Marques Antonio Jose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shemanski Megan J	Practitioner - Non-Primary Care Provider (PCP)										
Gassert Kelli A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Oren Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Mantzaris Ioannis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Roy Alyssa Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bromfield Ebony Y	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Clement Mireille	Practitioner - Non-Primary Care Provider (PCP)										
Jean-Pierre Gannel	Practitioner - Non-Primary Care Provider (PCP)										
Sinani Fortesa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/assell Rashida	Practitioner - Non-Primary Care Provider (PCP)										
Palmer Shani K	Practitioner - Non-Primary Care Provider (PCP)										
Murthy Sandhya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Maxson Emily	Practitioner - Non-Primary Care Provider (PCP)										
Provan Andrea Yvonne	Practitioner - Non-Primary Care Provider (PCP)										
Picano Gino J	Practitioner - Non-Primary Care Provider (PCP)										
Holland-Ridges Angela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~		~
Romero-Williams Rosetta Ramona	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			~
Riley Samantha M	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating ir	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Cooper Marcina	Practitioner - Non-Primary Care Provider (PCP)											
Ene Ada Romina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Boutsis Anastasios Nikolaos	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Fontes Joao Daniel Trindade	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baldev Richard J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenberg Simon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Knowles Adam Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
eigen Nickolas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Celtz Julia	Practitioner - Non-Primary Care Provider (PCP)											
Neto Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ee Chang Alfredo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nohsin Hammad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Meller Uri	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Kramer Stephen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
ran Timothy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Vinkler Karyn	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sauveur Esther	Practitioner - Non-Primary Care Provider (PCP)											
evy Sharice Delcia	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Brayman Yanina	Practitioner - Non-Primary Care Provider (PCP)											
anner Kathryn Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
ightbody Jason M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
mpadu-Kyere Yaw	Practitioner - Non-Primary Care Provider (PCP)											
oseph Nehemi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
layden Alison L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ohnson Stelin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
tifkin Melissa R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
choe Hoon-Hee Alison	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Giftos Jonathan Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mansour Mayce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ord Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)											
ang Fan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mulry Ryan Luce	Practitioner - Non-Primary Care Provider (PCP)											
Mcgregor Michael Peter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Le Jenna Nguyen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Spencer Jade Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Jones Timothy Ray	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ruggiero Lauren Marie	Practitioner - Non-Primary Care Provider (PCP)											
Mercedes Joann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Harrigan Nashley Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sann Allen Aung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah Mansi Rajendra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Khazal Sajad Jawad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Steiner Tehilla Stepansky	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ferastraoaru Victor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Boswell Pezerlia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Baum Thomas P	Practitioner - Non-Primary Care Provider (PCP)											
Hicks Nina M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Adusei Isaac Fenteng	Practitioner - Non-Primary Care Provider (PCP)											
Vilensky Jesyca	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Baltazar Gerard	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Jamil Imran	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Braunstein Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tao Xiao	Practitioner - Non-Primary Care Provider (PCP)											
Hakima Laleh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Danao Sherwin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosner Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Petitme Marie	Practitioner - Non-Primary Care Provider (PCP)											
Brafman Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Salomon Say	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Caldwell William	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Curato Mark	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Schafler Scott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
iori Kevin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
schortz Jed	Practitioner - Non-Primary Care Provider (PCP)										
long Simon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
arlow Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ega Mario	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
okkam Sharatkuma	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
oss Jonathan	Practitioner - Non-Primary Care Provider (PCP)										
uscarella Peter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
linzer Naftali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
azi Noor Ahmed	Practitioner - Non-Primary Care Provider (PCP)										
umitru Dan Lucian	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
pector Danielle J	Practitioner - Non-Primary Care Provider (PCP)										
eorge James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aeed Omar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
urdali Basil	Practitioner - Non-Primary Care Provider (PCP)										
ardner Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
odriguez Idelka	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
amacho Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ucherov Alexander	Practitioner - Non-Primary Care Provider (PCP)										
oni Saila	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
alik Kristina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
urti Aarti	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hwartz Noa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ezama Keron	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
abarriti Rafi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ang Yuanquan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ackson Sheryl P	Practitioner - Non-Primary Care Provider (PCP)										
ornay Nixon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
chariea Wallace	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
erena Martin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
onit Sterba Ruas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Yelena Drexler	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Noah Bloomgarden	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shah, Seema, Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Davis, Tony, Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Jen-Ting Chen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Maureen Mcevoy	Practitioner - Non-Primary Care Provider (PCP)											
Ritha Belizaire	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Felipe Serrano	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Raquel Fedebagha	Practitioner - Non-Primary Care Provider (PCP)											
Giles Peek	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jaime Gomez Hernandez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Pike, Lily, Md	Practitioner - Non-Primary Care Provider (PCP)											
Luke Sponholz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ken Aseidu	Practitioner - Non-Primary Care Provider (PCP)											
Diana Cardona	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Debra Fischer	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Vazzana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
David Jerome	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Huang, Anna, Md	Practitioner - Non-Primary Care Provider (PCP)											
Leopold Armstrong	Practitioner - Non-Primary Care Provider (PCP)											
Marietta Omo-Ikirodah	Practitioner - Non-Primary Care Provider (PCP)											
Hope Ivoko	Practitioner - Non-Primary Care Provider (PCP)											
Armando Camille	Practitioner - Non-Primary Care Provider (PCP)											
Newenhouse Tiffany	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sirikanjanapong Sasis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hinson Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Bach Hadley S Dds	Practitioner - Non-Primary Care Provider (PCP)											
Silverman Andrew Paul	Practitioner - Non-Primary Care Provider (PCP)											
Mcfarlane Jullian	Practitioner - Non-Primary Care Provider (PCP)											
Derrick Kristina Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Lerner, Allison	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Deacy, Valerie	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
beh Uchechukwu	Practitioner - Non-Primary Care Provider (PCP)										
Negron Albert Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Marylou Hernandez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ifilippo William	Practitioner - Non-Primary Care Provider (PCP)										
Vasserstein Melissa Pittel Md	Practitioner - Non-Primary Care Provider (PCP)										
osa Acierno	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uerdy Pauleus	Practitioner - Non-Primary Care Provider (PCP)										
lichelle Buck-O'Meally	Practitioner - Non-Primary Care Provider (PCP)										
hang Kan	Practitioner - Non-Primary Care Provider (PCP)										
laleki Sara	Practitioner - Non-Primary Care Provider (PCP)										
ade Arzu	Practitioner - Non-Primary Care Provider (PCP)										
rmand Patricia	Practitioner - Non-Primary Care Provider (PCP)										
orgensen Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
lart, Shanika	Practitioner - Non-Primary Care Provider (PCP)										
eddermeyer Karl	Practitioner - Non-Primary Care Provider (PCP)										
oveuzi Matthew David	Practitioner - Non-Primary Care Provider (PCP)										
ergin Gail Marie Np	Practitioner - Non-Primary Care Provider (PCP)										
sborne Michael Dds	Practitioner - Non-Primary Care Provider (PCP)										
wen Dennise Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
el Orbe Radaranys	Practitioner - Non-Primary Care Provider (PCP)										
yaradzo Tsemunhu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
etesic Nikolas	Practitioner - Non-Primary Care Provider (PCP)										
eone Laura	Practitioner - Non-Primary Care Provider (PCP)										
lindupur Samantha	Practitioner - Non-Primary Care Provider (PCP)										
ellieth Latchman	Practitioner - Non-Primary Care Provider (PCP)										
anielle Maucieri	Practitioner - Non-Primary Care Provider (PCP)										
athryn O'Gara, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~	
y Kimberly Therese	Practitioner - Non-Primary Care Provider (PCP)										
arayanan Priya	Practitioner - Non-Primary Care Provider (PCP)										
Schehr, Jaime, Rd	Practitioner - Non-Primary Care Provider (PCP)										



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Eunice Osei-Kwakye	Practitioner - Non-Primary Care Provider (PCP)										
Torres Edwin A	Practitioner - Non-Primary Care Provider (PCP)										
Wagner Rebecca Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosenel Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Steinway Amy B	Practitioner - Non-Primary Care Provider (PCP)										
Cumba Delia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Deuh B. Dago	Practitioner - Non-Primary Care Provider (PCP)										
Mercedes M Nunez	Practitioner - Non-Primary Care Provider (PCP)										
Ward Victoria Courtney	Practitioner - Non-Primary Care Provider (PCP)										
Kinon Merritt Drew	Practitioner - Non-Primary Care Provider (PCP)										
Jennifer Davis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Farbman, Cassie	Practitioner - Non-Primary Care Provider (PCP)										
Gillespie Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Mehta Ruby	Practitioner - Non-Primary Care Provider (PCP)										
Soskel Brooke	Practitioner - Non-Primary Care Provider (PCP)										
Shay Judith Md	Practitioner - Non-Primary Care Provider (PCP)										
Shashi Karia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Khatod Elaine	Practitioner - Non-Primary Care Provider (PCP)										
Butler Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_ee Jimmy Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Oluchi Nwigwe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
_aura Grabisch	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shmuel Berkowitz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marlyse Rudnick	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Birch Meaghan Maureen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Roberts-Murray Lloydette	Practitioner - Non-Primary Care Provider (PCP)										
Khushbu Modh, Lmhc	Practitioner - Non-Primary Care Provider (PCP)										
ax Yonit	Practitioner - Non-Primary Care Provider (PCP)										
Smith Jay Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pardo Dustin Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Cynthia Adjekpovu	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Strawn Lauren M	Practitioner - Non-Primary Care Provider (PCP)										
Dwusuaa Victoria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
licole Haley	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alton-Primrose Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Grover Matthew W	Practitioner - Non-Primary Care Provider (PCP)										
Satecha Defreitas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eroy Palmer	Practitioner - Non-Primary Care Provider (PCP)										
etsko Matthew	Practitioner - Non-Primary Care Provider (PCP)										
athryn Sacks	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Cortijo-Brown Alexis	Practitioner - Non-Primary Care Provider (PCP)										
lora Ford	Practitioner - Non-Primary Care Provider (PCP)										
ledina Joan N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aban Rafael	Practitioner - Non-Primary Care Provider (PCP)										
Volfgruber Hayley	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ana Bronheim	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rekia Yusifu	Practitioner - Non-Primary Care Provider (PCP)										
lorgan Neyland	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Voody Pierre	Practitioner - Non-Primary Care Provider (PCP)										
enee Wohltman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
esrosiers Sergine Yves-Antoine	Practitioner - Non-Primary Care Provider (PCP)										
dolff Karin	Practitioner - Non-Primary Care Provider (PCP)										
arbara Weinstein	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oster Jonatha	Practitioner - Non-Primary Care Provider (PCP)										
lembers Hani	Practitioner - Non-Primary Care Provider (PCP)										
arolyn Heyward	Practitioner - Non-Primary Care Provider (PCP)										
lartha Castro	Practitioner - Non-Primary Care Provider (PCP)										
ndrene Knight	Practitioner - Non-Primary Care Provider (PCP)										
forelli Savina Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
oyd-Mckoy Aleen Marie	Practitioner - Non-Primary Care Provider (PCP)										
Chen Yulin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pinkerson Chana A	Practitioner - Non-Primary Care Provider (PCP)				1						



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gonzalez Rosalyn	Practitioner - Non-Primary Care Provider (PCP)										
Sofiya Grottano	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Barbara Levine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Barresi Ida	Practitioner - Non-Primary Care Provider (PCP)										
Radha Gurung	Practitioner - Non-Primary Care Provider (PCP)										
Serifat Ladipo	Practitioner - Non-Primary Care Provider (PCP)										
Nkechinyere U. Ujoatu	Practitioner - Non-Primary Care Provider (PCP)										
Astudillo, Maria	Practitioner - Non-Primary Care Provider (PCP)										
Lee Leslie	Practitioner - Non-Primary Care Provider (PCP)										
Ebtisam Alhijazin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Roitberg Daphne Md	Practitioner - Non-Primary Care Provider (PCP)										
Paul Kaplan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Ofosu Akosua	Practitioner - Non-Primary Care Provider (PCP)										
Jarrett Kelly Andre Md	Practitioner - Non-Primary Care Provider (PCP)										
Ding Cheng	Practitioner - Non-Primary Care Provider (PCP)										
Daniel Haycook	Practitioner - Non-Primary Care Provider (PCP)										
Bancroft Courtney	Practitioner - Non-Primary Care Provider (PCP)										
Rotbart, Nurit Hirsch	Practitioner - Non-Primary Care Provider (PCP)										
Akhtar Kulsuma	Practitioner - Non-Primary Care Provider (PCP)										
Kaner Justin Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Shah Akash D	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Restnepo Lina Maria	Practitioner - Non-Primary Care Provider (PCP)										
Guo Xiaoling	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mcintyre Jonathan	Practitioner - Non-Primary Care Provider (PCP)										
Kayla Carrero	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vichitchu Claire	Practitioner - Non-Primary Care Provider (PCP)										
Stern Ashley Rose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Paramananda Padma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Feratovic Sanel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Chung Sun	Practitioner - Non-Primary Care Provider (PCP)										
Greenwald Bob Md	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Langsam Barry W Dds	Practitioner - Non-Primary Care Provider (PCP)										
Aronova Yevgenia Md	Practitioner - Non-Primary Care Provider (PCP)										
Bellizzi Donna	Practitioner - Non-Primary Care Provider (PCP)										
rina Abayeva	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ahuva Bondi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rothman Rachel	Practitioner - Non-Primary Care Provider (PCP)										
eune Nadia	Practitioner - Non-Primary Care Provider (PCP)										
thel Osazuwa	Practitioner - Non-Primary Care Provider (PCP)										
Berrios Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kristina Caldararo	Practitioner - Non-Primary Care Provider (PCP)										
Poku Princess P	Practitioner - Non-Primary Care Provider (PCP)										
Noussa Diallo	Practitioner - Non-Primary Care Provider (PCP)										
Rosalina Valera	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
larewood,Avis	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Vang Linda	Practitioner - Non-Primary Care Provider (PCP)										
laqvi Nilofer C	Practitioner - Non-Primary Care Provider (PCP)										
esse Yarbrough	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Suncar Edelmys	Practitioner - Non-Primary Care Provider (PCP)										
Pennis Rizzo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schwartz Stephen O Pc Md	Practitioner - Non-Primary Care Provider (PCP)										
eavitt Karla	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
/innette Burgess	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pollock,Keitha	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Gonzalez Jose Jr	Practitioner - Non-Primary Care Provider (PCP)										
indley Molly	Practitioner - Non-Primary Care Provider (PCP)										
vonne Moreno	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
acifico Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ell Keri-Ann Taiesha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
enny Mintz	Practitioner - Non-Primary Care Provider (PCP)										
Pellegrino Sheeba C	Practitioner - Non-Primary Care Provider (PCP)										
Shirley Fletcher-Hall	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Urbina Mariana Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Serrano Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Abou Kone	Practitioner - Non-Primary Care Provider (PCP)											
Liu Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Oh Sun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Williams, Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Tortorello Giselle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Malvia Thompson	Practitioner - Non-Primary Care Provider (PCP)											
Shenfeld Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Peter Aboagye	Practitioner - Non-Primary Care Provider (PCP)											
Bellotti Marisa M	Practitioner - Non-Primary Care Provider (PCP)											
Souverain Marie	Practitioner - Non-Primary Care Provider (PCP)											
Bacani Pamela	Practitioner - Non-Primary Care Provider (PCP)											
Lisa Wellington	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Clare Lazar	Practitioner - Non-Primary Care Provider (PCP)											
Marianna Carlisi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bryan,Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Craveiro, Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Renee Simmon Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Bhullar Puneet	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Vora Anvi Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Warren J Pires, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Jenna Daddario	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gloria Johnson	Practitioner - Non-Primary Care Provider (PCP)											
Tam Jenny	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Janaki Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Kelly,Victoria E	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Brudner Allison Jill	Practitioner - Non-Primary Care Provider (PCP)											
Augustus Igbokwe Cu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Clancy Brendan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Walfall Kadine Veronique	Practitioner - Non-Primary Care Provider (PCP)											



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Roxanne Pisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosalba Roldan	Practitioner - Non-Primary Care Provider (PCP)										
Zeitoun Lisa H	Practitioner - Non-Primary Care Provider (PCP)										
Mambondimumwe, Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Mcauliffe John Christopher	Practitioner - Non-Primary Care Provider (PCP)										
Pimentel Sandra	Practitioner - Non-Primary Care Provider (PCP)										
Sacks, Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Cristallo Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Gloria Gaev	Practitioner - Non-Primary Care Provider (PCP)										
Hambleton, Tima B.	Practitioner - Non-Primary Care Provider (PCP)										
Sheerer Elsa C	Practitioner - Non-Primary Care Provider (PCP)										
Ibe Pearson Chioma	Practitioner - Non-Primary Care Provider (PCP)										
Owens Angela	Practitioner - Non-Primary Care Provider (PCP)										
Ketter Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Kamesan Janani Md	Practitioner - Non-Primary Care Provider (PCP)										
Abu-Sbaih Reem	Practitioner - Non-Primary Care Provider (PCP)										
Magalie Fonvil	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Larisa Simkhaev	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
John Samuel	Practitioner - Non-Primary Care Provider (PCP)										
Kelly Porta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Yang Rui	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Joyce Martinez	Practitioner - Non-Primary Care Provider (PCP)										
Sajid Mohamed	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Batist Kira	Practitioner - Non-Primary Care Provider (PCP)										
Marion English-Rowe	Practitioner - Non-Primary Care Provider (PCP)										
Rundlett Prunela	Practitioner - Non-Primary Care Provider (PCP)										
Gandhi Stacey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Berman Rachel Ariel Stein	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Balletta Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Trujillo Vanessa	Practitioner - Non-Primary Care Provider (PCP)										
Nava Jetmira	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Selba Kathleen E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dimaio Julianne	Practitioner - Non-Primary Care Provider (PCP)										
Johanna Cuello	Practitioner - Non-Primary Care Provider (PCP)										
Bux Donald	Practitioner - Non-Primary Care Provider (PCP)										
Amisha Rai	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Onajite O. Igbuya	Practitioner - Non-Primary Care Provider (PCP)										
Samantha Sigurdsson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Olusegun Momoh	Practitioner - Non-Primary Care Provider (PCP)										
Deborah Licht	Practitioner - Non-Primary Care Provider (PCP)										
Eric Reyes	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Hamian Kimberly Susan	Practitioner - Non-Primary Care Provider (PCP)										
Yokasta Garcia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lisha Melathe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Akua Asante	Practitioner - Non-Primary Care Provider (PCP)										
Mallory Flynn	Practitioner - Non-Primary Care Provider (PCP)										
Pearl Weill	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ozorio Bienvenida	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lee Sun Young	Practitioner - Non-Primary Care Provider (PCP)										
Christine Moloney	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Biddle Annie	Practitioner - Non-Primary Care Provider (PCP)										
Alan Barr	Practitioner - Non-Primary Care Provider (PCP)										
Nicoleau Christine Md	Practitioner - Non-Primary Care Provider (PCP)										
Ava Booker	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Huggins,Cheryl	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Waclawa Magdits	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
ngrid Armorer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lidiya Shestoperova	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Oberhand Erica	Practitioner - Non-Primary Care Provider (PCP)										
Cox Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Estrella Mercedes German	Practitioner - Non-Primary Care Provider (PCP)										
Miele Marilyn	Practitioner - Non-Primary Care Provider (PCP)										



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Linda Adjetey	Practitioner - Non-Primary Care Provider (PCP)											
Prinzing Samantha Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Grancaric Antun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gomes Jessica Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Boutos Ekaterini	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chan Alice	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
White, Dominique	Practitioner - Non-Primary Care Provider (PCP)											
Patel Devendra J	Practitioner - Non-Primary Care Provider (PCP)											
Wall Darryl	Practitioner - Non-Primary Care Provider (PCP)											
Briana Messina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
William Whetsell	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
David Keith	Practitioner - Non-Primary Care Provider (PCP)											
Polshin Victor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Greenberg Sofiya A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nicolas Lopez	Practitioner - Non-Primary Care Provider (PCP)											
Daniella Shaw	Practitioner - Non-Primary Care Provider (PCP)											
Kesanolla Saritha	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Vigliotti Natalya Leonidovna	Practitioner - Non-Primary Care Provider (PCP)											
Sheung Ming Lau	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
lan Lord	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chaudhri Ali Aftab	Practitioner - Non-Primary Care Provider (PCP)											
Al Radi Noor	Practitioner - Non-Primary Care Provider (PCP)											
Mankodi Aimee	Practitioner - Non-Primary Care Provider (PCP)											
Rivka Schwartz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Latev Alexander	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Matusow, Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Faber, Juliet	Practitioner - Non-Primary Care Provider (PCP)											
Scarlett Feliz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Mallik Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Dhah Jasjeet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ayers Zumara Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Wu Justin Ying-Chin	Practitioner - Non-Primary Care Provider (PCP)											
Caroline Trencher	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Kudirat T. Alimi	Practitioner - Non-Primary Care Provider (PCP)											
Ramamurthi Krishnan	Practitioner - Non-Primary Care Provider (PCP)											
Gracious John	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Adiza Farl	Practitioner - Non-Primary Care Provider (PCP)											
Rohit Mathew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cowans Eleanor	Practitioner - Non-Primary Care Provider (PCP)											
Clarke Beverley	Practitioner - Non-Primary Care Provider (PCP)											
Montilla Medrano Elilary	Practitioner - Non-Primary Care Provider (PCP)											
Yang Christina Jane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tahira Wellman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Insel Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Lauderdale Simone Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Davoudzadeh Reubin Pooya	Practitioner - Non-Primary Care Provider (PCP)											
Rani Parveen	Practitioner - Non-Primary Care Provider (PCP)											
Laird Roy Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Elizabeth Pollert	Practitioner - Non-Primary Care Provider (PCP)											
Phan Tyler Tai	Practitioner - Non-Primary Care Provider (PCP)											
Brandon Balabus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ma Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Silberstein Laurie Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Michael Gardocki	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Mathai Ashwini	Practitioner - Non-Primary Care Provider (PCP)											
Benjamin Odamtten	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jessica Scannapieco	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Zuber	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Fitzpatrick Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Brenkert, Benjamin J.	Practitioner - Non-Primary Care Provider (PCP)											
Mercy Kyeremeh, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Lydia Valencia, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~				~		



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Melendez Claudia N	Practitioner - Non-Primary Care Provider (PCP)											
Mack, Erin	Practitioner - Non-Primary Care Provider (PCP)											
Sidoti Eugene John Jr	Practitioner - Non-Primary Care Provider (PCP)											
Michelle Lerner	Practitioner - Non-Primary Care Provider (PCP)											
Moncrieffe, Delores	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Conly Timothy B	Practitioner - Non-Primary Care Provider (PCP)											
Goldwaser Batya Reena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Wood Eric D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Chougar Christina Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Angie Cross	Practitioner - Non-Primary Care Provider (PCP)											
Scheinert, Beina	Practitioner - Non-Primary Care Provider (PCP)											
Green Kelli	Practitioner - Non-Primary Care Provider (PCP)											
Lothian Anmonique	Practitioner - Non-Primary Care Provider (PCP)											
Abiba Cisse-Doumbia	Practitioner - Non-Primary Care Provider (PCP)											
Walsh Hoey,Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Levitt Danielle Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rodriguez Diana	Practitioner - Non-Primary Care Provider (PCP)											
Kolawole Adeoso	Practitioner - Non-Primary Care Provider (PCP)											
Gutierrez Vivian	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Julie Gauthier	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Aicha Kourouma	Practitioner - Non-Primary Care Provider (PCP)											
Zuckerman Sarah Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Sana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Opoku Ama	Practitioner - Non-Primary Care Provider (PCP)											
Ballabh Praveen Md	Practitioner - Non-Primary Care Provider (PCP)											
Teresa Berardi	Practitioner - Non-Primary Care Provider (PCP)											
Obi Chibueze Chukwunonso	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Lana Turner Pa	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Smith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Somrov Serge Md	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Rubin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Bader Anna Shlionsky	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Celano Mark	Practitioner - Non-Primary Care Provider (PCP)										
Novick Michael	Practitioner - Non-Primary Care Provider (PCP)										
Sheri Escalante	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Robert Bloise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tatiana Saunders	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Perret Kristin A	Practitioner - Non-Primary Care Provider (PCP)										
Waggeh Bintou	Practitioner - Non-Primary Care Provider (PCP)										
Burgoyne Brian	Practitioner - Non-Primary Care Provider (PCP)										
Haughey Marianne Teresa Md	Practitioner - Non-Primary Care Provider (PCP)										
Julie Sarlo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Laub Samson	Practitioner - Non-Primary Care Provider (PCP)										
Pearl Asomaning	Practitioner - Non-Primary Care Provider (PCP)										
Elizabeth Dotter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Yuki Chiba	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Schweizerhof Steven	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kristen Finazzo	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Melissa Elie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nguyen Hanh-My	Practitioner - Non-Primary Care Provider (PCP)										
Fazio Kim Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Franco Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lim Mi Mi	Practitioner - Non-Primary Care Provider (PCP)										
Townsend Latoya Shetrmaine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shuler, Kismyth	Practitioner - Non-Primary Care Provider (PCP)										
Samuel Ayikwei	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Saba Khan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Doris Amalu	Practitioner - Non-Primary Care Provider (PCP)										
Leonardo Antmann, Lmhc	Practitioner - Non-Primary Care Provider (PCP)										
Alex Gabriel	Practitioner - Non-Primary Care Provider (PCP)										
Dieudonne Salvant	Practitioner - Non-Primary Care Provider (PCP)										
Lakeisha Bostick, Lmsw	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ngamougou Anasthasie	Practitioner - Non-Primary Care Provider (PCP)										
De La Concha Amelia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sidrah Khan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Rovno Hazel	Practitioner - Non-Primary Care Provider (PCP)										
Strauss Neil	Practitioner - Non-Primary Care Provider (PCP)										
Norris Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sibery Marilyn	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Madeleine Redding	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ma Yeou Cheng M Md	Practitioner - Non-Primary Care Provider (PCP)										
Zechmeister Jenna R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sherin Zaman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Caitlyn Schalich	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Barbara Hearne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dhar Rohini Reveti Raman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Christina Valvano	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Perez Bernice	Practitioner - Non-Primary Care Provider (PCP)										
Varughese Ansu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Minniti Caterina	Practitioner - Non-Primary Care Provider (PCP)										
Ripinsky Sharon	Practitioner - Non-Primary Care Provider (PCP)										
Veronique Camille	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rana Jehle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Deonarine Youbraj Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Lauren Taus	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Kahn Mani	Practitioner - Non-Primary Care Provider (PCP)										
Adewale Onanuga	Practitioner - Non-Primary Care Provider (PCP)										
Adepeju Holmes	Practitioner - Non-Primary Care Provider (PCP)										
Rich Danielle C., Lmsw	Practitioner - Non-Primary Care Provider (PCP)										
Roberts Cornelia Chase	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nyanga Dacosta	Practitioner - Non-Primary Care Provider (PCP)										
Shelly-Ann Duncan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Joanna Denobile	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Epstein Maxine Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Teresa Martello	Practitioner - Non-Primary Care Provider (PCP)										
Erhard Heather A Md	Practitioner - Non-Primary Care Provider (PCP)										
Sylvia Sealy	Practitioner - Non-Primary Care Provider (PCP)										
Christian Elisabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~
Hammond Isaac Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Leslie Vasquez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Baker-Adler Erica	Practitioner - Non-Primary Care Provider (PCP)										
Alison Lipman	Practitioner - Non-Primary Care Provider (PCP)										
Duncan Jade Patrice	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ana Paulino	Practitioner - Non-Primary Care Provider (PCP)										
Cyrulnik Amanda Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Singh Mandeep	Practitioner - Non-Primary Care Provider (PCP)										
Arora Archana	Practitioner - Non-Primary Care Provider (PCP)										
Lucas Daniel	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Heyligers Bert R Md	Practitioner - Non-Primary Care Provider (PCP)										
Kwame Frimpong	Practitioner - Non-Primary Care Provider (PCP)										
Gopalakrishnan Swathi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosita Martin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Josephine Dattolli	Practitioner - Non-Primary Care Provider (PCP)										
Simisola J. Kassim	Practitioner - Non-Primary Care Provider (PCP)										
Deborah Mccabe	Practitioner - Non-Primary Care Provider (PCP)										
Jacqueline Mcintosh	Practitioner - Non-Primary Care Provider (PCP)										
Lauren Giwa	Practitioner - Non-Primary Care Provider (PCP)										
Melinda Seidel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kucharski Wojciech Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Richard Cooper	Practitioner - Non-Primary Care Provider (PCP)										
Debbra Monchik	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Brooks Nadine	Practitioner - Non-Primary Care Provider (PCP)										
Doddi Sujatha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kushnir Margarita	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mohamed Ambreen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Arutyunyan Marina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Justin Joy	Practitioner - Non-Primary Care Provider (PCP)											
Rebekah Daggett	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bowen Kevin F	Practitioner - Non-Primary Care Provider (PCP)											
Katherine Wang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Davidson Igor Phd	Practitioner - Non-Primary Care Provider (PCP)											
Gregory Nikolos	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Harrison Roslyn L	Practitioner - Non-Primary Care Provider (PCP)											
Neishelle Walcott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
/vonne Brett	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kairy Tamar	Practitioner - Non-Primary Care Provider (PCP)											
Strein Daniel Ryan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Capra Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Masry Maddy H	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Corrigan Mairead Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Nazir Sharique	Practitioner - Non-Primary Care Provider (PCP)											
amonica Donna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Thomas Gabriel	Practitioner - Non-Primary Care Provider (PCP)											
Migliore, Vincent J.	Practitioner - Non-Primary Care Provider (PCP)											
Morrison Caitlin Jean	Practitioner - Non-Primary Care Provider (PCP)											
Chidiebere Uchegbu	Practitioner - Non-Primary Care Provider (PCP)											
Samantha Ciaccia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Douglas Condit	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ee Jonathan Harris	Practitioner - Non-Primary Care Provider (PCP)											
Nitka Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Engelbertz Fabian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bifone Casey Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Hellbusch Amy	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Sophy Em-Mcmenimon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
eeshun Rivera	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Robinson Steven Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dimitra Mitsianis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kirschner Randi	Practitioner - Non-Primary Care Provider (PCP)										
Sucu Asli	Practitioner - Non-Primary Care Provider (PCP)										
Charlie Ohakam	Practitioner - Non-Primary Care Provider (PCP)										
Soba Daniella	Practitioner - Non-Primary Care Provider (PCP)										
Lutin, Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Melissa Hernandez Davis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
George Sedhom	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kavanoor Krithika	Practitioner - Non-Primary Care Provider (PCP)										
Sylvia Ebalu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cavel Mclean-Ferguson	Practitioner - Non-Primary Care Provider (PCP)										
Callaway Edward	Practitioner - Non-Primary Care Provider (PCP)										
Magalie Bonneau	Practitioner - Non-Primary Care Provider (PCP)										
Hope Sinclair	Practitioner - Non-Primary Care Provider (PCP)										
Karia Kunal	Practitioner - Non-Primary Care Provider (PCP)										
Gyorgyi Datz	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Matthews Glenmarie	Practitioner - Non-Primary Care Provider (PCP)										
Ashley Moloney	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tanya Mclean	Practitioner - Non-Primary Care Provider (PCP)										
Carina Wind	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shah Nidhi	Practitioner - Non-Primary Care Provider (PCP)										
Jaime Butler	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Edwina Afenu-Lamptey	Practitioner - Non-Primary Care Provider (PCP)										
Bailey Shereene	Practitioner - Non-Primary Care Provider (PCP)										
Courtney Kuhn	Practitioner - Non-Primary Care Provider (PCP)										
Margaret Montoya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Госсі Laura L	Practitioner - Non-Primary Care Provider (PCP)										
Anna Zaldivar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Myer Parvathi	Practitioner - Non-Primary Care Provider (PCP)										
Williams Carlton	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Appelstein Joshua Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Afflick,Sharon M	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Ridgway Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)										
Souffrant, Victoria E	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Timothy Akojenu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cox Earl	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Victoria	Practitioner - Non-Primary Care Provider (PCP)										
Lukose, James, Pa	Practitioner - Non-Primary Care Provider (PCP)										
Mercy Ukpe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tolia Bhupendra M	Practitioner - Non-Primary Care Provider (PCP)										
Steven Herzenberg	Practitioner - Non-Primary Care Provider (PCP)										
Frank Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kalb-Schweitzer Linda Susan	Practitioner - Non-Primary Care Provider (PCP)										
Nacario Anita	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Ahmadian Lohrasb	Practitioner - Non-Primary Care Provider (PCP)										
Eileen Dolce	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Jean-Felix Emmanuel Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vecchione Brenda	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Willliam Nguyen	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Fatoumatta Waggeh	Practitioner - Non-Primary Care Provider (PCP)										
Arvizu, Rosalba	Practitioner - Non-Primary Care Provider (PCP)										
Dorsey Brian	Practitioner - Non-Primary Care Provider (PCP)										
Rubin Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Fukuda Maya Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
Cheryl Daley-Williams	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gulko Edwin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Avigayil Neuburger	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mavis Narh	Practitioner - Non-Primary Care Provider (PCP)										
Binder Adam Finn	Practitioner - Non-Primary Care Provider (PCP)										
Glory Odigie	Practitioner - Non-Primary Care Provider (PCP)										
Milne Dafne A	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Louissaint Gina Marie	Practitioner - Non-Primary Care Provider (PCP)										
Goodwin, Marion	Practitioner - Non-Primary Care Provider (PCP)										
Wickham Jasmine	Practitioner - Non-Primary Care Provider (PCP)										
Florence Igwe	Practitioner - Non-Primary Care Provider (PCP)										
Sitki Dogus	Practitioner - Non-Primary Care Provider (PCP)										
Jodi Shulman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Jared Simcik	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	>	*	~	~	~	~	~
Tang Abby S	Practitioner - Non-Primary Care Provider (PCP)										
Sheffet Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Yvette Deerr	Practitioner - Non-Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Linda Giuliano	Practitioner - Non-Primary Care Provider (PCP)										
Autry April	Practitioner - Non-Primary Care Provider (PCP)										
Mccarry Thomas	Practitioner - Non-Primary Care Provider (PCP)										
Khan Tahir S	Practitioner - Non-Primary Care Provider (PCP)										
Anastasia Nwasokwa	Practitioner - Non-Primary Care Provider (PCP)										
Jessica Scott	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Prieto Luisa Fernanda	Practitioner - Non-Primary Care Provider (PCP)										
Riqard Prlesi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Graf Alisa J	Practitioner - Non-Primary Care Provider (PCP)										
Lorna Co	Practitioner - Non-Primary Care Provider (PCP)	~		~	>		~	~	~	~	~
Ciliberto Christopher Fernand	Practitioner - Non-Primary Care Provider (PCP)										
Nadia Baldeo-Ponnappan	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	>	>	~	~	~	~	~
Galkina Jane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Riccobono Brianna	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	>	>	~	~	~	~	~
Martinez Michael	Practitioner - Non-Primary Care Provider (PCP)										
Kari Albery	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~
Liebman Elaine Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Sanderson Dana	Practitioner - Non-Primary Care Provider (PCP)										
Judy Jones	Practitioner - Non-Primary Care Provider (PCP)										
Battino Risa Danielle	Practitioner - Non-Primary Care Provider (PCP)										
Jennifer Irizarry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Sandra Triggs	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Masud Ahmed	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lori Rosenthal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shaquan Chapman	Practitioner - Non-Primary Care Provider (PCP)										
Dorcas Adu Boahen	Practitioner - Non-Primary Care Provider (PCP)										
Berkin Jill	Practitioner - Non-Primary Care Provider (PCP)										
Kaye Ross	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Dave Kartikeya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Shastri Aditi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nathanaelle Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Loveland Lea	Practitioner - Non-Primary Care Provider (PCP)										
Olusola Ogunlana	Practitioner - Non-Primary Care Provider (PCP)										
Ciment Avraham Yitchak Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Donna Demetri- Friedman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
James Mcgaughan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marc Civitano	Practitioner - Non-Primary Care Provider (PCP)										
Jessena Chattar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Diaz Claribel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Polyakova Natalia	Practitioner - Non-Primary Care Provider (PCP)										
Zadrima Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gonzalez Virginia	Practitioner - Non-Primary Care Provider (PCP)										
Spiegel Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sophy Okello	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ravikumar Aarti	Practitioner - Non-Primary Care Provider (PCP)										
English, Hannah	Practitioner - Non-Primary Care Provider (PCP)										
Lleshi Florijana	Practitioner - Non-Primary Care Provider (PCP)										
Alberta Adjei	Practitioner - Non-Primary Care Provider (PCP)										
Lewiton Rachael Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Renda Vincenzo	Practitioner - Non-Primary Care Provider (PCP)										
Patel Puja	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Josephine Dapaah	Practitioner - Non-Primary Care Provider (PCP)										



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DSRIP Implementation Plan Project

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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Gaduputi Vinaya Vital	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Carobene Macy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	I
Diana Ramos	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jimenez Melinda Ganio	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	I
Ohagan Andrew H	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Kim Geeeun Ms.	Practitioner - Non-Primary Care Provider (PCP)											I
Sidlo Zsuzsanna	Practitioner - Non-Primary Care Provider (PCP)											
Heule Samantha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sabiha Rahemanji	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Poste Jennifer C	Practitioner - Non-Primary Care Provider (PCP)											
Jaffe, Sheryl	Practitioner - Non-Primary Care Provider (PCP)											
Underland Lisa Joy	Practitioner - Non-Primary Care Provider (PCP)											
Shah Kulin	Practitioner - Non-Primary Care Provider (PCP)											
Moran Snjezana Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Calhoun Shannon Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Jansson Samantha Mullis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rafael Torres	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sam Lumanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Anthonia Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Craig Steinberg	Practitioner - Non-Primary Care Provider (PCP)											
Neimark Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Allen Delvalyn	Practitioner - Non-Primary Care Provider (PCP)											
Mccray, George	Practitioner - Non-Primary Care Provider (PCP)											
Bobbeth Robinson	Practitioner - Non-Primary Care Provider (PCP)											
Chamblin Noah	Practitioner - Non-Primary Care Provider (PCP)											·
Emelia Essuman	Practitioner - Non-Primary Care Provider (PCP)											1
Izquierdo Ada	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	·
Kalogeras Kaitlin Athena	Practitioner - Non-Primary Care Provider (PCP)											·
Chacko Shobin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	·
Bienstock, Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Williams Deanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Pamela Halpern	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Davydova Yelena Miss	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	*	~
Cohen Herbert Jesse Md	Practitioner - Non-Primary Care Provider (PCP)										
Sandeep Ponnappan	Practitioner - Non-Primary Care Provider (PCP)	~	*	~	~	~	~	~	~	*	~
lain Neptune	Practitioner - Non-Primary Care Provider (PCP)										
Miller Samantha	Practitioner - Non-Primary Care Provider (PCP)										
rnestina Malloy	Practitioner - Non-Primary Care Provider (PCP)										
inchinat Ralph	Practitioner - Non-Primary Care Provider (PCP)										
Orlovskaya,Nina	Practitioner - Non-Primary Care Provider (PCP)	~	*								
Roach Shauna	Practitioner - Non-Primary Care Provider (PCP)										
iuliana Loo Gallagher	Practitioner - Non-Primary Care Provider (PCP)										
oxan Morgan	Practitioner - Non-Primary Care Provider (PCP)										
yacinth Ford	Practitioner - Non-Primary Care Provider (PCP)										
ones Benefita Floral	Practitioner - Non-Primary Care Provider (PCP)										
pilado Jill	Practitioner - Non-Primary Care Provider (PCP)										
ee Frances Jiyoung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uerin Yanick	Practitioner - Non-Primary Care Provider (PCP)										
enanti Michael J Md	Practitioner - Non-Primary Care Provider (PCP)										
ranco Victor	Practitioner - Non-Primary Care Provider (PCP)										
ichard Montero	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ampbell Marc Mr.	Practitioner - Non-Primary Care Provider (PCP)										
ulia Nevin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eung,Kamyu	Practitioner - Non-Primary Care Provider (PCP)	~	~								
ankovich, Vasi Louise	Practitioner - Non-Primary Care Provider (PCP)										
riggie Alexis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ara Krishnasastry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lizabeth A. Boakye	Practitioner - Non-Primary Care Provider (PCP)										
al Somosri	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
alerie Tarsia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	>	~
ichter Cassie N	Practitioner - Non-Primary Care Provider (PCP)										
errone Lorraine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Madeline Orellana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kalhan Tamara Gomez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Harmon Bryan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Kumar Anand	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jan Moskowitz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Avigdor Avi	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~			
Berger Jeremy Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bonet-Pagan Yara	Practitioner - Non-Primary Care Provider (PCP)											
Chokechanachaisakul Attasit	Practitioner - Non-Primary Care Provider (PCP)											
Palmares Francine Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Amponsah Faustina	Practitioner - Non-Primary Care Provider (PCP)											
Fare Yagninim	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Megan Machado	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Regina Angela	Practitioner - Non-Primary Care Provider (PCP)											
Patel Mihirkumar	Practitioner - Non-Primary Care Provider (PCP)											
Bakhru Rima Gopal	Practitioner - Non-Primary Care Provider (PCP)											
Lucienne Georges	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Cahill,Doreen	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Ellen Shatzkin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Collins Kari	Practitioner - Non-Primary Care Provider (PCP)											
Pope John Burton	Practitioner - Non-Primary Care Provider (PCP)											
Nayeem Sarah Fatima	Practitioner - Non-Primary Care Provider (PCP)											
Ray Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Mesrie Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Kimmelblatt Justin E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joan Henry-Garraway	Practitioner - Non-Primary Care Provider (PCP)											
Kira Glastein, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Lauren Drepanis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Joanne Singh	Practitioner - Non-Primary Care Provider (PCP)	~						~	~	~	~	
Jodi Eisen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Yolette Loiseau, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Low Erika	Practitioner - Non-Primary Care Provider (PCP)										
Ramos Harry	Practitioner - Non-Primary Care Provider (PCP)										
Jonathan Garcia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Roman Markh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cheng Linda	Practitioner - Non-Primary Care Provider (PCP)										
Edwards Hilda	Practitioner - Non-Primary Care Provider (PCP)										
Oh Kyung Taek	Practitioner - Non-Primary Care Provider (PCP)										
Ohson Aspan Singh Md	Practitioner - Non-Primary Care Provider (PCP)										
Durkin Peter D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Moussapour, Lori	Practitioner - Non-Primary Care Provider (PCP)										
Laurie Behar	Practitioner - Non-Primary Care Provider (PCP)										
Esmaeili Azadeh	Practitioner - Non-Primary Care Provider (PCP)										
Jaswani Vijay	Practitioner - Non-Primary Care Provider (PCP)										
Nicole Greco	Practitioner - Non-Primary Care Provider (PCP)										
Grace Odiase	Practitioner - Non-Primary Care Provider (PCP)										
Aderemi P. Adebayo	Practitioner - Non-Primary Care Provider (PCP)										
Patel Sejal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ames, Anne	Practitioner - Non-Primary Care Provider (PCP)										
Charran Nalini Miss	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Ariella	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Pharlin Noel	Practitioner - Non-Primary Care Provider (PCP)										
Garcia Angelica	Practitioner - Non-Primary Care Provider (PCP)										
Popescu Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vasquez, Damaris	Practitioner - Non-Primary Care Provider (PCP)										
Mccollom Alan B Phd	Practitioner - Non-Primary Care Provider (PCP)										
Jose Lopez	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Robert Sammartano	Practitioner - Non-Primary Care Provider (PCP)										
Balagula Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Lee Moonyoung B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Seplowe Rosemary	Practitioner - Non-Primary Care Provider (PCP)										
Stephanie Williams	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Crystal Frazier	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sabrina Petrillo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Doshi Tina Vinay	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Tara Jose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Koo Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Childs Akosua Abrafi	Practitioner - Non-Primary Care Provider (PCP)											
Caneva Elishka	Practitioner - Non-Primary Care Provider (PCP)											
Medina Emma	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Powell	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Teresa Simon	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Rufino Marilina	Practitioner - Non-Primary Care Provider (PCP)											
Purice Daniela Elena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Powell Kimone	Practitioner - Non-Primary Care Provider (PCP)											
Dennis Liu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Verges Caroline Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Luongo Tory	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ofori-Amanfo George Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rose Sylvestre	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Gaytri Patel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Terricia Bascombe	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Michelle Miss	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Jessica Paul	Practitioner - Non-Primary Care Provider (PCP)											
Leveille Cam-Suze	Practitioner - Non-Primary Care Provider (PCP)											
Smith, Darcy L.	Practitioner - Non-Primary Care Provider (PCP)											
Kapinos Steven Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Smith, Maia	Practitioner - Non-Primary Care Provider (PCP)											
Lipton, Noah	Practitioner - Non-Primary Care Provider (PCP)											-
Koleilat Issam	Practitioner - Non-Primary Care Provider (PCP)											-
Mends Francine Ivy	Practitioner - Non-Primary Care Provider (PCP)											
Goyal Ajay	Practitioner - Non-Primary Care Provider (PCP)											
Sherwood Omar	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
ifschitz Deborah Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Columbus-Jang Michele Dorthy-Naseem	Practitioner - Non-Primary Care Provider (PCP)										
osef Franklin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Quinones Zinacay	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
antiago, Luz	Practitioner - Non-Primary Care Provider (PCP)										
kbar Nadeem	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schreuder Patricia	Practitioner - Non-Primary Care Provider (PCP)										
Genser Larry Dr.	Practitioner - Non-Primary Care Provider (PCP)										
essne Adam	Practitioner - Non-Primary Care Provider (PCP)										
iona Chin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
aur Gurmeet	Practitioner - Non-Primary Care Provider (PCP)	~		~	~	~	~	~	~		
sirnbaum Ira Joshua	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~
lirschhorn Evan Michael	Practitioner - Non-Primary Care Provider (PCP)										
Medy,Idomenee	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Baxley Brian Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Pullaro Anna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Samuels Ayol Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Jcha Nwagbo	Practitioner - Non-Primary Care Provider (PCP)										
oolukuntla Niharika	Practitioner - Non-Primary Care Provider (PCP)										
Punsky Israel Brenda	Practitioner - Non-Primary Care Provider (PCP)										
mall Rebekah Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Veaver Frances	Practitioner - Non-Primary Care Provider (PCP)										
Sosana Fares	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Skowronski Julie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marshel,Judy	Practitioner - Non-Primary Care Provider (PCP)	~	~								
ladassa Nussbaum	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
anessa Seidell	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Ruiz Melinda	Practitioner - Non-Primary Care Provider (PCP)										
ee Cheong E	Practitioner - Non-Primary Care Provider (PCP)										
eake-Gaylord Antaeya Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Claudia Silva	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
lummai Ibrahim	Practitioner - Non-Primary Care Provider (PCP)											
'alentin-Lane, Lydia	Practitioner - Non-Primary Care Provider (PCP)											
ind Leslie	Practitioner - Non-Primary Care Provider (PCP)											
hang Lew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
aphney Jean-Louis	Practitioner - Non-Primary Care Provider (PCP)											
uzie Grant Ana	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
ulia Estevez	Practitioner - Non-Primary Care Provider (PCP)											
alleballe Krishna	Practitioner - Non-Primary Care Provider (PCP)											
dris Swada	Practitioner - Non-Primary Care Provider (PCP)											
aw Appau	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
oque Samina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ashi Viktor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
noi Jung Sung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
iacobbe Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
oyce, Rosa	Practitioner - Non-Primary Care Provider (PCP)											
oulard Bernadette	Practitioner - Non-Primary Care Provider (PCP)											
olin Edward Michael	Practitioner - Non-Primary Care Provider (PCP)											
ox Roberta	Practitioner - Non-Primary Care Provider (PCP)											
ichael Hom	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
laue,Eric	Practitioner - Non-Primary Care Provider (PCP)	~	~									
olon Melanie	Practitioner - Non-Primary Care Provider (PCP)											
byce Liu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
artley Rochelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
omero Jorge	Practitioner - Non-Primary Care Provider (PCP)											
ita Nyame	Practitioner - Non-Primary Care Provider (PCP)											-
nessa Mcnish	Practitioner - Non-Primary Care Provider (PCP)											-
opa Justin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
acquel Jones	Practitioner - Non-Primary Care Provider (PCP)											
utlaw Desiree	Practitioner - Non-Primary Care Provider (PCP)											
ina Dryhybko	Practitioner - Non-Primary Care Provider (PCP)											
ourtney Englert	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Forbes, Deirdre D	Practitioner - Non-Primary Care Provider (PCP)											
Caridi Jamie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Bahar Yasmin Z	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Julius	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ramon A. Blandino	Practitioner - Non-Primary Care Provider (PCP)											
Annette Simmon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Anita Levan	Practitioner - Non-Primary Care Provider (PCP)											
Gomes, Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~									
Adamson Peter	Practitioner - Non-Primary Care Provider (PCP)											
Dara Jasmeen Srichard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Toro Angela Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Odume Josephine Nkechi	Practitioner - Non-Primary Care Provider (PCP)											
Anderson John	Practitioner - Non-Primary Care Provider (PCP)											
Benhard Prlesi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Carpio, Solange G.	Practitioner - Non-Primary Care Provider (PCP)											
Dana Robertin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ooris Roman, Msw	Practitioner - Non-Primary Care Provider (PCP)											
ranklin Ana I	Practitioner - Non-Primary Care Provider (PCP)											
Njoku Bamidale Akudo	Practitioner - Non-Primary Care Provider (PCP)											
Achalla Kiranmayi	Practitioner - Non-Primary Care Provider (PCP)											
Ayoob Keith Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Herman Goldstein	Practitioner - Non-Primary Care Provider (PCP)											
Visniewski, Kim	Practitioner - Non-Primary Care Provider (PCP)											
Asher Megan	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Pepe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Daniel Owens	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Movsas Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Pressimone Vanessa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nathalie Vignier	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rubinstein Maria	Practitioner - Non-Primary Care Provider (PCP)											
Weingart Emily Robin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Samaha Randa Joseph	Practitioner - Non-Primary Care Provider (PCP)										
yon Gholson James Md	Practitioner - Non-Primary Care Provider (PCP)										
Bayuk Kevin M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ones-Malik Mendis	Practitioner - Non-Primary Care Provider (PCP)										
Rosenberg Benjamin	Practitioner - Non-Primary Care Provider (PCP)										
Durgam Roshni	Practitioner - Non-Primary Care Provider (PCP)										
Mercy Arthur	Practitioner - Non-Primary Care Provider (PCP)										
eter Winter	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
udy Daniell	Practitioner - Non-Primary Care Provider (PCP)										
witkes Samuel Md	Practitioner - Non-Primary Care Provider (PCP)										
laureen Igharosa	Practitioner - Non-Primary Care Provider (PCP)										
yan Black	Practitioner - Non-Primary Care Provider (PCP)										
bel Bencosme	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
mudalat Ashade	Practitioner - Non-Primary Care Provider (PCP)										
en-Abdallah Sakienah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lomoh Funmilayo	Practitioner - Non-Primary Care Provider (PCP)										
e La Cruz, Kcarin	Practitioner - Non-Primary Care Provider (PCP)										
oyarsky Brit	Practitioner - Non-Primary Care Provider (PCP)										
eter Ferrandino	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
han Sena Miss	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ernando Coleman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
leksander Pali	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
lara Angel, Lmhc	Practitioner - Non-Primary Care Provider (PCP)										
achlin Jordan W	Practitioner - Non-Primary Care Provider (PCP)										
nthony Asiedu	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
zeez Kareem	Practitioner - Non-Primary Care Provider (PCP)										
athiramani Safal	Practitioner - Non-Primary Care Provider (PCP)										
aber Anne Carmen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
breu Michelly Rosch	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~	~	~	~	~	~	~
lung-Chau Han	Practitioner - Non-Primary Care Provider (PCP)										
Elaine Hyatt	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating ir	Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Kennedy Okyere	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Louise Ruberman	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez Ishtar	Practitioner - Non-Primary Care Provider (PCP)										
Nunez Sanchez Begona	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Atara Berliner	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Deruvo,Angel	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Lissette Ramos	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~		~	
Gendlina Inessa	Practitioner - Non-Primary Care Provider (PCP)										
Carly Mompellier	Practitioner - Non-Primary Care Provider (PCP)										
Roberts, Brianne	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Unicka David	Practitioner - Non-Primary Care Provider (PCP)										
Dilim Udedibia	Practitioner - Non-Primary Care Provider (PCP)										
Giji Bindu	Practitioner - Non-Primary Care Provider (PCP)										
Siegel Joanne Florio	Practitioner - Non-Primary Care Provider (PCP)										
Ricardo Pinzon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Alam Farah Minhas Dds	Practitioner - Non-Primary Care Provider (PCP)										
Adriano Ari	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cecilia Land	Practitioner - Non-Primary Care Provider (PCP)										
John Battles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vielot Claudyn	Practitioner - Non-Primary Care Provider (PCP)										
Anthony Pacione	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Schuster Nathaniel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Aimee Zipkin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Otello Toni Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Jaksha Jonathan A Md	Practitioner - Non-Primary Care Provider (PCP)										
Sherman Kate Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Kasanofsky-Rubenstein Karen S	Practitioner - Non-Primary Care Provider (PCP)										
Mackersey Kiri Suzanne	Practitioner - Non-Primary Care Provider (PCP)										
Annika Barriteau	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Petagay O'Connor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Natalia Alcantara-Lugo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Margulis Roman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Taffet Joshua	Practitioner - Non-Primary Care Provider (PCP)										
Koci Klementina	Practitioner - Non-Primary Care Provider (PCP)										
an Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Onogwu Evette	Practitioner - Non-Primary Care Provider (PCP)										
run Sunny	Practitioner - Non-Primary Care Provider (PCP)										
Greenberg Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)										
ersaud Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
ylvester,Raymond	Practitioner - Non-Primary Care Provider (PCP)	~	~								
nuetinyan Adeghe	Practitioner - Non-Primary Care Provider (PCP)										
atrick Sheehan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
raper Lawrence	Practitioner - Non-Primary Care Provider (PCP)										
iemba, Jessica C., Rpa-C	Practitioner - Non-Primary Care Provider (PCP)										
ason Wieland	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
eginald Wayne	Practitioner - Non-Primary Care Provider (PCP)										
amrattan Melissa	Practitioner - Non-Primary Care Provider (PCP)										
Icpherson Nicketta Elaine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
uddati Harish	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
hunoma Osayawe	Practitioner - Non-Primary Care Provider (PCP)										
auer Maegan R	Practitioner - Non-Primary Care Provider (PCP)										
elestin Samantha Miss	Practitioner - Non-Primary Care Provider (PCP)										
01661166beddows Kimberly	Practitioner - Non-Primary Care Provider (PCP)										
inshteyn Galina Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
argaret Nyarko	Practitioner - Non-Primary Care Provider (PCP)										
itale Michael	Practitioner - Non-Primary Care Provider (PCP)										
uy Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
awnette M Kirlew	Practitioner - Non-Primary Care Provider (PCP)										
ichelle Lazos	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
rown,Yvonne	Practitioner - Non-Primary Care Provider (PCP)	~	~								
ruell Cynthia	Practitioner - Non-Primary Care Provider (PCP)										
ergey Shkurovich	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Margaret Louise Coll Np	Practitioner - Non-Primary Care Provider (PCP)											
Jason Akrami	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Chan Ravy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~	~	~	~	
Saraghi Mana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Abimbola Gbogboade	Practitioner - Non-Primary Care Provider (PCP)											
Klein Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Nicole Siegel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
amie Fridman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Green Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Catacutan Dem	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Perry Donna	Practitioner - Non-Primary Care Provider (PCP)											
Chernin Rina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
ells Amy	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
cgal Guzman	Practitioner - Non-Primary Care Provider (PCP)											
arshis Nancy Louise	Practitioner - Non-Primary Care Provider (PCP)											
dell Marsha	Practitioner - Non-Primary Care Provider (PCP)											
ried Tammy E	Practitioner - Non-Primary Care Provider (PCP)											
esser Iris	Practitioner - Non-Primary Care Provider (PCP)											
Nelissa Vega	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
eclere Jennifer Song	Practitioner - Non-Primary Care Provider (PCP)											
dele Radcliffe	Practitioner - Non-Primary Care Provider (PCP)											
Sina Saccone	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shaw Jocelyn	Practitioner - Non-Primary Care Provider (PCP)											
ajerstein Aliza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
latasha Williams	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Rosenberg Maxwell	Practitioner - Non-Primary Care Provider (PCP)											
Rana Rajendra Jivubha Dds	Practitioner - Non-Primary Care Provider (PCP)											
Maria Leon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Spiciarich Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
iz Sam	Practitioner - Non-Primary Care Provider (PCP)	~	✓	~	~	~	~	~	~	~	~	
inares Jensy	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ramaley Stephen	Practitioner - Non-Primary Care Provider (PCP)										
Munir Saira	Practitioner - Non-Primary Care Provider (PCP)										
Saint-Dic Rudolph Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Nayra Luis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Louis Gelabert	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Marjorie Johnson	Practitioner - Non-Primary Care Provider (PCP)										
Enright Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Ramdhanie Mahindra Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Reyes, Yelitza	Practitioner - Non-Primary Care Provider (PCP)										
Iquorn Harris	Practitioner - Non-Primary Care Provider (PCP)										
Thomson Sasha	Practitioner - Non-Primary Care Provider (PCP)										
Barahman Irina	Practitioner - Non-Primary Care Provider (PCP)										
Ryan Christensen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Heller, Anita	Practitioner - Non-Primary Care Provider (PCP)										
Undine Jamison	Practitioner - Non-Primary Care Provider (PCP)										
Amanda Gesten	Practitioner - Non-Primary Care Provider (PCP)										
Bennett Martha	Practitioner - Non-Primary Care Provider (PCP)										
Patel Milon	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓	~	~	~	~	~	~	~
Soma Vijaya	Practitioner - Non-Primary Care Provider (PCP)										
Goulbourne-Scott Alisa Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Emmanuella L Castelin	Practitioner - Non-Primary Care Provider (PCP)										
Lorraine Marshall-Williams	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Starr-Graves Dana Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Helen Persovsky	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bulman Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	~
Osada Akihiko	Practitioner - Non-Primary Care Provider (PCP)										
Chang Jeffrey	Practitioner - Non-Primary Care Provider (PCP)										
Daly Thomas	Practitioner - Non-Primary Care Provider (PCP)										
Cashen,Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Anne Regis	Practitioner - Non-Primary Care Provider (PCP)										
Khankhel Dorina Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Alvin Alfonso	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Escarfuller Juan Apolinar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sanford Abramson	Practitioner - Non-Primary Care Provider (PCP)										
Wasser,Geri Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~								
Pabon Eddie	Practitioner - Non-Primary Care Provider (PCP)										
Shi Yang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Theshean Merchant	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Burgess Erin Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Vinnikov Dmitry	Practitioner - Non-Primary Care Provider (PCP)										
Victoria Battista	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Olujimmy Afolabi	Practitioner - Non-Primary Care Provider (PCP)										
Vieira Julio	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Slinger Jessel	Practitioner - Non-Primary Care Provider (PCP)										
Simon Justine R	Practitioner - Non-Primary Care Provider (PCP)										
Marie Adrien	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Iram Ahsanuddin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Regelmann Molly Oliver	Practitioner - Non-Primary Care Provider (PCP)										
Singanamala Naveen	Practitioner - Non-Primary Care Provider (PCP)										
loh Nkiruka Juliana	Practitioner - Non-Primary Care Provider (PCP)										
Karlapalem Jyothsna	Practitioner - Non-Primary Care Provider (PCP)										
Horne,Luanne	Practitioner - Non-Primary Care Provider (PCP)	~	~								
/ivek Kumar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Gressel Gregory	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Stone Toniann Marie	Practitioner - Non-Primary Care Provider (PCP)										
Mulakandov Salomon Markovich	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Гsui Eva C	Practitioner - Non-Primary Care Provider (PCP)										
Halenda Michelle Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Tomer Yaron Md	Practitioner - Non-Primary Care Provider (PCP)										
Lodish Galya S	Practitioner - Non-Primary Care Provider (PCP)										
Michelle Marr-Scudder	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~
Glacken,Kieran	Practitioner - Non-Primary Care Provider (PCP)	~	~								



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Terilli Carol Ann	Practitioner - Non-Primary Care Provider (PCP)											
Benson Philip	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ouyang Xiao Qing	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Shayevitz Christina Rose	Practitioner - Non-Primary Care Provider (PCP)											
Van Eyndboven Lisa	Practitioner - Non-Primary Care Provider (PCP)	~		~	~		~	~	~	~	~	
Kim Gregory Kyonghoon	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Deborah Chang	Practitioner - Non-Primary Care Provider (PCP)											
Timothy Curran	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ayanna Meade	Practitioner - Non-Primary Care Provider (PCP)											
Kathleen Bateau	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Chacon Omar Dr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Paola Volquez, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Ochoa Natalie	Practitioner - Non-Primary Care Provider (PCP)											
Yeboah Edmond	Practitioner - Non-Primary Care Provider (PCP)											
Ochoa Annika Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Nunez, Ingrid Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Tran Phat	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Sadr Ali D Md	Practitioner - Non-Primary Care Provider (PCP)											
Merson Amalia Md	Practitioner - Non-Primary Care Provider (PCP)											
Isani Sara	Practitioner - Non-Primary Care Provider (PCP)											
Lazar Rebecca P	Practitioner - Non-Primary Care Provider (PCP)											
Montefiore Medical Ctr Ai	Hospital	~	~	~	~	~	~	~	~	~	~	
Calvary Hospital Inc	Hospital											
St Josephs Hosp	Hospital											
St Barnabas Hospital	Hospital	~		~	~		~	~	~	~	~	
New Alternatives F Children	Clinic											
Asian & Pacific I C Hiv/Aids	Clinic											
La Casa De Salud Inc	Clinic											
Medalliance Medical HIth Svc	Clinic											
Basics Inc	Clinic											
All Med & Rehab Of New York	Clinic											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Jnion Comm Health Ctr Inc	Clinic	~	~	~	~	~	~	~	~	~	~
Ooctors United	Clinic										
Project Renewal	Clinic										
Project Samaritan Hlth Svcs I	Clinic	~				~		~			~
t Christophers Inn Inc	Clinic										
Odyssey House Of New York	Clinic										
Iontefiore Medical Ctr Ai	Clinic	~	~	~	~	~	~	~	~	~	~
nstitute For Family Hlth	Clinic	~	~	~	~	~	~	~	~		~
Norris Heights Health Center	Clinic	~	~	~	~	~	~	~	~	~	~
erence Cardinal Cooke Hcc	Clinic	~	~								
Calvary Hospital Inc	Clinic										
t Josephs Hosp	Clinic										
lbert Einstein College Med	Clinic										
ose F Kennedy Ctr	Clinic										
hildrens Aid Soc-Lord Mem Cl	Clinic										
amaritan Village Inc	Clinic										
ROMESA	Clinic	~	~	~	~	~	~	~	~		~
nited Cerebral Palsy Of Nyc	Clinic	~		~	~	~	~	~	~		
niversity Optometric Ctr	Clinic										
t Barnabas Hospital	Clinic	~		~	~		~	~	~	~	~
pper Room Aids Ministry Aadc	Clinic										
ocational Inst Proj Comm Svc	Clinic										
nsny Community Health Services	Case Management / Health Home										
ailey House Ai	Case Management / Health Home										
sian & Pacific I C Hiv/Aids	Case Management / Health Home										
mrdd/Leake & Watts Msc-Hv	Case Management / Health Home										
mrdd/Leake And Watts Nyc Msc	Case Management / Health Home										
he Bridge Inc Mh	Case Management / Health Home										
ssoc/Rehab Case Mgnt Hou Mh	Case Management / Health Home										
arlem United Com Aids Ctr Ai	Case Management / Health Home										
stor Home For Children Fbt	Case Management / Health Home										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Village Center For Care Ai	Case Management / Health Home										
Jnited Bronx Parents Inc Ai	Case Management / Health Home	~	~	~	~	~	~	~	~		~
Puerto Rican Family Inst Mh	Case Management / Health Home										
Morris Heights Hlth Ctr Ai	Case Management / Health Home										
Citizens Advice Bureau Ai	Case Management / Health Home										
Bronx Aids Service Ai	Case Management / Health Home										
Montefiore Medical Ctr Ai	Case Management / Health Home	~	~	~	~	~	~	~	~	~	~
Jewish Child Care Assoc Mh	Case Management / Health Home										
Community Hlthcare Network Ai	Case Management / Health Home										
nstitute For Family Hlth	Case Management / Health Home	~	~	~	~	~	~	~	~		~
St Christopher Ottilie Mh	Case Management / Health Home	~			~						
Sco Family Of Services Cmcm/Tcm	Case Management / Health Home	~			~						
Jniversity Behavioral Associates In	Case Management / Health Home										
Nontefiore Medical Center	Case Management / Health Home										
Salvation Army Ai	Case Management / Health Home										
Coordinated Behavioral Care Inc	Case Management / Health Home										
Community Care Management Partners	Case Management / Health Home										
Omrdd/Leake And Watts Nyc Msc	Case Management / Health Home										
Stern Anthony	Mental Health	~	~	~	~	~		~		~	
lwokeji Kingsley	Mental Health	~	~	~	~	~	~	~	~		~
Krug Laura M	Mental Health	~	~	~	~	~	~	~	~	~	~
Finn Jacqueline	Mental Health										
dowu Kehinde Olabisi	Mental Health										
Katzenberg Arelene	Mental Health										
Casiano Mildred	Mental Health	~	~	~	~	~	~	~	~	~	~
Cesar A Rojas Md	Mental Health	~	~	~	~	~	~	~	~	~	~
lierva Emmanuel Aguilar	Mental Health	~		~	~		~	~	~	~	~
nsny Community Health Services	Mental Health										
Aitchell Katherine	Mental Health										
Carl Ankrah	Mental Health										
_eone Laura	Mental Health										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Zylberman Shani	Mental Health										
Ozdoba Ana	Mental Health	~	~	~	~	~	~	~	~	~	~
Maling Alison T	Mental Health	~						~	~	~	~
lifenecker Susan	Mental Health										
rce Negron Nelida Iris	Mental Health	~	~	~	~	~	~	~	~	~	~
22623141freeman April	Mental Health	~	~	~	~	~		~	~	~	~
Nolyneaux James	Mental Health	~						~	~	>	~
olclough Charles	Mental Health	~	~	~	~	~	~	~	~	>	~
ledina Miguel	Mental Health	~						~	~	>	~
ROMESA	Mental Health	~		~	~	~				>	
raun Joshua Eugene Md	Mental Health	~	~	~	~	~	~	~	~	~	~
ilaad Talya Md	Mental Health	~	~	~	~	~	~	~	~	>	~
liller Ricardo Anthony	Mental Health										
harma Chanchal Phd	Mental Health	~	~	~	~	~	~	~	~	~	~
use Dawn C Phr	Mental Health	~	~	~	~	~	~	~	~	>	~
errelonge Robert	Mental Health										
avkub Yevgeniya	Mental Health										
alenda Vincent	Mental Health										
ber Susan	Mental Health										
/arwick Ruth	Mental Health										
ew Alternatives F Children	Mental Health										
ilton Shira	Mental Health	~	~	~	~	~	~	~	~	~	~
emson Karen M Np	Mental Health										
hallu Gurjeet	Mental Health										
atel Ashok A Md	Mental Health	~	~	~	~	~	~	~	~	>	~
uojanen Julianne Kimberly Joy Md	Mental Health	~	~	~	~	~	~	~	~	>	~
ailey House Ai	Mental Health										
vorcan Zoran Md	Mental Health	~	~	~	~	~	~	~	~	~	~
olycarpe Myreille Md	Mental Health										
ew York Foundling Hospital, The	Mental Health										
immons Shelbi	Mental Health	~						~	~	~	~



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* Sarety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Freilich Bryan Michael Phd	Mental Health											
Lambrelli Joseph	Mental Health	~	~	~	~	~	~	~	~	~	~	
Lima Christina	Mental Health	~	~	~	~	~	~	~	~	~	~	
Casillas Maritza	Mental Health	~	~	~	~	~	~	~	~	~	~	
Goodwill Industries Act Rc	Mental Health											
Postgraduate Ctr Mental Hlth	Mental Health											
Sierra Lola	Mental Health											
Briggs Rahil	Mental Health	~	~	~	~	~	~	~	~	~	~	
Cheng Christine	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mccollom Alan B Phd	Mental Health											
La Casa De Salud Inc	Mental Health											
Bronx Psychiatric Services Pc	Mental Health											
Nguyen Ngoc Tram Md	Mental Health											
Romano Israel	Mental Health											
Center For Urban Comm Svces	Mental Health											
Bronx Pc	Mental Health											
Minardo Josephine S Phd	Mental Health											
Baron-Cane Marilyn Md	Mental Health	~		~	~		~	~	~	~	~	
Amat Jose X	Mental Health											
Weaver James Clair Phd	Mental Health											
Cueva Edwin X	Mental Health	~		~	~	~				~		
Zodda Richard J	Mental Health											
Norman Janet	Mental Health											
Von Schorn Claus P Md	Mental Health											
Schreiber Naalla Danielle Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Berger Alexandra	Mental Health											
Banez Ferdinand B Md	Mental Health	~	~	~	~	~	~	~	~		~	
Davidson Igor Phd	Mental Health											
Glick Arthur A	Mental Health	~	~									
Ardito Diane A Phd	Mental Health											
Gries James Robert Phd	Mental Health											



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Sharma Parvesh Kumar Md	Mental Health										
Ghumman Imtiaz J Md	Mental Health										
Patterson Kirk Austin	Mental Health	~		~	~		~	~	~	~	~
Tulloch Elizabeth	Mental Health										
Gutheit Karen	Mental Health	~	~								
Achalla Kiranmayi	Mental Health										
Cardillo Edward Paul Phd	Mental Health										
Imali Sofia	Mental Health										
ronova Yevgenia Md	Mental Health										
Contreras Virginia Md	Mental Health										
lirsch Lisa Margot Licht	Mental Health										
asics Inc	Mental Health										
haperon Volvic Lcsw	Mental Health	~	>	~	~	~					
Brewer Hilda	Mental Health										
Di Lullo Joseph Matthew Md	Mental Health										
Gonzalez Ruben E Md	Mental Health										
Oni-Eseleh Ana	Mental Health	~	>	~	~	~	~	~	~	~	~
rillarian Porfirio Fagutao Md	Mental Health	~	*	~	~	~	~	~	~	~	~
ću Jing Md	Mental Health										
homas Cheryl A Phd	Mental Health										
Penafranqui Elizabeth	Mental Health	~	*	~	~	~		~	~	~	~
silfa Rosa	Mental Health										
Oaly Thomas	Mental Health										
Syrne Thomas	Mental Health										
ennings Marilena A Md	Mental Health										
vanov Iliyan Stoyanov Md	Mental Health										
lamilton Gabrielle	Mental Health	~						~	~	~	~
charoun Gina Magali Phd	Mental Health										
roneci Lizica C Md	Mental Health	~		~	~		~	~	~	~	~
ewis David A	Mental Health	~	~								
Martinez Maria	Mental Health										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Naco Elva Md	Mental Health	~	~									
Murillo Mauricio Md	Mental Health	~	~									
Smith Angela Lantz	Mental Health											
Faunt Nancy	Mental Health	~	~	~	~	~	~	~	~	~	~	
Hirsch Suzanne Leslie Phd	Mental Health											
Panzarino Peter J Md	Mental Health	~				~		~			~	
Farol Peter Md	Mental Health											
Mohammed Romeeda	Mental Health											
Palmer Sanchia	Mental Health											
Holt Kimberly J Phd	Mental Health											
Lovings Tara Md	Mental Health											
Bruni-Cofini Colette Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Siewers Kevin Np	Mental Health											
Locker Daphna R Phd	Mental Health	~		~	~		~	~	~	~	~	
Nikiforov Konstantin Md	Mental Health											
Med-Psych Service A Medical	Mental Health											
Smuckler Daniel J	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rosenberg Maris	Mental Health											
Dooley Francis Patrick	Mental Health	~	~									
Perez Rodemar Albao Md	Mental Health	~		~	~		~	~	~	~	~	
Schulman Julie Md	Mental Health	~		~	~		~	~	~	~	~	
Jin Charles Yiming Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Richman Elise Keltz Md	Mental Health											
Basso Alan Matthews Phd	Mental Health											
Alerte Alexander Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
The Bridge Inc Mh	Mental Health											
St Christopher-Ottilie Mh	Mental Health	~			~							
Herman Merrill S	Mental Health											
Pena Omar Aradipson Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Jewish Child Care Assoc	Mental Health											
Tan Ching-Yi Lynne Md	Mental Health											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Herman Paul Phd	Mental Health										
Pekovic Dusan Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Accullough Gene P	Mental Health										
Perlmutter Ilisse Robin Md	Mental Health										
towe Michael Timothy Phd	Mental Health										
artseva Tatiana Borisovna Ph	Mental Health										
obbins Rosemary A Phd	Mental Health										
erby Michael Joseph Md	Mental Health	~	~								
ing Luis C Md	Mental Health	~	~	~	~	~	~	~	~	~	~
asanofsky-Rubenstein Karen S	Mental Health										
atel Rajesh Manharbhai Md	Mental Health	~	~	~	~	~	~	~	~		~
agga Kamlesh K Csw	Mental Health										
il Roberto B Md	Mental Health	~	~	~	~	~	~	~	~	~	~
I-Salem Salim S Md	Mental Health	~		~	~		~	~	~	~	~
iu Aurora Tompar Md	Mental Health										
nyder Andrea Madeline Md	Mental Health										
delsberg Marc R	Mental Health										
ynn Adam M Phd	Mental Health										
larkhasina Inna Md	Mental Health										
habon Brenda Phd	Mental Health	~	~	~	~	~	~	~	~	~	~
oll-Ruiz Hector	Mental Health										
molin Yvette Lynne Md	Mental Health										
chectman Merryl	Mental Health										
omm Assoc Progress Dominica	Mental Health										
attaglia Joseph	Mental Health	~	~	~	~	~	~	~	~	~	~
andler-Igna Frances Beth	Mental Health										
orossian Carol L	Mental Health										
mall Jonathan M Phd	Mental Health										
undorfean Gabriela Md	Mental Health	~	~	~	~	~	~	~	~	~	~
calmati Alessandra	Mental Health	~	~	~	~	~	~	~	~	~	~
aschke Yvonne Nanette	Mental Health										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
lameedi Faiq Ali Md	Mental Health										
Chin Tin Sik	Mental Health	~	~	~	~	~	~	~	~	~	~
Benenson Blanche S Md	Mental Health	~	~	~	~	~	~	~	~	~	~
stephens Hyram	Mental Health										
ackson Arthur Crawford Md	Mental Health	~		~	~		~	~	~	~	~
amille Michel-Ang Md	Mental Health	~	~	~	~	~	~	~	~	~	~
larcus Paula Md	Mental Health	~	~	~	~	~	~	~	~	~	~
netila Carol	Mental Health	~	~	~	~	~	~	~	~	~	~
aringer Magdolna Md	Mental Health	~	~	~	~	~	~	~	~	~	~
etzler Thomas	Mental Health	~	~	~	~	~	~	~	~	~	~
lerson Amalia Md	Mental Health										
ubrano Arcangelo Aldo	Mental Health	~	~	~	~	~	~	~	~		~
eusink John Paul Md	Mental Health										
oseph Myriame	Mental Health										
hen Jimmy Md	Mental Health										
ager Ralph Md	Mental Health										
iller Robert	Mental Health										
ergman Scott Zachary Phd	Mental Health										
ictor Olga	Mental Health	~	~	~	~	~	~	~	~	~	~
elix Alan	Mental Health	~	~	~	~	~		~		~	
ejia Fernando Md	Mental Health	~		~	~	~				~	
ameshwar Karamchand Md	Mental Health	~				~		~			~
essaris Harland	Mental Health										
icketts Sarah M Md	Mental Health										
olon Lillian Md	Mental Health	~	~	~	~	~	~	~	~	~	~
ad Alfredo Manuel Md	Mental Health	~						~	~	~	~
ejo Rosa M	Mental Health	~	~	~	~	~	~	~	~	~	~
ahmani Kamran Md	Mental Health	~	~	~	~	~	~	~	~	~	~
avani Nargis Kasam Ali Md	Mental Health	~	~	~	~	~	~	~	~	~	~
llotti Thomas J	Mental Health										
endola Antony J Md	Mental Health										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Rowe Timothy Owen	Mental Health										
Doraiswamy Kalpana	Mental Health										
Birnbaum Israel	Mental Health										
Portzline Thomas S Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Okpalanma Chika Md	Mental Health	~		~	~		~	~	~	~	~
Vital-Herne Marc Md	Mental Health	~		~	~		~	~	~	~	~
Ross Randall M Md	Mental Health										
Schwartz Stewart Ian Do	Mental Health										
Fruitman Edward	Mental Health										
Katsnelson Nelly Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Foster Joanne L Md	Mental Health										
Astor Home For Children Fbt	Mental Health										
Navas John J Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Institute For Comm Living Inc	Mental Health										
Hayden Francis Fitzgerald li	Mental Health										
Preven David W Md	Mental Health										
Comunilife Mental Health CI	Mental Health										
Selekman Warren L	Mental Health										
Santos Frank Md	Mental Health										
Saint-Preux Jean Marie Carl M	Mental Health	~	~	~	~	~	~	~	~		~
Lippman Marie Abarientos Md	Mental Health	~	~								
Schneider Matthew R Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Pounds Richard Lcsw	Mental Health										
Walsh Nicholas Md	Mental Health										
Munsayac Adele T Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Scher Mark A Md	Mental Health										
qbal Naveed Md	Mental Health										
Darwin Buschman Md Pc	Mental Health										
Najara Julia E Md	Mental Health										
Singh Mahinderjit Md	Mental Health										
Pomerantz Janet Roberta Md	Mental Health	~	~								



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Abbott House Inc	Mental Health											
Gomez Maria Fernanda Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Jacques Jean-Robert Md	Mental Health	~		~	~		~	~	~	~	~	
Geel Community Services,Inc.	Mental Health											
Services For The Underserved	Mental Health											
Assoc Rehab Cm & Housing Inc	Mental Health											
Concern For Mental Health Inc	Mental Health											
Community Access,Inc.	Mental Health											
Borakove Larry Steven	Mental Health											
Gheorghiu Olimpia Tintea Md	Mental Health											
Foote Jay Bradley Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Montefiore Medical Ctr Ai	Mental Health	~	~	~	~	~	~	~	~	~	~	
Asnis Gregory Mark Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Osborn Elizabeth Phd	Mental Health											
Lipschitz Sageman Sharon B Md	Mental Health											
O Hagan Harriet Glazer Md	Mental Health	~		~	~		~	~	~	~	~	
Levner Charles	Mental Health											
Butin Mitchell P Md	Mental Health	~		~	~	~	~	~	~			
Weisbard James Joseph	Mental Health	~	~	~	~	~	~	~	~		~	
Perry Bradford Benton Md	Mental Health											
Masur David M Phd	Mental Health											
Nunes Filho Joao V Md	Mental Health	~						~	~	~	~	
Friedland Stanley Phd	Mental Health											
Silverman Pamela Md	Mental Health											
Ibanez Delfin George C Md	Mental Health	~	~									
Jayson Paul Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Brito Mercedes A Md	Mental Health											
Krugley Richard A Md	Mental Health											
Persaud Vyas Durga Md	Mental Health	~	~									
Matzner Frederick John Md	Mental Health	~						~	~	~	~	
Amilo George Robert Chuka Md	Mental Health	~		~	~		~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ddowd Mary A Md	Mental Health	~	~	>	~	~	~	>	>	>	~
owns Miranda Luz E Phd	Mental Health										
Dallegro Diane P Md	Mental Health	~	~	~	~	~		~		~	
nstitute For Family Hlth	Mental Health	~	~	~	~	~	~	~	~		~
chwartz Charles Elias Md	Mental Health										
reidson Stephen Warren Md	Mental Health										
/yszynski Bernard Md	Mental Health	~	~	~	~	~	~	~	~	~	~
hay Judith Md	Mental Health										
avila-Katz Nicolas	Mental Health										
eath Desmond Md Pc	Mental Health										
harles Joseph E Md	Mental Health										
rango Ricardo E Md	Mental Health										
f Childrens Village	Mental Health										
euscher Enrique J Md	Mental Health										
oundview Throgs Neck Com Mh	Mental Health										
atel Ramanbhai C Md	Mental Health										
raham Windham Srvcs/Fam&Chld	Mental Health										
rockner-Brower Nora	Mental Health										
orris Heights Health Center	Mental Health	~	~	~	~	~	~	~	~	>	~
hepuru Yadagiri Md	Mental Health										
ymissis Pavlos Md	Mental Health										
ronx Pc	Mental Health										
ennedy Gary J Md	Mental Health	~	~	~	~	~	~	~	~	*	~
eiman Peter L Md	Mental Health										
upietz Samuel S Phd	Mental Health										
lohammad Wali Md Pc	Mental Health										
ared Thomas A Md	Mental Health										
udis Matthew Md	Mental Health	~	~	~	~	~		~		~	
oblentz Daniel E Md	Mental Health										
ronen Arthur C Md	Mental Health	~		~	~		~	~	~	~	~
ewish Child Care Assoc Of Ny	Mental Health							-		-	



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
St Josephs Hosp	Mental Health											
Childrens Aid Soc-Lord Mem Cl	Mental Health											
Steinway Child/Family Svcs,In	Mental Health											
New York Psychot And Couns Ct	Mental Health											
Puerto Rican Family Institute	Mental Health											
Post Grad Cntr For Mental Hit	Mental Health											
Northside Center For Child De	Mental Health											
Riverdale Mental HIth CI	Mental Health	~	~	~	~	~		~		~		
St Barnabas Hospital	Mental Health	~		~	~		~	~	~	~	~	
Kochen Ilana E Pc Md	Mental Health											
Tan Eng Kock C Md	Mental Health											
Stein Ruth Elizabeth Klein	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rothman Seymour J Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Karkus Harvey D Md	Mental Health											
Pluskalowski Sharon I	Mental Health	~	~	~	~	~	~	~	~	~	~	
Lopez-Leon Manuel	Mental Health											
Harris Shelby	Mental Health											
Levine Jacqueline	Mental Health											
Ward Victoria Courtney	Mental Health											
Hernandez Miguel Rafael Md	Mental Health											
Oommen Shobin Md	Mental Health											
Henry Andrea	Mental Health	~	~	~	~	~	~	~	~	~	~	
Caneva Elishka	Mental Health											
Almonte Miguelina	Mental Health											
Espinal Jose	Mental Health											
Tolentino Xiomara	Mental Health											
Nerestan Dominique	Mental Health											
Valentin Ana	Mental Health											
Mamamtavrishvili Maia	Mental Health											
Vicencio Carmencita Concepcion	Mental Health											
Frieder Ariela	Mental Health	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mitchell Michael	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rosenberg Benjamin	Mental Health											
Reinglass Aimee	Mental Health											
Merrill Elizabeth Gene	Mental Health	~	~	~	~	~	~	~	~	~	~	
Schneider-Machin Lauren	Mental Health	~						~	~	~	~	
Moccellin Maria	Mental Health											
Edith A Frank	Mental Health											
Hausman Michelle	Mental Health											
Rebecca Rayanne Dinowitz	Mental Health											
Nahar Niru Shamsun Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Kolman Heidi	Mental Health	~						~	~	~	~	
Mcginley John	Mental Health											
Nagorny Andrei	Mental Health	~	~	~	~	~	~	~	~	~	~	
Bobb Vanessa Toney	Mental Health											
Sharma Sonali	Mental Health	~	~	~	~	~	~	~	~	~	~	
Weille Jean Walker	Mental Health	~	~	~	~	~	~	~	~	~	~	
Williams Carlton	Mental Health											
Pabon Eddie	Mental Health											
Ahmed Tanveer	Mental Health	~	~	~	~	~	~	~	~		~	
Frischer Katya	Mental Health	~		~	~		~	~	~	~	~	
Sizgoric Zoia	Mental Health											
Vazquez Roxana	Mental Health											
Chenthitta Sheena A Md	Mental Health	~	~	~	~	~	~	~	~	~	~	
Kitchens Galina D	Mental Health											
Welles Timothy	Mental Health	~	~									
Reischer Rebecca	Mental Health	~	~	~	~	~	~	~	~	~	~	
Miller Samantha	Mental Health											
Catanzaro Richard Peter Md	Mental Health											
Payne Dylan	Mental Health	~		~	~		~	~	~	~	~	
Glover Karinn Ann Maureen	Mental Health	~	~	~	~	~	~	~	~	~	~	
Smith-Marrone Nathaniel	Mental Health	~	~	~	~	~		~		~		



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mota Marilyn	Mental Health	~	~	~	~	~	~	~	~	~	~
Han Maggie	Mental Health										
Bautista Richard	Mental Health										
Bravo Carlos	Mental Health	~	~	~	~	~		~		~	
Gil Ana	Mental Health	~	~	~	~	~		~		~	
Luciano Alejandro	Mental Health	~	~	~	~	~	~	~	~	~	~
Priday Lauren	Mental Health										
Sullivan Alexandra	Mental Health										
Rivera Adavelyn	Mental Health	~						~	~	~	~
Vanessa A Valentino	Mental Health										
White-Davis Tanya	Mental Health										
Cecilia M Branas	Mental Health										
Spektor Dalia	Mental Health	~	~	~	~	~	~	~	~	~	~
Marciano Jennifer	Mental Health										
Rebecca Dori Ann Schrag	Mental Health	~	~	~	~	~	~	~	~	~	~
Pablo Freije Ibanez	Mental Health										
Nayeem Sarah Fatima	Mental Health										
Garcia Sonia	Mental Health										
Zarfati Doreen	Mental Health	~		~	~		~	~	~	~	~
ast Noam	Mental Health										
Sanchez Julia	Mental Health										
Swerdlow Elaine	Mental Health	~						~	~	~	~
Chaur Adriana Maria	Mental Health	~	~	~	~	~	~	~	~	~	~
Martinez Igda	Mental Health										
loy Christina	Mental Health	~	~	~	~	~	~	~	~	~	~
Ambarian Naira	Mental Health	~				~		~			~
Andretta Patrick	Mental Health	~	~								
Cohen Rebecca	Mental Health										
lankerson Sidney	Mental Health	~	~	~	~	~	~	~	~	~	~
Seidman Alyson	Mental Health	~	~	~	~	~		~	~	~	~
Rajan Mekha	Mental Health										



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* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Bisen Viwek	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rochel Henry	Mental Health	~	~	~	~	~	~	~	~	~	~	
Salazar Claudia	Mental Health											
Morgan Aurea	Mental Health											
Dowling Michael Francis	Mental Health	~	~	~	~	~	~	~	~	~	~	
Estrella Mercedes German	Mental Health											
German Miguelina	Mental Health											
Peralta Karlista	Mental Health											
Font-Ramos Lillian	Mental Health											
Diaz Estefania	Mental Health	~	~	~	~	~	~	~	~	~	~	
Urena Yudelka	Mental Health											
David Erica	Mental Health											
Martinez Michael	Mental Health											
Salazar Rosa	Mental Health	~	~	~	~	~	~	~	~	~	~	
Ertegun Leyla	Mental Health	~	~	~	~	~		~		~		
Lee Katherine	Mental Health	~	~	~	~	~	~	~	~	~	~	
Shah Payal K	Mental Health											
073802629adames Julissa	Mental Health											
Mcgahee Adam Ray	Mental Health											
Rigual Lynch Lourdes	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mccabe Patricia	Mental Health											
Burgos-Fontanez Obdulia	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rohs Anne E	Mental Health	~	~	~	~	~	~	~	~	~	~	
Rosenberg Staci	Mental Health											
Wilde Eric	Mental Health											
Ciotti Andrew James	Mental Health											
Danback Kristine F Phd	Mental Health											
Morrison Briana	Mental Health	~	~	~	~	~	~	~	~		~	
Maddox Jill	Mental Health											
Young-Geye Stephanie	Mental Health											
Wong Joyce	Mental Health	~	~	~	~	~	~	~	~	~	~	



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* Sarety Net Providers in Green	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Concepcion-Diaz Evelyn	Mental Health	~	~	~	~	~	~	~	~	~	~
Brandenberger Frederic	Mental Health	~	~	~	~	~	~	~	~	~	~
Lopez Maria	Mental Health	~	~	~	~	~	~	~	~	~	~
Mailman Toby	Mental Health										
Klinghoffer Carli Pam	Mental Health										
Alter Marc J	Mental Health										
Colon Melanie	Mental Health										
Green Rebecca	Mental Health										
Campbell Bruce	Mental Health	~						~	~	~	~
Palomino Yesenia	Mental Health										
Ajwani Neena	Mental Health	~	~	~	~	~		~	~	~	~
Mcgraw Edward	Mental Health										
Kolodner Dara	Mental Health	~	~	~	~	~	~	~	~	~	~
Rodriguez Jose	Mental Health	~	~	~	~	~	~	~	~	~	~
Parham-Ward Valerie	Mental Health	~	~	~	~	~	~	~	~	~	~
Fried Emily	Mental Health										
Hashim Rebecca Lynn	Mental Health										
Jose Anita	Mental Health										
Valentin Evelyn	Mental Health	~						~	~	~	~
Rivera Jamy	Mental Health	~	~	~	~	~	~	~	~	~	~
Matus Jordan	Mental Health	~	~	~	~	~	~	~	~	~	~
Taylor Marlene B	Mental Health	~	~	~	~	~	~	~	~	~	~
Mental Health Association Of Nyc In	Mental Health										
Thomson Sasha	Mental Health										
Brana-Berrios Marta A	Mental Health	~				~		~			~
Perez-Cubillan Yaberci	Mental Health										
Forman Howard L	Mental Health	~	~	~	~	~	~	~	~	~	~
Dabo Sidiki	Mental Health	~	~	~	~	~	~	~	~	~	~
Grover Matthew W	Mental Health										
Calderon Ruddy Smith	Mental Health										
Creagan Rachel	Mental Health	~	~	~	~	~	~	~	~	~	~



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	Participatin Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mouzon Sybil Montas	Mental Health										
Leczycki Adam Z	Mental Health										
Park Aileen M	Mental Health	~	~	~	~	~	~	~	~	~	~
Nagula Shreya M	Mental Health										
Fedcap Rehabilitation Services Inc	Mental Health										
Schwartz Shimon	Mental Health	~	~	~	~	~	~	~	~	~	~
Kaye Annette	Mental Health	~	~								
Baldeon Sylvia	Mental Health	~	~								
Emily Lauren Polak	Mental Health	~	~	~	~	~	~	~	~	~	~
Cabrera Yuberkys	Mental Health										
Townes Meredith Leigh	Mental Health	~	~	~	~	~	~	~	~	~	~
Kanofsky Jacob	Mental Health										
Kastenschmidt Erin	Mental Health	~	~	~	~	~	~	~	~	~	~
Miller Ann L	Mental Health	~	~	~	~	~	~	~	~	~	~
Caratas Mihai	Mental Health										
New York City Childrens Center	Mental Health										
Estefan Bebsy C	Mental Health	~		~	~		~	~	~	~	~
Boudreaux Tyson	Mental Health										
Williams Edith L	Mental Health	~	~	~	~	~	~	~	~		~
Allen Raymond J	Mental Health	~	~								
Yung Pik Sai	Mental Health	~	~	~	~	~	~	~	~		~
Katz Abigail	Mental Health										
Acevedo Nicole	Mental Health	~	~	~	~	~	~	~	~	~	~
Hurst Cheryl	Mental Health	~	~	~	~	~	~	~	~	~	~
Shair Madeleine	Mental Health										
Powell Deirdra S	Mental Health	~	~	~	~	~	~	~	~	~	~
Padilla-Matthew Grace	Mental Health	~	~	~	~	~	~	~	~	~	~
Freund Dvora	Mental Health										
Hinojosa Franz	Mental Health										
Rosario-Vargas Estelle	Mental Health										
Bretz Elizabeth	Mental Health	~						~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Tirado-Lampert Diane	Mental Health	~	~								
Muniz De La Pena Cristina	Mental Health	~	~	~	~	~	~	~	~	~	~
Delgado Javier	Mental Health										
igueroa Evelyn	Mental Health	~	~	~	~	~	~	~	~	~	~
Guity Nydia	Mental Health	~	~	~	~	~	~	~	~	~	~
29661013diaz Stefany	Mental Health	~						~	~	~	~
etsko Matthew	Mental Health										
atel Minesh R Md	Mental Health										
/ahlau Dawn	Mental Health	~	~	~	~	~	~	~	~	~	~
open Nicole	Mental Health										
Vong Brian Sze-Lik	Mental Health	~	~	~	~	~	~	~	~	~	~
filano Amy Beth	Mental Health										
llman Brooke	Mental Health										
lunez Araceli	Mental Health	~	~	~	~	~	~	~	~	~	~
llsasser Richard	Mental Health	~	~	~	~	~	~	~	~	~	~
livera Aiyana Eva	Mental Health										
orseth Karin	Mental Health										
Iontano Cristina V	Mental Health	~	~	~	~	~	~	~	~	~	~
alpiaz Erol Mario	Mental Health	~		~	~		~	~	~	~	~
iurca Dan	Mental Health										
Icphaul Sherwood	Mental Health	~		~	~	~				~	
iomez De Vargas Mencia M	Mental Health										
/ise Marion	Mental Health	~						~	~	~	~
nusionwu Reagan	Mental Health	~	~	~	~	~	~	~	~		~
eide Mirnova Emmanuelle	Mental Health	~	~	~	~	~	~	~	~	~	~
ones-Jacques Makeda Naomi	Mental Health	~	~	~	~	~	~	~	~	~	~
elonek Gary Joshua	Mental Health	~	~	~	~	~	~	~	~	~	~
ho Sheryl Grace Rosero	Mental Health	~		~	~		~	~	~	~	~
ontgomery Ingrid L	Mental Health	~	~	~	~	~	~	~	~	~	~
hambirajah Gloria Patricia	Mental Health	~	~	~	~	~	~	~	~	~	~
attino Risa Danielle	Mental Health										



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Olivencia Nellia Z	Mental Health											
Alston Pamela Louise	Mental Health	~	~	~	~	~	~	~	~	~	~	
Khetsuriani Irina	Mental Health											
Herrick Jason Paul	Mental Health	~	~	~	~	~	~	~	~	~	~	
Nunez-Paulino Eva	Mental Health	~		~	~	~				~		
Weinstein Susan	Mental Health	~				~		~			~	
Rivelis Erin	Mental Health											
Mcquaid Monica Mary	Mental Health											
Lawson Katharine Rieke	Mental Health											
Murphy Anne	Mental Health											
Khan Tahir S	Mental Health											
Jewish Child Care Association Of Ne	Mental Health											
Edell Marsha	Mental Health											
Reisman Bruce	Mental Health											
Estrada Mayra Lizah	Mental Health	~	~	~	~	~		~		~		
Noone Rachel	Mental Health	~	~	~	~	~	~	~	~	~	~	
Landinez Rosa	Mental Health	~	~	~	~	~	~	~	~		~	
Klingman Arlene	Mental Health	~	~	~	~	~		~		~		
Garo Nicholas	Mental Health	~		~	~		~	~	~	~	~	
Jewish Board Family Child A	Mental Health									~		
Andujar Diane	Mental Health	~	~	~	~	~	~	~	~	~	~	
Uddin Azeza	Mental Health	~		~	~		~	~	~	~	~	
Gosselin Gary Joseph	Mental Health											
Horvath David	Mental Health											
Shaffer Scott H	Mental Health											
Hsu-Walklet Teresa	Mental Health	~	~	~	~	~	~	~	~	~	~	
Lugo Edgardo	Mental Health											
Croslin Nicole M	Mental Health	~	~									
Oviedo Luz	Mental Health	~	~	~	~	~	~	~	~	~	~	
Simister Nova	Mental Health	~	~	~	~	~	~	~	~	~	~	
Miliano Barbara	Mental Health											



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	Participating Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Fellows Ashley	Mental Health											
Branch Cynthia	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mendez Idalia	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mills Johanne Lemoine	Mental Health	~	~	~	~	~	~	~	~	~	~	
Harding Katherine L	Mental Health	~	~	~	~	~	~	~	~	~	~	
Velez Sandra	Mental Health	~	~	~	~	~	~	~	~	~	~	
Smith Darryl	Mental Health	~	~	~	~	~	~	~	~	~	~	
Alikakos Maria	Mental Health											
Wieder Harriot Estelle	Mental Health											
Tateosian Marianne E	Mental Health	~	~	~	~	~	~	~	~	~	~	
Jones Benefita Floral	Mental Health											
Pearlman Shoshannah	Mental Health	~	~	~	~	~		~		~		
Catholic Charities Comm Svcs Arch	Mental Health	~	~									
Gumbs Cahlelah	Mental Health											
Beyer Lori	Mental Health											
Shafter Roberta Breslof	Mental Health											
Ciro Dianne	Mental Health	~						~	~	~	~	
Munro Manuel	Mental Health											
Wholley Preston	Mental Health											
Rodgers Caryn	Mental Health	~	~	~	~	~	~	~	~	~	~	
Santos Teresa	Mental Health											
Selim Abdelrahman	Mental Health											
Cuno Kate Elizabeth	Mental Health	~	~	~	~	~	~	~	~	~	~	
Castillo Desiree Susan	Mental Health	~	~	~	~	~	~	~	~	~	~	
Altschuler Elizabeth	Mental Health	~	~	~	~	~	~	~	~	~	~	
Cirilli Carla Patrizia	Mental Health	~	~	✓	~	~	~	~	~	~	~	
Antwine Nafeesah F	Mental Health	~	~									
Chinitz Emily	Mental Health	~	~	~	~	~	~	~	~	~	~	
Maple Jenifer	Mental Health	~	~	~	~	~	~	~	~	~	~	
Linares Jensy	Mental Health											
Trujillo Vanessa	Mental Health											



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* Safety Net Providers in Green	Participating	ı in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Okoli Uchenwa	Mental Health	~	~	~	~	~	~	~	~	~	~	
Holmes Tamara	Mental Health	~	~	~	~	~	~	~	~	~	~	
Laub Samson	Mental Health											
Pena Felix	Mental Health	~	~	~	~	~	~	~	~	~	~	
Kerner Jeffrey	Mental Health	~	~	~	~	~	~	~	~	~	~	
Khan Sameer	Mental Health	~	~	~	~	~	~	~	~	~	~	
Perez Aniluz	Mental Health	~	~	~	~	~	~	~	~	~	~	
Weiss Erica	Mental Health											
Fellows Daniel	Mental Health	~	~	~	~	~	~	~	~	~	~	
Veras Andrea	Mental Health	~						~	~	~	~	
Grundland Sharon	Mental Health											
Cabassa Johanna	Mental Health	~	~	~	~	~	~	~	~	~	~	
Smith Brian	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mercader Carolina	Mental Health											
Dumas Suzanne	Mental Health	~	~	~	~	~	~	~	~	~	~	
Casasnovas Carmen	Mental Health	~		~	~		~	~	~	~	~	
Bastone Laura	Mental Health	~	~	~	~	~	~	~	~	~	~	
Edwards Deidre	Mental Health	~	~	~	~	~	~	~	~	~	~	
Arora Archana	Mental Health											
Crawford Dana	Mental Health	~	~	~	~	~	~	~	~	~	~	
Santos Josue	Mental Health	~						~	~	~	*	
Vocational Inst Proj Comm Svc	Mental Health											
Cooper Marcina	Mental Health											
Knowles Adam Brian	Mental Health	~	~	~	~	~	~	~	~	~	~	
Mohsin Hammad	Mental Health	~	~	~	~	~	~	~	~	~	*	
Meller Uri	Mental Health	~		~	~		~	~	~	~	*	
Kramer Stephen	Mental Health	~		~	~		~	~	~	~	~	
Brayman Yanina	Mental Health											
Vilensky Jesyca	Mental Health	~		~	~		~	~	~	~	~	
Jamil Imran	Mental Health	~		~	~		~	~	~	~	~	
Bulman Paul	Mental Health	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gardner Laura Elizabeth	Mental Health	~	~	~	~	~	~	~	~	~	~
Cornay Nixon	Mental Health	~	~	~	~	~	~	~	~		~
Cumba Delia	Mental Health	~	~	~	~	~	~	~	~	~	~
Gutierrez Vivian	Mental Health	~		~	~		~	~	~	~	~
edebagha Raquel	Mental Health										
Schreuder Patricia	Mental Health										
Pressimone Vanessa	Mental Health	~	~	~	~	~	~	~	~	~	~
Diaz Claribel	Mental Health	~	~	~	~	~		~		~	
Faffet Joshua	Mental Health										
Bennett Martha	Mental Health										
Dhagan Andrew H	Mental Health	~		~	~		~	~	~	~	~
Orellana Madeline	Mental Health	~	~	~	~	~	~	~	~	~	~
filne Dafne A	Mental Health										
Derhand Erica	Mental Health										
Apilado Jill	Mental Health										
Bancroft Courtney	Mental Health										
Kairy Tamar	Mental Health										
Masry Maddy H	Mental Health	~	~	~	~	~	~	~	~	~	~
Phoenix Houses Of New York Inc	Substance Abuse										
ns Counseling Services Inc	Substance Abuse										
ROMESA	Substance Abuse	~		~	~	~				~	
lew York Foundling Hospital, The	Substance Abuse										
eritas Therapeutic Communit	Substance Abuse										
Greenhope Services For Women	Substance Abuse										
Counseling Services Of Ny Llc	Substance Abuse										
Basics Inc	Substance Abuse										
Scan Ny Volunteer Parent Assc	Substance Abuse										
New York Service Network Inc	Substance Abuse										
Osborne Treatment Services	Substance Abuse										
Carnegie Hill Institute Inc	Substance Abuse										
he Bridge Inc Mh	Substance Abuse										



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Success Counseling Svcs Inc	Substance Abuse											
Vida Family Services Inc	Substance Abuse											
Project Renewal	Substance Abuse											
Exponents Inc	Substance Abuse											
St Christophers Inn Inc	Substance Abuse											
United Bronx Parents Inc Ai	Substance Abuse	~	~	~	~	~	~	~	~		~	
Bronx Addiction Trt Ctr	Substance Abuse											-
South Beach Addiction Trt Ctr	Substance Abuse											
Conifer Park	Substance Abuse											
Arms Acres	Substance Abuse											
Areba Casriel Institute	Substance Abuse											
Odyssey House Of New York	Substance Abuse											
TRICenter Inc	Substance Abuse											
Palladia Inc	Substance Abuse											
Montefiore Medical Ctr Ai	Substance Abuse	~	~	~	~	~	~	~	~	~	~	
Realization Center Inc	Substance Abuse											
Women In Need Inc	Substance Abuse											
Medical Arts Sanitarium	Substance Abuse											
St Josephs Hosp	Substance Abuse											-
Albert Einstein College Med	Substance Abuse											
Samaritan Village Inc	Substance Abuse											
PROMESA	Substance Abuse	~		~	~	~				~		-
Riverdale Mental Hlth Cl	Substance Abuse	~	~	~	~	~		~		~		
St Barnabas Hospital	Substance Abuse	~		~	~		~	~	~	~	~	
Karkus Harvey D Md	Substance Abuse											
Vocational Inst Proj Comm Svc	Substance Abuse											
Bronx Center Rehab & Hlth Car	Nursing Home											
Casa Promesa Rhcf Inc Snf	Nursing Home											
St Barnabas Nursing Home	Nursing Home											
Throgs Neck Extended Care Fac	Nursing Home											
St Vincent Depaul Res Adhc	Nursing Home	~	~									



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
arah Neuman Ctr Hlth & Rehab	Nursing Home										
ay Park Ctr Nursing & Rehab Adhc	Nursing Home										
chnurmacher Center Reh & Nrs	Nursing Home										
ome For Aged Blind Adhc/Aadc	Nursing Home										
enorah Home & Hosp Aged Inf	Nursing Home										
rand Manor N & R Center	Nursing Home										
egeis Care Center	Nursing Home										
chervier Nursing Care Center	Nursing Home	~			~		~	~			
t Cabrini Nursing Home	Nursing Home										
lethodist Church Home For The	Nursing Home										
enter For Nursing & Rehab In	Nursing Home										
illiamsbridge Manor Nh	Nursing Home										
niversity Nursing Home Snf	Nursing Home										
aconia Nursing Home Inc	Nursing Home										
verdale Nursing Home	Nursing Home	~	~	~	~	~		>		~	
ast Haven Nursing & Rehab Ct	Nursing Home										
Marys Hospital For Childre	Nursing Home										
eth Abraham Health Services	Nursing Home										
oncourse Rehab & Nc Inc	Nursing Home										
astchester Reh & Hlth Cr Ctr	Nursing Home										
ngs Harbor Multicare Center	Nursing Home										
orningside House Nursing Hom	Nursing Home										
argaret Tietz Center For Nur	Nursing Home										
ayne Ctr For Nursing & Rehab	Nursing Home										
Patricks Home	Nursing Home										
ebekah Reh & Extended Care Center	Nursing Home										
ovidence Rest	Nursing Home										
osholu Pkwy Nrs & Reh Ctr	Nursing Home										
udson Pointe Riverdale Ct Nr & Reh	Nursing Home										
inbridge Nursing & Rehab Ct	Nursing Home										
errace Health Care Center	Nursing Home				1	1	İ				



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Holliswood Operating Co Llc	Nursing Home										
Jopal Bronx, Llc	Nursing Home										
Doj Operations Associates Llc	Nursing Home										
Parkview Operating Co Llc	Nursing Home										
Hope Center Operations Llc	Nursing Home										
Jolin Rx Inc	Pharmacy										
Pharmaka Inc	Pharmacy										
Dipna Rx Inc	Pharmacy										
Prayosha Pharmacy Corp	Pharmacy										
Gcc Pharmacy Corp	Pharmacy										
otal Care Pharmacy Bx Inc	Pharmacy										
Caremark Srx Inc	Pharmacy										
Vashington Pharmacy Corp	Pharmacy										
Quigley Diane Rn	Pharmacy										
otal Care Pharmacy Inc	Pharmacy										
'5 Burnside Drug & Surg Inc	Pharmacy										
ly Drugs Inc	Pharmacy										
Stand Pharmacy Inc	Pharmacy										
Kmn Pharmacy Corp	Pharmacy										
Med-World Acquisition Corp	Pharmacy										
Avs Pharmacy Inc	Pharmacy										
Vebster Drugs Inc	Pharmacy										
lexander Infusion Llc	Pharmacy										
ordham Plaza Pharmacy Inc	Pharmacy										
It Carmel Pharmacy Inc	Pharmacy										
Montefiore Medical Ctr Ai	Pharmacy	~	~	~	~	~	~	~	~	~	~
Jerome Pharmacy Inc	Pharmacy										
Sedgwick Pharmacy Inc	Pharmacy										
mato Pharmacy Inc	Pharmacy										
St Barnabas Hospital	Pharmacy	~		~	~		~	~	~	~	~
Specialty Care Pharmacy Inc	Pharmacy										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Medicine Center Rx Llc	Pharmacy										
Best Aid Community Pharmacy Llc	Pharmacy										
Hmb Pharmacy Management Llc	Pharmacy										
Hmb Pharmacy Management Llc	Pharmacy										
Hmb Pharmacy Management Llc	Pharmacy										
Abc Drugs Inc	Pharmacy										
Seventh Elm Drug Corp	Pharmacy										
East Harlem Pharmacy Corp	Pharmacy										
op Value Pharmacy Llc	Pharmacy										
Town Total Health Lic	Pharmacy										
Fown Total Health Llc	Pharmacy										
Manhattan Rx Llc	Pharmacy										
lopkins Drugs Llc	Pharmacy										
lak Pharma Inc	Pharmacy										
Medical Center Pharmacy Inc	Pharmacy										
Fordham Drugs Inc	Pharmacy										
/nsny Community Health Services	Hospice										
Compassionate Care Hospice Ny	Hospice										
Calvary Hha & Hospice Care	Hospice										
Hospice Of New York Llc	Hospice										
lacob Perlow Hospice	Hospice										
/ns Of Ny Hospice Care	Hospice										
Calvary Hospital Inc	Hospice										
199 Seiu United Healthcare Workers East	Community Based Organizations										
A.I.R. Nyc	Community Based Organizations								~		
A.I.R. Nyc (A.I.R. Bronx)	Community Based Organizations								~		
Abbott House	Community Based Organizations										
Acacia Network Housing	Community Based Organizations										
Amber Court At Home	Community Based Organizations										
Bainbridge Nursing & Rehabilitation Center, Llc	Community Based Organizations										
Bronx Addiction Services Integrated Concepts Systems, Inc.	Community Based Organizations										



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Bronx Adolescent Skills Centers	Community Based Organizations											
Bronx Community College	Community Based Organizations											
Bronx Community Health Network (Bchn)	Community Based Organizations											
Bronx Community Health Network, Inc.	Community Based Organizations											
Bronx Rhio	Community Based Organizations											
Brueckner, Alexandra	Community Based Organizations											
Cabrini Care At Home	Community Based Organizations											
Cardinal Mccloskey Community Services	Community Based Organizations											
Catholic Resources, Inc.	Community Based Organizations											
Center For Court Innovation	Community Based Organizations											
Centerlight Healthcare Inc	Community Based Organizations											
Centers Plan For Healthy Living	Community Based Organizations											
Cl Healthcare Inc	Community Based Organizations											
Committee Of Interns And Residents (Cir)	Community Based Organizations											
Danielle Duret	Community Based Organizations											
Davidson Community Center Inc.	Community Based Organizations											
Dotlyn Poyser	Community Based Organizations											
Eac, Inc	Community Based Organizations											
East Harlem Council For Community Improvement, Inc.	Community Based Organizations											
Episcopal Social Services	Community Based Organizations											
Episcopal Social Services Of New York Inc.	Community Based Organizations											
Families On The Move	Community Based Organizations											
Family Link	Community Based Organizations											
Family Link Plus	Community Based Organizations											
Farah Oxelus	Community Based Organizations											
Fortune Society	Community Based Organizations											
Freese, Ali	Community Based Organizations											
Glen Davis	Community Based Organizations											
Habitat For Humanity New York City	Community Based Organizations											
Health People, Inc.	Community Based Organizations											
Hostos Community College	Community Based Organizations											



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Jcca Bridges To Health (B2h) (Ocfs)	Community Based Organizations											
Jcca Bukharian Teen Lounge	Community Based Organizations											
Jcca Compass - Acces-Vr	Community Based Organizations											
Jcca Familychild Care	Community Based Organizations											
Jcca Forest Hills Child Care Center	Community Based Organizations											
Jcca Multisystemic Treatment Foster Care (Ocfs)	Community Based Organizations											
Jcca Non Secure Placement (Jj, Acs)	Community Based Organizations											
Jcca Preventive Services	Community Based Organizations											
Jcca Therapeutic Foster Boarding Home (Ocfs)	Community Based Organizations											
Jennifer Peart	Community Based Organizations											
Jewish Child Care Association - Bridges To Health (B2h) (Ocfs)	Community Based Organizations											
John Megarr	Community Based Organizations											
Kleinau,Diane	Community Based Organizations											
Kristen Sanderson	Community Based Organizations											
La Familia Verde	Community Based Organizations											
Lada Alexeenko	Community Based Organizations											
Leake And Watts Services Inc.	Community Based Organizations											
Lehman College	Community Based Organizations											
Lutheran Social Services Of Metropolitan New York	Community Based Organizations											
Malini Rao	Community Based Organizations											
Maria Graceffa	Community Based Organizations											
Mary Mitchell Family And Youth Center	Community Based Organizations											
Mexican Coalition	Community Based Organizations											
Mha-Nyc	Community Based Organizations											
Mvp Housing Development Fund Company Inc.	Community Based Organizations											
N. Bronx Family Resource Centers	Community Based Organizations											
New York City Department Of Health & Mental Hygiene	Community Based Organizations											
New York Harm Reduction Educators (Nyhre)	Community Based Organizations											
New York Lawyers For The Public Interest	Community Based Organizations											
New York Legal Assistance Group (Nylag)	Community Based Organizations											
New York Legal Assistance Group, Legalhealth	Community Based Organizations											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
New York Restoration Project	Community Based Organizations											
New York State Nurses Association	Community Based Organizations											
Northwest Bronx Community & Clergy Coalition	Community Based Organizations											
Park Housing Development Fund Company Inc.	Community Based Organizations											
Part Of The Solution (Pots)	Community Based Organizations											
Phipps Neighborhoods	Community Based Organizations											
Police Athletic League	Community Based Organizations											
Project Renewal	Community Based Organizations											
Promesa Housing Development Corporation	Community Based Organizations											
Puerto Rican Family Institute, Inc.	Community Based Organizations											
Rango	Community Based Organizations											
Riverdale Nursing Home	Community Based Organizations	~	*	~	~	~		~		~		
Riverdale Senior Services, Inc.	Community Based Organizations											
S. Bronx Family Resource Center	Community Based Organizations											
Scheuer Gardens Limited Partnership	Community Based Organizations											
Scheuer Plaza Limited Partnership	Community Based Organizations											
Sheer, Josselyn Betsy	Community Based Organizations											
Sheila Rhodes	Community Based Organizations											
Sophie Davis School Of Biomedical Education	Community Based Organizations											
South Bronx Community Management Company, Inc.	Community Based Organizations											
St. Ann'S Corner Of Harm Reduction	Community Based Organizations											
The Bronx Health Link, Inc.	Community Based Organizations											
The Children'S Aid Society	Community Based Organizations											
The Children'S Village	Community Based Organizations											
The New York Foundling Hospital	Community Based Organizations											
The New York Foundling Hospital-15 David Place	Community Based Organizations											
The New York Foundling Hospital-19 David Place	Community Based Organizations					_						
The Puerto Rican Organization To Motivate, Enlighten And Serve Addicts, Inc. (Promesa)	Community Based Organizations											
Union Community Health Center, Inc.	Community Based Organizations											
United Bronx Parents, Inc.	Community Based Organizations											
University Behavioral Associates	Community Based Organizations											



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
University Consultation & Treatment Center For Mental Hygiene	Community Based Organizations											
University Nursing Home	Community Based Organizations											
Villagecaremax	Community Based Organizations											
Volunteers Of America Greater New York	Community Based Organizations											
Winkler, Sarah	Community Based Organizations											
Workforce Housing Group	Community Based Organizations											
Phoenix Houses Of New York Inc	All Other											
Naccarato Marc	All Other	~	~	~	~	~	~	~	~	~	~	
Stern Anthony	All Other	~	~	~	~	~		~		~		
Naik Sanjay	All Other											
Rutman Hadassa	All Other											
Anna Kazanskaya Md	All Other											
Buyuk Erkan	All Other											
Blace Nancy	All Other	~		~	~		~	~	~	~	~	
Cobelli Marcie Broder	All Other	~	~	~	~	~	~	~	~	~	~	
Brown Andrea	All Other	~	~	~	~	~	~	~	~	~	~	
Rowe Amy F	All Other	~	~	~	~	~	~	~	~	~	~	
Bailey Cheryl	All Other	~	~	~	~	~	~	~	~	~	~	
Soto Graciela	All Other	~	~	~	~	~	~	~	~	~	~	
Kelly Colleen	All Other	~	~	~	~	~	~	~	~	~	~	
Slyer Jason T	All Other	~	~	~	~	~	~	~	~	~	~	
Krug Laura M	All Other	~	~	~	~	~	~	~	~	~	~	
Harris Jamal	All Other											
Ortiz-Morales Hilda	All Other	~	~	~	~	~	~	~	~	~	~	
Quinones Wendy	All Other	~	~	~	~	~	~	~	~	~	~	
Molina Ortiz Elizabeth Irene	All Other											
Dubrow Ronelle Ann Md	All Other											
United Odd Fellow/Rebekah Hm Lthhcp	All Other											
Persaud Indrani	All Other	~	~	~	~	~	~	~	~		~	
Joseph Brigid Md	All Other											
Klatsky Peter	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Katzenberg Arelene	All Other											
Parikh Rita	All Other	~		~	~		~	~	~	~	~	
Frank J Garrido	All Other	~	~	~	~	~	~	~	~	~	~	
Perry Linda	All Other	~	~	~	~	~		~	~	~	~	
Smith Harriet	All Other											
Cohen Jason	All Other	~	~	~	~	~	~	~	~	~	~	
Weiss Caryn	All Other	~	~	~	~	~	~	~	~	~	~	
Cesari Norma	All Other											
Gambassi Melanie	All Other	~	~	~	~	~	~	~	~	~	~	
Ferrara Lucille	All Other											
Frame Rosemary	All Other	~	~	~	~	~	~	~	~	~	~	
Tift Louisa	All Other											
Wickham Jasmine	All Other											
Goilav Beatrice	All Other	~	~	~	~	~	~	~	~	~	~	
Rajagopal Latha	All Other	~	~	~	~	~	~	~	~	~	~	
Adaramola Mojisola	All Other	~	~	~	~	~		~	~	~	~	
Berger Samuel Alfred	All Other											
Lazar Jeffrey Daniel Md	All Other	~		~	~		~	~	~	~	~	
New York Foundling	All Other											
Robinson John	All Other	~	~	~	~	~	~	~	~	~	~	
Sadie Johnson	All Other	~	~	~	~	~	~	~	~	~	~	
Suvarna Nair Md	All Other	~	~	~	~	~	~	~	~	~	~	
Siedlecki Alan	All Other	~		~	~		~	~	~	~	~	
Elzholz Bryan Matthew Md	All Other											
Zelinka Peter	All Other	~		~	~		~	~	~	~	~	
Valicenti-Mcdermott Maria	All Other	~	~	~	~	~	~	~	~	~	~	
Reidy Kimberly	All Other	~	~	~	~	~	~	~	~	~	~	
Crespi Rebecca	All Other	~	~	~	~	~	~	~	~	~	~	
Jns Counseling Services Inc	All Other											
Imtiaz Ahmad	All Other											
Shailaja N Setty	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Baerga Sergio L	All Other	~	~	~	~	~	~	~	~	~	~	
Shah Nishant Md	All Other	~	~	~	~	~	~	~	~	~	~	
Raphael Katia	All Other											
Nierva Emmanuel Aguilar	All Other	~		~	~		~	~	~	~	~	
Palomino Lucy	All Other	~	~	~	~		~	~	~		~	
Vnsny Community Health Services	All Other											
Alan Teigman	All Other	~	~	~	~	~	~	~	~	~	~	
Sulejman Celaj Md	All Other	~		~	~		~	~	~	~	~	
Perry P Kaneriya	All Other	~		~	~		~	~	~	~	~	
Cottingham C Sinclair	All Other	~		~	~		~	~	~	~	~	
All Metro Aids Inc	All Other											
Greer Tirza	All Other	~	~	~	~	~	~	~	~	~	~	
Vinkfield-Royster Tawana	All Other	~	~	~	~	~	~	~	~	~	~	
Diana Grinberg	All Other	~	~	~	~	~	~	~	~	~	~	
Rishi Malhotra	All Other	~	~	~	~	~	~	~	~	~	~	
Khanna Kartika	All Other	~	~	~	~	~	~	~	~	~	~	
Annmarie Ketura Gordon-Wint	All Other	~	~	~	~	~	~	~	~	~	~	
Hubert Gauman Robin Pa	All Other	~	~	~	~	~	~	~	~	~	~	
Sowmya Stephen Md	All Other	~	~	~	~	~	~	~	~	~	~	
Jason Lupow Brett Md	All Other	~	~	~	~	~	~	~	~	~	~	
Pedro Pablo Maria Md	All Other	~	~	~	~	~	~	~	~	~	~	
Ostrowsky Belinda E Md	All Other	~	~	~	~	~	~	~	~	~	~	
awrence D Bub	All Other	~		~	~		~	~	~	~	~	
Pyo Robert T	All Other	~	~	~	~	~	~	~	~	~	~	
Elisabeth Emma Ihler Md	All Other	~	~	~	~	~	~	~	~	~	~	
Fox Aaron D Md	All Other											
Daniel Antoniello	All Other	~	~	~	~	~	~	~	~	~	~	
Bajaj Komal Md	All Other	~	~	~	~	~	~	~	~	~	~	
Grushko Michael Jason Md	All Other	~	~	~	~	~	~	~	~	~	~	
Patel Bhawesh Md	All Other	~	~	~	~	~	~	~	~	~	~	
Khader Samer	All Other	~	~	~	~	~	~	~	~	~	~	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gebb Juliana Sanchez	All Other	~	~	~	~	~	~	~	~	~	~
Gomes William	All Other	~	~	~	~	~	~	~	~	~	~
Jean-Louis Pascale	All Other	~	~	~	~	~	~	~	~	~	~
Jariwala Sunit	All Other	~	~	~	~	~	~	~	~	~	~
Nathan Lisa	All Other	~	~	~	~	~	~	~	~	~	~
Otoo Erica	All Other	~	~	~	~	~	~	~	~	~	~
Burns Judah Gershon	All Other										
Oppenheimer Orit	All Other	~	~	~	~	~	~	~	~	~	~
Kesebir Deniz	All Other	~	~	~	~	~	~	~	~	~	~
Khilkin Michael Do	All Other	~	~	~	~	~	~	~	~	~	~
Jonathan T Chang	All Other										
Nwosu Julius Rpa	All Other	~	~	~	~	~	~	~	~	~	~
Cremins Patricia A Rpa	All Other	~	~	~	~	~	~	~	~	~	~
Oza Parind Manoj Md	All Other										
Peralta Mark F Md	All Other										
Ansari Asif Muzaffar	All Other	~	~	~	~	~	~	~	~	~	~
Adewunmi Victoria E	All Other	~	>	~	~	~	~	~	~	~	~
Afroze Salma Do	All Other	~		~	~		~	~	~	~	~
Kelter Katharine Md	All Other	~	>	~	~	~	~	~	~	~	~
Lee Se Won Md	All Other	~	*	~	~	~	~	~	~	~	~
Taub Cynthia Md	All Other										
Moylan Juliana Bridget Md	All Other	~	>	~	~	~	~	~	~	~	~
Jacobs Amanda	All Other	~	*	~	~	~	~	~	~	~	~
Stein Tara	All Other	~	>	~	~	~	~	~	~	~	~
Aleksandrovich Leon	All Other										
Nosal Sarah Catherine	All Other	~	*	~	~	~	~	~	~		~
Mukherjee Sarmistha	All Other	~	~	~	~	~	~	~	~	~	~
Raschard Robin	All Other	~		~	~		~	~	~	~	~
Rondinel Evelyn M Md	All Other	~	~	~	~	~	~	~	~	~	~
Jackson Robert	All Other	~	~	~	~	~	~	~	~	~	~
Zelefsky Joseph R Md	All Other	~		~	~		~	~	~	~	~



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Agarwal Chhavi Md	All Other	~	~	~	~	~	~	~	~	~	~
Martinez Ofelia Md	All Other										
Sachdev Bindu Do	All Other	~	~	~	~	~	~	~	~	~	~
Shih Anthony Thomas Shiuh-Tsong	All Other										
Harnik lan G Md	All Other										
Jerschow Elina Md	All Other										
Lam Leslie Suihong Md	All Other	~	~	~	~	~	~	~	~	~	~
North Amanda Carlson	All Other	~	~	~	~	~	~	~	~	~	~
Baribault Heather	All Other	~	~	~	~	~	~	~	~	~	~
Rosner Mara Md	All Other	~	~	~	~	~	~	~	~	~	~
Calderon Vincente Anthony	All Other	~	~	~	~		~	~	~		~
Epstein Eric J Md	All Other	~	~	~	~	~	~	~	~	~	~
Cole Peter David Md	All Other	~	~	~	~	~	~	~	~	~	~
Hemmerdinger Steven Arthur Md	All Other										
Strong Benjamin Waite Md	All Other										
Weinman Aliza Md	All Other	~	~	~	~	~	~	~	~	~	~
Osband Yardaena Md	All Other										
Eisen Lewis Md	All Other	~	~	~	~	~	~	~	~	~	~
Aponte Ada Esther Md	All Other	~	~	~	~	~	~	~	~	~	~
Duda Maria E Md	All Other	~	~	~	~	~	~	~	~	~	~
Dulu Alina Md	All Other	~	~	~	~	~	~	~	~	~	~
Mazing Maria Md	All Other	~	~	~	~	~	~	~	~	~	~
Fernandes David Lawrence Md	All Other										
Nifenecker Susan	All Other										
Bogaisky Michael Md	All Other	~	~	~	~	~	~	~	~	~	~
P R O M E S A	All Other	~		~	~	~				~	
Monderer Renee Shoshana Md	All Other										
Portella Claudine Natalie Md	All Other										
Alkalay Avishai Albert	All Other										
Cherian Koshi Alummoottil Md	All Other	~	~	~	~	~	~	~	~	~	~
Rossin Richard D Md	All Other	~		~	~		~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Bardini John A Md	All Other										
Elsass Kelcy Dawn Md	All Other										
Siegal Jonathan Md	All Other	~	~	~	~	~	~	~	~	~	~
Madan Rebecca Edith Pellett Md	All Other	~	~	~	~	~	~	~	~	~	~
Chuu Ying Hue Md	All Other	~	~	~	~	~	~	~	~	~	~
Schwartz Alex	All Other	~		~	~		~	~	~	~	~
Dellatto Patricia	All Other										
Loehner John Md	All Other	~	~	~	~	~	~	~	~	~	~
Dixon Tekeema Alicia Md	All Other	~	~	~	~	~	~	~	~	~	~
Rivera Cristine Maria Md	All Other	~	~	~	~	~	~	~	~	~	~
Goldberg Ythan Md	All Other										
Gonzalez Christian Md	All Other										
Denis Reginald Jacques Md	All Other	~						~	~	~	~
Scott Gary Lee Md	All Other	~	~	~	~	~	~	~	~	~	~
Somrov Serge Md	All Other										
Mones Jodi Victoria Md	All Other										
Cetin Mehmet	All Other										
_iu Qiang	All Other	~	~	~	~	~	~	~	~	~	~
Hebert Tiffany	All Other	~	~	~	~	~	~	~	~	~	~
Llerena Cristina	All Other										
Schimmrich Kristen Maria Md	All Other	~	~	~	~	~	~	~	~	~	~
Cavin Lillian Whitley Md	All Other	~		~	~		~	~	~	~	~
ay Sherrill Dmd	All Other	~	~	~	~	~	~	~	~	~	~
Bello Folashade Rpa	All Other	~	~	~	~	~	~	~	~	~	~
Lee Jee Md	All Other	~	~	~	~	~	~	~	~	~	~
Miller Ricardo Anthony	All Other										
Sardar Henry Do	All Other	~						~	~	~	~
Dennerlein Lynne Marie	All Other	~	~	~	~	~	~	~	~	~	~
Chung Sun	All Other										
Smith Hilary	All Other										
Popovtzer Zolty Einath Md	All Other	~	~	~	~	~	~	~	~	~	~



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* Safety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Borenstein Steven Howard	All Other	~	~	~	~	~	~	~	~	~	~	
Bruno Christie J Md	All Other	~	~	~	~	~	~	~	~	~	~	
Illions Edward Md	All Other											
Kumari Jaishree Md	All Other	~	~	~	~	~	~	~	~	~	~	
Jinnat Hosneara Md	All Other											
New Alternatives F Children	All Other											
Bowers James Hamilton Jr Md	All Other											
Silva Mauricio J Md	All Other	~				~		~			~	
Decoteau Kordai I	All Other											
Gulati Sandeep	All Other											
Paul Marc Md	All Other											
Montecalvo Raymond Michael Md	All Other											
Khokhar Rubina S Md	All Other											
Robinson Marcia Renee	All Other	~	~	~	~	~	~	~	~	~	~	
Nelson Dina S Md	All Other											
Zolty Ronald Md	All Other											
Anderson Kari Md	All Other	~	~	~	~	~	~	~	~	~	~	
Levine Jonathan Md	All Other	~		~	~		~	~	~	~	~	
Pisipati Ramasita C Md	All Other											
Suojanen Julianne Kimberly Joy Md	All Other	~	~	~	~	~	~	~	~	~	~	
Card Andrea Dione Md	All Other											
Bilello Janis F Rpa	All Other	~	~	~	~	~	~	~	~	~	~	
Knight Colette	All Other	~	~	~	~	~	~	~	~	~	~	
Kalam Lobina Kaniz Md	All Other	~	~	~	~	~	~	~	~	~	~	
Leegant Ava Ricka Md	All Other											
Hossack Michael Md	All Other	~	~	~	~	~	~	~	~	~	~	
Mikhail Imad Md	All Other											
Horn Corinne E Md	All Other	~		~	~		~	~	~	~	~	
Lowe Samantha Md	All Other	~		~	~		~	~	~	~	~	
Ricafort Rosanna Jane Md	All Other	~	~	~	~	~	~	~	~	~	~	
Wolf Eric Jay Md	All Other											



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* Safety Net Providers in Green	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Wilson Teresa Ann	All Other	~	~	~	~	~	~	~	~	~	~
Allen Lincoln D Rpa	All Other										
Ortiz Luis A Rpa	All Other										
Samuel Shawn Kunjumon Do	All Other	~	~	~	~	~	~	~	~	~	~
Nord Nadia Md	All Other	~	~	~	~	~	~	~	~	~	~
Melamed Michal L Md	All Other										
Marie-Nirva Blaise	All Other	~	~	~	~	~	~	~	~		~
Toyloy Veronique A Md	All Other	~	~	~	~	~	~	~	~	~	~
Khan Abdus S Md	All Other										
Geller David Samuel Md	All Other	~	~	~	~	~	~	~	~	~	~
Shah Purvi D Md	All Other	~	~	~	~	~	~	~	~	~	~
Ogbovoh Daniel Obaroakpor Md	All Other										
qbal Javed Md	All Other	~	~	~	~	~	~	~	~	~	~
Polizzi Francesco Paolo Md	All Other	~						~	~	~	~
New York Foundling Hospital, The	All Other										
Mango Charles William Md	All Other										
Pandya Amy Arun Md	All Other										
Maritato Andrea F Md	All Other										
Milstein Mark Md	All Other	~	~	~	~	~	~	~	~	~	~
Chernyak Victoria Md	All Other										
Sharan Alok Md	All Other	~	~	~	~	~	~	~	~	~	~
Finkelstein Malka Md	All Other										
Shin Julia Jooyoung Md	All Other	~	~	~	~	~	~	~	~	~	~
Sosanya Oluwakemi	All Other	~	~	~	~	~	~	~	~		~
Johnston Debra	All Other	~	~	~	~	~	~	~	~	~	~
Oyeku Suzette Olubusola	All Other	~	~	~	~	~	~	~	~	~	~
Mercaldi Bridget	All Other	~	~	~	~	~	~	~	~	~	~
Falls Janice Md	All Other										
Serrano Maria Np	All Other										
Greene Patricia	All Other	~	~	~	~	~	~	~	~	~	~
Bello Ricardo Md	All Other	~		~	~		~	~	~	~	~



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* Safety Net Providers in Green												
	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Ahmed Imran M Md	All Other											
Duffy Helena	All Other											
Goldstein Kenneth Adam Md	All Other											
Mazzariol Fernanda S Md	All Other											
Zhu Changcheng	All Other	~	~	<	~	~	~	~	~	~	~	
Meacher Peter	All Other											
Kornblum Noah Saul Md	All Other	~	~	~	~	~	~	~	~	~	~	
Kapner Marc Md	All Other	~	~	~	~	~	~	~	~	~	~	
Golio Dominick Md	All Other											
Shaqra Hussein Md	All Other	~	~	~	~	>	~	~	~	~	~	
Moriarty Maryanne	All Other	~	~	*	~	~	~	~	~	~	✓	
Dorsey Doris	All Other	>	>	*	~	~	>	~	>	>	>	
Carr Schevaughn	All Other	>	>	*	~	~						
Voneeden Lorraine	All Other	~	~	~	~	~	~	~	~	~	~	
Dittmar Peter	All Other	>	>	*	~	~	>	~	>	>	>	
Arthur Avenue Pediatrics Pc	All Other											
Tenore Peter Laurence Md	All Other	>	>	*	~	~	>	~	>	>	>	
Prevor-Weis Meredith Brooke Md	All Other											
Alam Hamid M M Md	All Other											
Sadrazodi Kamran Md	All Other											
Baker Jason S Dds	All Other											
Bautista Debbie Perez Dpm	All Other	~		~	~		~	~	~	~	>	
Leake And Watts Svcs Inc Spv	All Other											
Hopper Susan I Np	All Other	~	~	~	~	~	~	~	~	~	~	
Khan Unab I Md	All Other											
Au Winnie Md	All Other											
O'Hara Marianne	All Other	~	~	~	~	~	~	~	~	~	~	
Scheiner Melissa	All Other	~	~	~	~	~	~	~	~	~	✓	
Neary Siobhan	All Other	~	~	~	~	~	~	~	~	~	~	
Casillas Maritza	All Other	~	~	~	~	~	~	~	~	~	~	
Kurz Jeremiah S Md	All Other	~		~	~		~	~	~	~	~	



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	Participating Pa	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Liliana Lopez	All Other											
Marte Grecia A Md	All Other											
Kaufman David Md	All Other											
Lehman Daniel Simon Md	All Other	~		~	~		~	~	~	~	~	
O'Donnell Heather Colleen Md	All Other	~	~	~	~	~	~	~	~	~	~	
Kim Sarah S Md	All Other	~	~	~	~	~	~	~	~	~	~	
Verma Amit Kumar Md	All Other											
Byrne Karen M Md	All Other	~	~	~	~	~	~	~	~	~	~	
Huvane Bernadette Ellen	All Other	~	~	~	~	~	~	~	~	~	~	
Sanz Enrique Jose Md	All Other											
Campbell Jenief	All Other											
Pekovic Olivera Md	All Other	~	~	~	~	~	~	~	~	~	~	
Ewart Michelle	All Other	~	~	~	~	~	~	~	~	~	~	
Shpolyansky Debora Davidovna	All Other											
Heo Hye Jung Md	All Other	~	~	~	~	~	~	~	~	~	~	
Torres Carlos Javier Md	All Other											
Zapata Jennifer Md	All Other	~	~	~	~	~	~	~	~	~	~	
Li Yan Md	All Other											
Pena Jessica Md	All Other	~						~	~	~	~	
Smith Heather Lee Phd	All Other											
Reich Daniel S Md	All Other											
Mencin Ali Md	All Other	~		~	~		~	~	~	~	~	
Antonios Vera Salim Md	All Other											
Izzo Albert John Md	All Other	~	~	~	~	~	~	~	~	~	~	
Barnard Lawrence M Do	All Other	~	~	~	~	~	~	~	~	~	~	
Bellemare Sarah Md	All Other	~	~	~	~	~	~	~	~	~	~	
Flattau Anna Md	All Other	~	~	~	~	~	~	~	~	~	~	
Ramos Joerel Marcelo Md	All Other											
Dragoman Monica V Md	All Other	~	~	~	~	~	~	~	~	~	~	
Strauss Neil	All Other											
Mirchandani Gautam Md	All Other	~						~	~	~	~	



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Asian & Pacific I C Hiv/Aids	All Other											
Giannattasio Emily R Np	All Other	~	~	~	~	~	~	~	~	~	~	
Ramachandran Sujatha Md	All Other	~	~	~	~	~	~	~	~	~	~	
Gachette Emmanuel	All Other	~	~	~	~		~	~	~		~	
Rosado Madeline Np	All Other	~	~	~	~	~	~	~	~	~	~	
La Casa De Salud Inc	All Other											
Kamesan Janani Md	All Other											
Bederniceanu Florenta Md	All Other	~	~	~	~	~	~	~	~	~	~	
Agrawal Lynet Np	All Other	~	~	~	~	~	~	~	~	~	~	
Amenechi-Enahoro Susan	All Other	~	~	~	~	~	~	~	~	~	~	
Anyichi Nonyelu Md	All Other											
Gupta Vanita Md	All Other	~		~	~		~	~	~	~	~	
Goldman Inessa Md	All Other											
Murakhovskaya Irina Md	All Other											
Pilosov Daniel Robert Md	All Other	~	~	~	~	~	~	~	~	~	~	
Khan Naz F Md	All Other	~	~	~	~	~	~	~	~	~	~	
Jan Dominique Md	All Other	~	~	~	~	~	~	~	~	~	~	
Balakumar Mala	All Other											
Jones Kenneth Omri Md	All Other	~	~	~	~	~	~	~	~	~	~	
Cerillo Thomas Dpm	All Other											
Ortega Esteban Md	All Other	~	~	~	~	~		~	~	~	~	
Eccleston-Hosein Veronica T Np	All Other	~	~	~	~	~		~	~	~	~	
Eiland Lisa Renee Md	All Other	~	~	~	~	~	~	~	~	~	~	
Haque Muhammad Misbah-Ul Md	All Other											
Sutton Nicole J Md	All Other	~	~	~	~	~	~	~	~	~	~	
All Metro Home Care Services Of New	All Other											
∟ombardi Daniel P Md	All Other	~		~	~		~	~	~	~	~	
Veritas Therapeutic Communit	All Other											
Tokar Svetlana Md	All Other											
Kumar Viresh Md	All Other											
Birnbaum Stuart C Dpm	All Other			1					1	1	 	



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Ramchandani Neesha Np	All Other	~	~	~	~	~	~	~	~	~	~	
Kronfeld Gary David Md	All Other	~						~	~	~	~	
Wu Henry Dpm	All Other											
Brijlall Devika	All Other	~	~	~	~	~	~	~	~	~	~	
Sejdiu Mentor Md	All Other	~	~	~	~	~	~	~	~	~	~	
Weiner Shoshana Np	All Other	~	~	~	~	~	~	~	~	~	~	
Pileta Lourdes X	All Other											
Katkovskaya Irina	All Other	~	~	~	~	~	~	~	~	~	~	
Machuca Hildred X	All Other	~	~	~	~	~	~	~	~	~	~	
/illanueva-Siles Esperanz	All Other	~	~	~	~	~	~	~	~	~	~	
Huang Paul Wei-Tse Md	All Other	~	~	~	~	~	~	~	~	~	~	
Portnoy Darin A Md	All Other	~	~	~	~	~	~	~	~	~	~	
riedman Shari Md	All Other											
/liller Todd Stuart Md	All Other											
Wilbanks Tyr Ohling Md	All Other	~	~	~	~	~	~	~	~	~	~	
Comt Myrna Soledad	All Other	~	~	~	~	~	~	~	~	~	~	
Disen Dean G Do	All Other	~		~	~		~	~	~	~	~	
riedman Ilana Batya	All Other	~	~	~	~	~	~	~	~	~	~	
Kaplan Ilya V Md	All Other											
Davis Steven Ward Md	All Other	~		~	~		~	~	~	~	~	
obin Katherine D Md	All Other											
Sharma Anjali Md	All Other	~	~	~	~	~	~	~	~	~	~	
ranchin Giovanni Md	All Other											
/laala-Gentolia Clarice Np	All Other	~	~	~	~	~	~	~	~	~	~	
Sokol Seth I Md	All Other	~	~	~	~	~	~	~	~	~	~	
(im Sun Jin Md	All Other	~	~	~	~	~	~	~	~	~	~	
unen Jose R Md	All Other	~	~	~	~	~	~	~	~	~	~	
Klein Genna Waldman Md	All Other	~		~	~		~	~	~	~	~	
Rhim Hai Jung Helen Md	All Other	~	~	~	~	~	~	~	~	~	~	
Retter Avi Samson Md	All Other											
Santana Calie Md	All Other	~	~	~	~	~	~	~	~	~	~	



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Diaz Francisco	All Other	~		~	~		~	~	~	~	~	
Katyal Chhavi Md	All Other	~	~	~	~	~	~	~	~	~	~	
Becker Heather Joan Md	All Other	~		~	~		~	~	~	~	~	
Kuokkanen Satu Maarit Md	All Other	~	~	~	~	~	~	~	~	~	~	
Lin Anthony Kung Ying	All Other	~	~	~	~	~	~	~	~	~	~	
Zalta Benjamin Md	All Other	~	~	~	~	~	~	~	~	~	~	
Friedman Daniel Taft Md	All Other											
Pan Debra H Md	All Other	~	~	~	~	~	~	~	~	~	~	
Suchin Scott M Md	All Other											
Geyer Howard Lance Md	All Other											
Thompson Maureen Althea	All Other											
Greenhope Services For Women	All Other											
Ginzburg Yelena Zory Md	All Other	~	~	~	~	~	~	~	~	~	~	
Correa-Lopez Wilma S Md	All Other	~	~	~	~	~	~	~	~	~	~	
Seniorcare Emergency Medical Servic	All Other											
Kosharskyy Boleslav	All Other	~	~	~	~	~	~	~	~	~	~	
Bergang Rachel E Md	All Other											
Dummitt Susan	All Other	~	~	~	~	~		~	~	~	~	
Ferrara Steven A	All Other	~	~	~	~	~	~	~	~	~	~	
Gordon David Stuart Md	All Other											
Galvao Marie Np	All Other	~	~	~	~	~	~	~	~	~	~	
Lerner Jonathan Edward Md	All Other	~						~	~	~	~	
King Brett Jared Dds	All Other											
Esposito Darren Md	All Other											
Schwartz Daniel Md	All Other	~	~	~	~	~	~	~	~	~	~	
Bustillo Maria Md	All Other	~	~	~	~	~	~	~	~	~	~	
Schreiber Naalla Danielle Md	All Other	~	~	~	~	~	~	~	~	~	~	
Pumarol Alba	All Other	~	~	~	~	~	~	~	~		~	
Owen Jane Weber Do	All Other	~	~	~	~	~	~	~	~	~	~	
Jurman Marlene	All Other											
Desrosiers Sergine Yves-Antoine	All Other											



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Dadarwala Aashish Dhansukhlal	All Other										
lguyen Victoria Alexandra Md	All Other										
agan John Md	All Other	~		~	~		~	~	~	~	~
Saad Eathar A Md	All Other	~	~	~	~	~	~	~	~	~	~
ishman Gary Rafael	All Other										
auer Carolyn Ann Md	All Other	~	~	~	~	~	~	~	~	~	~
offman Dena Md	All Other	~	~	~	~	~	~	~	~	~	~
/illiams Marcia May	All Other	~	~	~	~	~	~	~	~	~	~
eown Maureen	All Other	~	~	~	~	~	~	~	~	~	~
llumfield Einat	All Other	~	~	~	~	~	~	~	~	~	~
ulkarni Aparna Md	All Other	~	~	~	~	~	~	~	~	~	~
aragin Benjamin Hyatt	All Other	~	~	~	~	~	~	~	~	~	~
aine William Paulin	All Other										
ordon-Simpson Janice A	All Other	~	~	~	~	~	~	~	~	~	~
ergnul Irene Grgurich Md	All Other	~	~	~	~	~	~	~	~	~	~
ingh Pushpinder Md	All Other										
leyi Steve Md	All Other										
althazar Robert Md	All Other	~	~	~	~	~	~	~	~		~
ledalliance Medical Hlth Svc	All Other										
orn Wanda Md	All Other	~	~	~	~	~	~	~	~	~	~
ojaoghlanian Tsoline Md	All Other	~	~	~	~	~	~	~	~	~	~
tein Melissa	All Other	~	~	~	~	~	~	~	~	>	~
anevsky Julie Md	All Other	~	~	~	~	~	~	~	~	*	~
anozzo Albert Md	All Other	~	~	~	~	~	~	~	~	>	~
roves Jill Elizabeth Md	All Other	~	~	~	~	~	~	~	~		
chiff Bradley Alan Md	All Other	~	~	~	~	~	~	~	~	*	~
heydina Yelena Zinovjevna Md	All Other	~	~	~	~	~	~	~	~	~	~
hson Aspan Singh Md	All Other										
dvi Shabnam Amir Md	All Other	~	~	~	~	~	~	~	~	~	~
agoe Clement Md	All Other	~	~	~	~	~	~	~	~	~	~
'Alessandro David A Md	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mcwilliam James Robert Md	All Other										
Turkieh Albert Md	All Other	~	~	~	~	~	~	~	~	~	~
/illar Ryna Md	All Other										
Trivedi Heather Md	All Other										
Gong Michelle Ng Md	All Other	~	~	~	~	~	~	~	~	~	~
Byrd Denise A	All Other										
Agarwal Reena Md	All Other										
avarez Edwin Md	All Other	~	~	~	~	~	~	~	~	~	~
Migias Nikolaos A Md	All Other										
Villiams Rebecca Ann Md	All Other										
Chudnoff Scott G Md	All Other										
Rubin Susan	All Other	~	~	~	~	~	~	~	~	~	~
Golestaneh Ladan Md	All Other	~	~	~	~	~	~	~	~	~	~
rey Michael Md	All Other	~	~	~	~	~	~	~	~	~	~
Zhou Ping Md	All Other	~	~	~	~	~	~	~	~	~	~
eets Raymond	All Other										
Harewood Itha Helena Md	All Other	~	~	~	~	~	~	~	~	~	~
Killion Christopher David Md	All Other	~		~	~		~	~	~	~	~
randafirescu Theo Md	All Other	~	~	~	~	~	~	~	~	~	~
/illage Ctr For Care Lthhcp	All Other										
Gitlevich Tatyana R Md	All Other	~	~	~	~	~	~	~	~	~	~
Haller Chad Benjamin Md	All Other										
ee Rosa Md	All Other	~	~	~	~	~	~	~	~	~	~
Collier Annie Md	All Other	~	~	~	~	~	~	~	~	~	~
Alabre Marjory Md	All Other										
Glick Arthur A	All Other	~	~								
ain Vineet Md	All Other										
oizides Anthony M Md	All Other	~	~	~	~	~	~	~	~	~	~
lanjan Tara Md	All Other	~		~	~		~	~	~	~	~
Packer Stuart Howard Md	All Other	~	~	~	~	~	~	~	~	~	~
Skokowska-Lebelt Anna Md	All Other										



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akubowicz David Matthew Md All Other	* Safety Net Providers in Green											
Seichein Kallen May Mid All Other						ı	ı				1	,
coard Rita Jean Md All Other All Oth		<u> </u>	2.a.i	2.a.iii						3.d.ii		
All Other All Other	-		~	~						~	~	
Seccione Michael Richard Md All Other All Othe			~	~						~	~	~
All Other All Ot			~	~	~	~	~	~	~	~	~	~
akubowicz David Matthew Md All Other												
All Other All Ot	Kim John J Md											
apen Jena Viji Md All Other All Othe	Jakubowicz David Matthew Md											
Concepcion Lydia Md All Other All Ot	Loganathan Raghunandan S Md	All Other	~		>	>		>	~	~	~	→
All Other All Ot	Eapen Jeena Viji Md	All Other										
All Other All Ot	Concepcion Lydia Md	All Other	~	~	~	~	~	~	~	~	~	~
akshmi Kameswari D Md All Other	Agarwal Surbhi Md	All Other										
All Other All Ot	Grossberg Robert M Md	All Other	~	~	~	~	~	~	~	~	~	~
All Other All Ot	_akshmi Kameswari D Md	All Other										
All Other All Ot	Mortazavi Shervin Md	All Other	~	~								
All Other Anglik Savita Md All Other Anglik Savita Md All Other All Other Anglik Savita Md All Other	Friedman Ronit	All Other										
All Other All Other	Kirschner Randi	All Other										
All Other Cuevas Asima All Other All Other Cuevas Asima All Other	Fulloch Elizabeth	All Other										
All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other All Other Acdonnell Kevin M Md All Other	Manglik Savita Md	All Other	~	~	~	~	~	~	~	~	~	~
Acdonnell Kevin M Md All Other	Prasad Anisa Dpm	All Other										
All Other All Other	Cuevas Asima	All Other										
All Other All Other	Mcdonnell Kevin M Md	All Other	~		~	~		~	~	~	~	~
Sinanaj Xhevat Md All Other Arinhas Joaquim M Jr Md All Other	Fagan Michele Joy Md	All Other	~	~	~	~	~	~	~	~	~	~
All Other Sorlick Richard Greg Md All Other	Radhakrishnan Sarojini Md	All Other										
Sorlick Richard Greg Md All Other Alaeem Asma Md All Other	Sinanaj Xhevat Md	All Other	~	~	~	~	~	~	~	~	~	~
All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other	Farinhas Joaquim M Jr Md	All Other										
All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other	Gorlick Richard Greg Md	All Other	~	~	~	~	~	~	~	~	~	~
Mohrmann Mark J Md All Other	Naeem Asma Md											
All Other Avraham Yitchak Dpm All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other All Other	Nohrmann Mark J Md											
Ciment Avraham Yitchak Dpm All Other All Other All Other			~	~	~	~	~	~	~	~	~	
Sohari Arash Md All Other V V V V V V V V V V	Ciment Avraham Yitchak Dpm											
	Gohari Arash Md		~	~	~	~	~	~	~	~	~	~
	nstitute For Community Lving	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Гsaur Larisa Md	All Other										
Wasserstrom Sharon Md	All Other	~	~	~	~	~	~	~	~	~	~
lqbal Pervaiz Md	All Other										
Heinlen Stephanie S Md	All Other										
Jmali Sofia	All Other										
Kolanuvada Bangaruraju Md	All Other										
Reznik Marina Md	All Other	~	~	~	~	~	~	~	~	~	~
Steele Mehar Jennifer	All Other	~		~	~		~	~	~	~	~
Derman Olga Md	All Other	~	~	~	~	~	~	~	~	~	~
Contreras Virginia Md	All Other										
Holmes Richard Md	All Other	~	~	~	~	~	~	~	~	~	~
Scott-Hudson Marcia J	All Other	~	~	~	~	~	~	~	~	~	~
Gaither Kecia Md	All Other										
Williams Linda Md	All Other										
Weinstein S Russell Md	All Other	~						~	~	~	~
Warford Robert	All Other										
Hawthorne Horace Md	All Other	~	~	~	~	~	~	~	~	~	~
Singh Birendra Md	All Other										
Basics Inc	All Other										
Khan Zareen R Md	All Other										
saacson Ernest Louis Dpm	All Other										
Chaperon Volvic Lcsw	All Other	~	~	~	~	~					
Tufariello Joann M Md	All Other	~	~	~	~	~	~	~	~	~	~
Pisacano Michael Anthony Md	All Other										
Di Lullo Joseph Matthew Md	All Other										
Smith Jonathan C Md	All Other										
Rutner Daniella	All Other										
Fleischmann Nicole Md	All Other										
Arslanov Renat H Md	All Other	~	~	~	~	~	~	~	~	~	~
Dlowe Kayode O Md	All Other										
Kishore Preeti Md	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Bogdanov Assen Petrov Md	All Other										
Sehhat Khashayar Md	All Other										
Chen Yuxi Md	All Other	~	~	~	~	~	~	~	~	~	~
Abramov Mikhail Md	All Other	~		~	~		~	~	~	~	~
Kumar Vanita Md	All Other										
lo Sammy Md	All Other	~	~	~	~	~	~	~	~	~	~
Cleeman Edmond	All Other	~		~	~		~	~	~	~	~
Albow Susan Marie Do	All Other	~	~	~	~	~	~	~	~	~	~
Saint-Jacques Henock Md	All Other	~		~	~		~	~	~	~	~
(rumholtz Ira	All Other										
ang Andrea	All Other										
Veinstein Susan	All Other	~				~		~			~
arter Tanya	All Other										
tanbery Dahlia	All Other	~	~	~	~	~	~	~	~	~	~
Collymore David	All Other	~	~	~	~		~	~	~		~
lan Myoung	All Other										
rumess Naomi Charlotte	All Other	~				~		~			~
Noloney Maura	All Other										
Igo Tammy Phuong	All Other										
ee Hyun-Joon Md	All Other										
hah Binod P Md	All Other										
oktay Maja	All Other	~	~	~	~	~	~	~	~	~	~
ardanani Setul Ram Md	All Other	~	~	~	~	~	~	~	~	~	~
Garg Madhur Kumar Md	All Other	~	~	~	~	~	~	~	~	~	~
laines Mary Ann Md	All Other	~	~	~	~	~	~	~	~	~	~
aichoudhury Ritesh Md	All Other										
eone Matthew Salvatore Md	All Other										
earlman Scott Brian Md	All Other	~	~	~	~	~	~	~	~	~	~
occi Laura L	All Other										
Greller Howard Md	All Other	~		~	~		~	~	~	~	~
istman David A Md	All Other	~		~	~		~	~	~	~	~



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Phupakdi Wipanee Md	All Other	~	~	~	~	~	~	~	~	~	~
Spevack Daniel M Md	All Other	~	~	~	~	~	~	~	~	~	~
Klimenko Elena A Md	All Other										
Pina Paulo R Md	All Other	~		~	~		~	~	~	~	~
orce Jean Emmanuel Do	All Other	~		~	~		~	~	~	~	~
Cumbum Kavitha Md	All Other										
Sarcia Mario J Md	All Other	~	~	~	~	~	~	~	~	~	~
olkhovets Dmitry Md	All Other										
hillips John L Md	All Other										
Mussman James Robert Md	All Other										
hin Joseph H Md	All Other										
lianakian Rosine	All Other										
hang David	All Other										
hambliss Paul	All Other	~	~	~	~	~	~	~	~		~
sisson Paul	All Other										
admavathi Murakonda Md	All Other										
urnett Michael Charles Md	All Other	~		~	~		~	~	~	~	~
emasio Kafui Alfreda Md	All Other										
abral Lisa Md	All Other	~	~	~	~	~	~	~	~	~	~
Irafei Tarek Nabil Md	All Other										
oro Alexis David Md	All Other	~	~	~	~	~	~	~	~	~	~
Veiss Jeffrey Michael Md	All Other	~	~	~	~	~	~	~	~	~	~
letropolitan Jewish Hm Care	All Other										
loradi Issac Eshagh Md	All Other	~		~	~		~	~	~	~	~
/ells Barbara	All Other										
estfeld Robert J Md	All Other	~	~	~	~	~	~	~	~	~	~
aviloglu Gurkan Md	All Other										
hang Tylis	All Other										
egum Kaniz Fatema	All Other	~				~		~			~
itwin Alain H Md	All Other										
arwahi Vishal Md	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Goel Sanjay Md	All Other										
Dar Peer Md	All Other										
Cohen Jason Brett Dpm	All Other										
Smina Mihai Md	All Other	~		~	~		~	~	~	~	~
Berdichevsky Lillian Md	All Other										
Paul Arlette Mary	All Other	~	~	~	~	~	~	~	~	~	~
Zapata Ryan J Md	All Other	~	~	~	~	~	~	~	~	~	~
Zhukovski Dmitry Md	All Other										
Atay-Rosenthal Saadet Md	All Other	~		~	~		~	~	~	~	~
Belayneh Lulenesh Md	All Other	~	~								
Braganza Sandra Flavia Md	All Other	~	~	~	~	~	~	~	~	~	~
Kaplan Evan	All Other										
Chang Andrew Md	All Other	~	~	~	~	~	~	~	~	~	~
Saint-Aude Germaine Md	All Other										
Bates Eric Mark Md	All Other										
Jakubowicz Pamela Jasmine Md	All Other										
Zhang Jian Dpm	All Other										
Scan Ny Volunteer Parent Assc	All Other										
Grasa Gabriela Anamaria Md	All Other										
Sabur Rumana C Md	All Other										
Clark Janine L Md	All Other										
Huang Gloria Shining	All Other										
Wright Roberta Diane	All Other										
Puerto Rican Family Inst Nd 1	All Other										
Sykes Gerard Md	All Other	~	~	~	~	~	~	~	~	~	~
Bautista Maria Lourdes Md	All Other	~		~	~		~	~	~	~	~
Gotian Amnon Md	All Other										
Naqvi Huma Hasnain Md	All Other	~	~	~	~	~	~	~	~	~	~
Koshy George P Md	All Other	~	~								
Gennarelli Louis A Md	All Other	~	~	~	~	~	~	~	~	~	~
Casa Promesa Nrs Home Adhc	All Other										



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DSRIP Implementation Plan Project

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
eal-Perry Genevieve S Md	All Other										
ulshreshtha Manisha Md	All Other	~		~	~		~	~	~	~	~
eischel Ulrich A Md	All Other	~		~	~		~	~	~	~	~
dapa Srinivasa Reddy Md	All Other										
iller Hanan G Md	All Other										
evin Marc William Md	All Other										
/einer Holly H	All Other										
inces Fausto Y Md	All Other	~		~	~		~	~	~	~	~
iffle Anne Elizabeth	All Other										
alph Walter M Jr Md	All Other	~						~	~	~	~
effler Steven Ira Md	All Other										
aunt Nancy	All Other	~	~	~	~	~	~	~	~	~	~
evy Denise Antoinette Dpm	All Other	~	~	~	~	~	~	~	~	~	~
mith Claudine Althea A Md	All Other	~	~	~	~	~	~	~	~	~	~
oins Michael	All Other	~				~		~			~
hafran Gail	All Other	~	~	~	~	~	~	~	~	~	~
iaz Maria D Np	All Other										
erera Thomas B Md	All Other	~	~	~	~	~	~	~	~	~	~
aul Bindu Md	All Other										
oon Victoria Baumert	All Other										
rlikh Tamara Md	All Other	~		~	~		~	~	~	~	~
uoping Zhou	All Other										
antoni Rugiu Francesco Md	All Other										
landanas Victor J	All Other	~						~	~	~	~
oreland Ethlyn M	All Other	~	~	~	~	~	~	~	~	~	~
antilla Fanny Janeth Do	All Other	~		~	~		~	~	~	~	~
rand Blanca Nora Do	All Other	~		~	~		~	~	~	~	~
scher Amanda Falick Md	All Other	~	~	~	~	~	~	~	~	~	~
alidemaj Kujtim Md	All Other										
ppelbaum Eric Charles Do	All Other	~		~	~		~	~	~	~	~
evine Richard M Np	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating (Participating (Partic	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Empire St Hm Care Ser Lthhcp	All Other	~	~								
Mclean Ronald Harvey Md	All Other	~		~	~		~	~	~	~	~
Vernenkar Vithal Vic Md	All Other	~		~	~		~	~	~	~	~
Houten John Kenneth Md	All Other										
Weeks Williams David	All Other										
Ramirez-Baron Diana Maria	All Other										
Leers Ella Md	All Other										
Littleton Andrea Wileen Md	All Other										
Muggia Victoria A Md	All Other	~	~	~	~	~	~	~	~	~	~
Campbell Andrew B Md	All Other										
Amanquah Lena A Do	All Other										
Fitten Joan T Np	All Other	~	~	~	~	~	~	~	~	~	~
Blake Julie Ann Md	All Other										
Sullivan Robert Arne B Md	All Other	~		~	~		~	~	~	~	~
Yamani Amir Md	All Other										
Terraciano Anthony J Md	All Other										
Shapiro Kenneth Md	All Other										
Adler Darryl L Md	All Other	~		~	~		~	~	~	~	~
Salehimanesh Elham Cnm	All Other										
Helft Joseph Md	All Other										
Srinivasan Shobhna Md	All Other	~	~	~	~	~	~	~	~	~	~
Chang Ann Shiau Od	All Other	~	~	~	~	~	~	~	~	~	~
Husain Syed S Md	All Other										
Lado Fred Alexander Md	All Other	~	~	~	~	~	~	~	~	~	~
Hilaire Marc Richard Md	All Other										
Tam Jeannie Md	All Other	~	~	~	~	~	~	~	~	~	~
Vaidya Minal	All Other										
Mcgowan Heather	All Other										
Hashim Asmaa	All Other	~	~	~	~	~	~	~	~	~	~
Johnson Wendy	All Other										
Kitsis Elizabeth	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Tuluca Luciano	All Other										
New York Service Network Inc	All Other										
Lok Jonat Dpm	All Other										
Dreyzina Yelena	All Other										
Savransky Yevgeny Md	All Other	~	~	~	~	~	~	~	~	~	~
Abbott House Ira Spv	All Other										
Hodges Jason Leroy Md	All Other	~						~	~	~	~
New York Foundling Hosp Spv	All Other										
Cole Karen	All Other										
Baker Margaret Np	All Other	~	~								
Jones-Malik Mendis	All Other										
Rosser Mary Lee	All Other										
Mcgoldrick Patricia Engel	All Other	~		~	~	~	~	~	~		
Wang Yumei Md	All Other	~	~	~	~	~	~	~	~	~	~
Lam Lily Md	All Other	~	~	~	~	~	~	~	~	~	~
Cardinal Mccloskey School Spv	All Other										
Shifteh Keivan Md	All Other										
Burt-Miller Barrington D Md	All Other										
Pierce Michael N Md	All Other										
Thomas Elizabeth Patsy Md	All Other										
Paikin Mikhail Md	All Other	~		~	~		~	~	~	~	~
Vezza Elena L Md	All Other										
Srinivas Vankeepuram S	All Other										
Scott Robin L	All Other	~	~	~	~	~	~	~	~	~	~
Schiff Robin Faryll	All Other										
Reznik Sandra E	All Other	~	~	~	~	~	~	~	~	~	~
Raum Donald Douglas Md	All Other	~	~	~	~	~	~	~	~	~	~
Rafique Ilora I	All Other										
Pullman James M	All Other	~	~	~	~	~	~	~	~	~	~
Lynn Brian P	All Other	~	~	~	~	~	~	~	~	~	~
Hughes Melville Howard Addison Md	All Other										



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Elliott Charmaine	All Other	~	~	~	>	~	~	~	~	~	~
Eisen Leon K	All Other	~		~	>		~	~	~	~	~
Culmine John Md	All Other	~	~	~	>	~	~	~	~	~	~
Chervenak Judi Lee Md	All Other										
Basavaraju Nerlige G	All Other										
Grimaldi Meryl Yve Md	All Other	~		~	>		~	~	~	~	~
Gardner Traci F Md	All Other										
Bernstein Laura Md	All Other										
Keene Adam Barnett Md	All Other	~	~	~	~	~	~	~	~	~	~
Osborne Treatment Services	All Other										
Kung Lili Md	All Other										
Gray Julia Md	All Other										
Friedman Benjamin Wolkin Md	All Other	~	~	~	~	~	~	~	~	~	~
Rosen Andrew Md	All Other										
Channa Prabjot Md	All Other	~	~	~	~	~	~	~	~	~	~
Myerson Alice S	All Other	~	~	~	~	~	~	~	~	~	~
Vincetic Anto Dpm	All Other										
Klein Charna Md	All Other										
Brown Lamont Darwan Md	All Other										
Varca Louise C	All Other										
Okereke Ndubueze Clement J Md	All Other	~		~	>		~	~	~	~	~
Hernandez Renee Md	All Other	~	~	~	~	~	~	~	~		
Carnegie Hill Institute Inc	All Other										
Moadel Renee M Md	All Other	~	~	~	~	~	~	~	~	~	~
Weinberg Jerry Charles Md	All Other										
Haigentz Missak Jr Md	All Other	~	~	~	>	~	~	~	~	~	~
Ahn Jae Kyung Md	All Other	~		~	~		~	~	~	~	~
Solomon Molham M	All Other										
Massoumi Hatef Md	All Other										
Einstein Francine Hughes Md	All Other										
Arevalo Ronald Paul Musni Md	All Other	~		~	~		~	~	~	~	~



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
St Cabrini Nursing Home Adhc	All Other										
Shafizadeh Farshad Md	All Other										
Somersel Gavin N Md	All Other	~	~	~	~	~	~	~	~	~	~
lwang Richard Rueyshiuan	All Other	~		~	~		~	~	~	~	~
he Bridge Inc Mh	All Other										
Oolan Siobhan M Md	All Other										
Castro Diana Dpm	All Other										
azakov Valeri I Md	All Other										
aidya Sudhir Purushottam	All Other	~	~	~	~	~	~	~	~	~	~
Gomez Mery C	All Other	~	~	~	~	~	~	~	~	~	~
Ierman Merrill S	All Other										
ohrn Jennifer	All Other	~	~	~	~	~		~	~	~	~
avae Ketan C Md	All Other										
Verner Craig Md	All Other	~	~	~	~	~	~	~	~	~	~
ena Omar Aradipson Md	All Other	~	~	~	~	~	~	~	~	~	~
aff Amanda Clare Md	All Other										
huang Cathy Md	All Other										
omer Gitit Md	All Other	~	~	~	~	~	~	~	~	~	~
raunschweig Ira Md	All Other	~	~	~	~	~	~	~	~	~	~
hargani Robert Md	All Other	~	~	~	~	~	~	~	~		
dversario Eden Florendo	All Other										
stela Ogiste Md Phd Pc	All Other										
ochster Howard James Md	All Other										
khravi Siavash Steve	All Other	~	~	~	~	~	~	~	~		
ave Hirendrakumar J Md	All Other										
/iseman Samson Md	All Other										
hemistocle Fenar	All Other										
alakhane Edmond Nejat Md	All Other										
ayan Alan R Md	All Other										
eninati Catherine Md	All Other	~				~		~			~
Saboor Sadia Md	All Other										



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* Safety Net Providers in Green	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Foronjy Robert Francis Md	All Other	Z.a.i	2.a.iii	2.0.111	2.0.10	3.a.i	3.b.i	3.C.I	3.u.ii	4.a.iii	4.6.11
Chechik Daniel Md	All Other										
Weintraub Christine Md	All Other	~	~	~	~	~	~	~	~	~	~
Levy Adam Scott Md	All Other	~	~	~	~	~	~	~	~	~	~
Shur Irina N Md	All Other										
Rechtschaffen Thomas Hartley	All Other										
Derose Joseph John Md	All Other										
Hassaninejad-Farahani M J Md	All Other	~	~	~	~	~	~	~	~	~	~
Dr Proveen Kumrah Podiatry Pc	All Other										
Li Peng Md	All Other										
Gaglio Paul Joseph Md	All Other	~	~	~	~	~	~	~	~	~	~
Abdullah Ghazanfar Syed Md	All Other										
Dalland Linda Jean	All Other	~	~	~	~	~	~	~	~	~	~
Barmecha Jitendra Md	All Other	~		~	~		~	~	~	~	~
Karimi Sara Md	All Other	~						~	~	~	~
Kizer Jorge R Md	All Other	~	~	~	~	~	~	~	~	~	~
Apicella Sheila Ann Md	All Other	~		~	~		~	~	~	~	~
Afari Jacquelyn Md	All Other										
Mccullough Gene P	All Other										
Jaksha Jonathan A Md	All Other										
Kaubisch Andreas Md	All Other	~	~	~	~	~	~	~	~	~	~
Balikcioglu Dimyan Md	All Other										
Bencosme Ursulina Luisa Md	All Other										
Merriweather Aisha Kimberly	All Other	~	~	~	~	~		~	~	~	~
Brody Geraldmd	All Other	~	~	~	~	~	~	~	~	~	~
Fulger Ilmana Md	All Other	~		~	~		~	~	~	~	~
Altamirano Ruben Do	All Other	~		~	~		~	~	~	~	~
Nondemunegne Tiruwork Do	All Other	~		~	~		~	~	~	~	~
Datta Arpita Md	All Other										
Bronx Ophthalmologic Pc	All Other										
Hariprasad Pramraj Lpn	All Other										



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DSRIP Implementation Plan Project

Participating	in Projects										
Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
All Other											
All Other											
All Other	~	~	~	>	~	~	~	~	~	~	
All Other											
All Other	~	~	~	~	~	~	~	~	~	~	
All Other											
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All Other											
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~	~	~	~	~	~	~	~		~	
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~	~	~	~	~	~	~	~	~	~	
All Other											
All Other											
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~	~	~	~	~	~	~	~	~	~	
All Other											
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All Other	~	~	~	~	~	~	~	~			
All Other											
All Other	~	~	~	~	~	~	~	~	~	~	
All Other	~		~	~		~	~	~	~	~	
All Other											
All Other	~	~	~	~	~	~	~	~	~	~	
All Other											
	All Other All Other	All Other All Other	All Other All Other	Provider Category All Other All Other	All Other All Other	Provider Category 2.a.i 2.b.ii 2.b.iv 3.a.i 3.b.i	Provider Category 2.a.i 2.b.ii 2.b.iv 3.a.i 3.b.i 3.c.i All Other	Provider Category 2.a.i 2.b.iii 2.b.iv 3.a.i 3.b.i 3.c.i 3.d.ii All Other	Provider Category 2.ai 2.aiii 2.biii 2.biv 3.ai 3.bi 3.c.i 3.d.ii 4.aiii	Provider Category 2.a.j 2.a.jii 2.b.jii 2.b.ji 3.a.j 3.b.j 3.c.j 3.d.ji 4.a.jii 4.c.ji All Other	



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mazarin Gregory I Md	All Other	~	~	~	~	~	~	~	~	~	~
reeman Irene Cnm	All Other	~	~	~	~	~		~	~	~	~
lewman-Zitka Barbara A Md	All Other	~		~	~		~	~	~	~	~
lark Cheryl L Md	All Other										
lohammad Sajjad	All Other										
obeckis Elizabeth Carpio	All Other										
aplan Alexander V Md	All Other										
bekeani Joyce	All Other	~	~	~	~	~	~	~	~	~	~
aing Andrew Md	All Other										
ulliford Andrea N Md	All Other	~		~	~		~	~	~	~	~
eddy Suman Mandadi Md	All Other										
aynes Hilda Althea	All Other	~	~	~	~	~	~	~	~	~	~
el Rio Marcela Md	All Other	~	~	~	~	~	~	~	~	~	~
hepardson Alethea K	All Other	~	~	~	~	~	~	~	~	~	~
evi Peter Md	All Other										
atel Rajesh Manharbhai Md	All Other	~	~	~	~	~	~	~	~		~
ardin John Avery Md	All Other	~	~	~	~	~	~	~	~	~	~
oeb Sheila L Cnm/Mmc	All Other	~	~	~	~	~	~	~	~	~	~
apolitano Antonio Md	All Other	~	~	~	~	~	~	~	~	~	~
lison Karen Melanie Md	All Other										
/eigle Mark Raymond Md	All Other										
'in Khin Khin	All Other	~		~	~		~	~	~	~	~
nion Comm Health Ctr Inc	All Other	~	~	~	~	~	~	~	~	~	~
anks Erika Heidi Md	All Other										
uccess Counseling Svcs Inc	All Other										
alma Eugen Md	All Other	~	~	~	~	~	~	~	~	~	~
aldivia Ana Y Md	All Other										
tein Daniel Thomas Md	All Other										
delicato Rose Ann	All Other										
oldstein Daniel Jacob Md	All Other	~	~	~	~	~	~	~	~	~	~
haraftkhah Martin Md	All Other										



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* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Beira Richard Joseph Md	All Other											
Asif Ahmed Md	All Other											
Limani Robert B Md	All Other											
Okonta Benjamin C Md	All Other											
Havranek Thomas George Md	All Other	~	~	~	~	~	~	~	~	~	~	
Nachmann Dennis S Dpm	All Other											
Rothman Lisa	All Other											
Yuabov Boris Dpm	All Other											
Doctors United	All Other											
Cunningham Chinazo Opia Md	All Other	~	~	~	~	~	~	~	~	~	~	
Lwin Lin Nyunt Md	All Other											
Kiyici Aylin Md	All Other											
Harris Joseph Md	All Other											
Beier Sharon Rose Md	All Other											
Prior Boyer Marianne T	All Other											
Plachta Leslie	All Other	~	~	~	~	~	~	~	~	~	~	
O'Connor Eileen	All Other	~	~	~	~	~	~	~	~	~	~	
Boltin Patricia	All Other	~	~	~	~	~		~	~	~	~	
Bistritz Janice Np	All Other											
Russo Marian Angela Md	All Other											
Calvary Hha & Hospice Care	All Other											
Schiffer Todd Jay Md	All Other											
Mian Umar Khalil Md	All Other	~	~	~	~	~	~	~	~	~	~	
Posner Jonathan	All Other	~	~	~	~	~	~	~	~	~	~	
Alfieri Donna Marie Dpm	All Other	~	~	~	~	~	~	~	~	~	~	
Markhasina Inna Md	All Other											
Crofford Marsha J Md	All Other	~						~	~	~	~	
New York Bronx Pediatric Med	All Other											
Herman Craig	All Other											
Einstein Mark Howard Md	All Other											
Milan Felise B Md	All Other	~	~	~	~	~	~	~	~	~	~	



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Latzman Bryan Russell Md	All Other										
Chabon Brenda Phd	All Other	~	~	~	~	~	~	~	~	~	~
Rotenberg Ohad David Md	All Other										
Cook Heather Tiffany Md	All Other										
Rosing Mark Alan Md	All Other	~		~	~		~	~	~	~	~
Vhang Eugene J Md	All Other										
Slawomir Malendowicz Md Pc	All Other										
Dayal Ashlesha	All Other	~		~	~		~	~	~	~	~
edrick Joseph Anthony Md	All Other	~	~	~	~	~	~	~	~	~	~
Putterman Chaim Md	All Other										
ee Sunhee	All Other	~	~	~	~	~	~	~	~	~	~
huter Jonathan Md	All Other	~	~	~	~	~	~	~	~	~	~
el Gerard J Md	All Other	~	~	~	~	~	~	~	~	~	~
Ravi Srinivas Marellapudi Md	All Other										
won Elizabeth Hyun-Mi Md	All Other	~	~	~	~	~	~	~	~	~	~
awitz Karen D Md	All Other	~		~	~		~	~	~	~	~
oitberg Daphne Md	All Other										
lma D Ratakonda Md Pc	All Other										
lanwani Deepa Girdharlal Md	All Other	~	~	~	~	~	~	~	~	~	~
evi Daniela Md	All Other	~	~	~	~	~	~	~	~	~	~
úlsakdinun Chaiyaporn Md	All Other	~	~	~	~	~	~	~	~	~	~
Isinger Elisabeth	All Other	~	~	~	~	~	~	~	~	~	~
ampbell Caron Michelle Md	All Other	~	~	~	~	~	~	~	~	~	~
alar Nilesh Naran Md	All Other										
ermudez Aramis Antonio Md	All Other	~	~	~	~	~	~	~	~		
Calvin Catherine Anne	All Other										
am Hao	All Other	~	~	~	~	~	~	~	~	~	~
Prentlicher Rona Judith Md	All Other	~	~	~	~	~	~	~	~	~	~
ried Robert Edward Md	All Other	~	~	~	~	~	~	~	~	~	~
lestzick Harold N Md	All Other										
onanno Joseph	All Other										



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SBH Health System (PPS ID:36)

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Vhite Michael James Md	All Other	~		~	~		~	~	~	~	~
Rodriguez Isabel C Md	All Other										
Santhanam Hema L	All Other	~				~		~			~
Comm Assoc Progress Dominica	All Other										
liremberg Moyses Md	All Other										
Sperling Karen Ellen Md	All Other										
Daguilh Marie-Louis F Md	All Other										
im Paul Hyungchul	All Other	~	~	~	~	~	~	~	~	~	~
lackley Barbara Cnm	All Other	~	~	~	~	~	~	~	~	~	~
Sheindlin Jonathan A Md	All Other										
/ida Family Services Inc	All Other										
Nathur Manuja Md	All Other	~	~	~	~	~	~	~	~	~	~
illanueva Hugo J Md	All Other										
Guillaume Carl Md	All Other	~						~	~	~	~
Grant Carol A Md	All Other										
Vald-Cagan Paulette	All Other	~	~	~	~	~	~	~	~	~	~
lassan Khaled A Md	All Other										
rown Collete	All Other	~	~	~	~	~	~	~	~	~	~
Ounner Ricardo Orlando Md	All Other										
Valsh John	All Other	~	~	~	~	~	~	~	~	~	~
loward Tomasz	All Other	~	~	~	~	~	~	~	~	~	~
1ccoy Wanda	All Other	~	~	~	~	~	~	~	~	~	~
onadonna Susan E Md	All Other	~	~	~	~	~	~	~	~	~	~
mn Pharmacy Corp	All Other										
hau Andrea	All Other										
herman Jerome	All Other										
chuettenberg Susan	All Other										
ichter Scott	All Other										
anellos Harriette	All Other										
damczyk Diane	All Other										
t Barnabas Obgyn Pc	All Other										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ricci Zina J Md	All Other										
Dudek Ronald D Md	All Other	~	~	~	~	~	~	~	~	~	~
Mann Ranon E Md	All Other										
Rieder Jessica Md	All Other	~	~	~	~	~	~	~	~	~	~
Project Renewal	All Other										
Herbsman Neil Md	All Other										
Comprehensive Community Pediatrics	All Other	~	~	~	~	~	~	~	~	~	~
Sasson Michelle	All Other										
Madu Assumpta Agoucha Md	All Other	~	~	~	~	~	~	~	~	~	~
Thomas Sherlan Angela	All Other	~	~	~	~	~	~	~	~	~	~
Heptulla Rubina A Md	All Other	~	~	~	~	~	~	~	~	~	~
Sosinsky Jeffrey H Md	All Other										
Perlstein David A Md	All Other	~		~	~		~	~	~	~	~
Carlese Anthony J Do	All Other	~	~	~	~	~	~	~	~	~	~
Sands Brenda M	All Other										
Wright Rodney L Md	All Other	~	~	~	~	~	~	~	~	~	~
Sanyal Rajat S Md	All Other										
Rivas Yolanda Md	All Other	~	~	~	~	~	~	~	~	~	~
Tellus Francois G Md	All Other										
Makolo Eric T Md	All Other										
Pollack Staci E Md	All Other										
Devore Nancy Cnm	All Other										
Bronx Center Rehab & Hlth Car	All Other										
Silberstein Laurie Cnm	All Other	~	~	~	~	~		~	~	~	~
Griffith Sharon L Md	All Other										
Pintauro Robert	All Other	~	~	~	~	~	~	~	~		
Rahman Riaz	All Other	~	~	~	~	~	~	~	~	~	~
Nong Chui Fan Do	All Other	~	~	~	~	~	~	~	~	~	~
Neil Emancia Patricia Md	All Other										
Gayle Eric George Md	All Other	~	~	~	~	~	~	~	~		~
Perilli Gaetano Md	All Other										



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Osborne Olive Clarice Md	All Other										
Ritchin Andrea Ko Md	All Other										
Neretin Nicole	All Other										
Hart Douglas Md	All Other										
Abadir-Hallock Michelle	All Other										
Shapiro Alan	All Other	~	~	~	~	~	~	~	~	~	~
Whitney Kathleen	All Other	~	~	~	~	~	~	~	~	~	~
Hameedi Faiq Ali Md	All Other										
Schlesinger Kathie	All Other	~	~	~	~	~	~	~	~	~	~
Schreiber Klaus	All Other	~	~	~	~	~	~	~	~	~	~
Albulak Mehmet Kerim Md	All Other										
Gbur Maria S Md	All Other	~	~	~	~	~	~	~	~	~	~
Sedlackova Ludmila	All Other	~	~	~	~	~	~	~	~		
Gonzalez Leticia Md	All Other	~	~	~	~	~	~	~	~		
Chin Tin Sik	All Other	~	~	~	~	~	~	~	~	~	~
Rubin Michael Benjamin Md	All Other										
Marini Robert Anthony Md	All Other										
Guha Chandan Md	All Other										
Dassa Gabriel L Md	All Other										
Benanti Michael J Md	All Other										
Asfaw Zergabachew Md	All Other										
Akalonu Augustine T Md	All Other										
Exponents Inc	All Other										
Puente Anibal O Md	All Other										
Samuelson Sana Md	All Other										
arah Samer Md	All Other										
Koenigsberg Tova C Md	All Other										
Gonzalez David Md	All Other	~	~	~	~	~	~	~	~	~	~
Mantello Ginny	All Other										
Schechter Miriam B Md	All Other	~	~	~	~	~	~	~	~	~	~
Benenson Blanche S Md	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Yu Jennifer Chua Md	All Other	~	~	~	~	~	~	~	~	~	~
Riska Paul F Md	All Other	~	~	~	~	~	~	~	~	~	~
efevre Cluny P Do	All Other										
Dinces Elizabeth A Md	All Other	~	~	~	~	~	~	~	~	~	~
Stumacher Richard L Md	All Other	~		~	~		~	~	~	~	~
Avedissian Haroutiun C Md	All Other										
Gonzalez Angela E Md	All Other										
Deluca Joseph Peter Md	All Other	~	~	~	~	~	~	~	~	~	~
Hudes Golda Md	All Other										
Wasserstein Melissa Pittel Md	All Other										
Monteverde Barbara Ann	All Other										
Etelson Debra H Md	All Other										
laskes Lloyd Partman	All Other										
Smotkin David Md	All Other										
Callard Helana Lynn	All Other	~	~	~	~	~		~	~	~	~
Pana-Sarmiento Remedios	All Other	~	~	~	~	~	~	~	~	~	~
lacobson Mark	All Other	~	~	~	~	~	~	~	~	~	~
Gabelman Gary Steven Md	All Other										
Fishbach Mitchell Md	All Other										
lackson Arthur Crawford Md	All Other	~		~	~		~	~	~	~	~
Biagiotti Wendy	All Other										
20-50-9899120-50-9biagiotti Emilio	All Other										
Sconzo Denis Thomas	All Other										
ried Philip Md	All Other										
eplitz Ellen	All Other										
Fitzgerald Regina Marie	All Other										
Merer Michelle	All Other										
Hanley Ann Elizabeth Md	All Other										
Bernstein Karen E Md	All Other										
Cajigas Antonio	All Other	~	~	~	~	~	~	~	~	~	~
Coyle Christina	All Other				1						



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SBH Health System (PPS ID:36)

* Sarety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Jones Joan	All Other											
Epstein Carol A Md	All Other	~		~	~		~	~	~	~	~	
Pawl Nancy	All Other											
Krumerman Andrew K Md	All Other	~	~	~	~	~	~	~	~	~	~	
Avanzato Anthony Md	All Other											
Baghizadeh-Toosi Babak Md	All Other	~	~	~	~	~	~	~	~	~	~	
Forti Rene Josephine Md	All Other	~	~	~	~	~	~	~	~	~	~	
Tolentino Altagracia Md	All Other	~	~	~	~	~	~	~	~	~	~	
Vollowitz Andrew Md	All Other	~	~	~	~	~	~	~	~	~	~	
Tizer Karen	All Other	~	~	~	~	~	~	~	~	~	~	
Pomerantz Daniel Harold Md	All Other											
Wildfeurer Olga Md	All Other	~	~									
Costas-Katz Carmen Silvia Md	All Other											
Ansari-Ezabodi Amir Md	All Other	~	~	~	~	~	~	~	~	~	~	
Filipkowski Anna	All Other	~	~	~	~	~	~	~	~	~	~	
_ubrano Arcangelo Aldo	All Other	~	~	~	~	~	~	~	~		~	
ong Sharps Paige Lynette	All Other	~	~	~	~	~	~	~	~	~	~	
Mathisson Kevin	All Other											
Naomi Kunin Md Pc	All Other											
Park Jung	All Other	~	~	~	~	~	~	~	~	~	~	
Dilorenzo James C Md	All Other											
Minsky Lloyd	All Other	~	~	~	~	~	~	~	~	~	~	
Berk Lee Adam Md	All Other	~	~	~	~	~	~	~	~	~	~	
Ross Donald Md	All Other											
Greenberg Jonathan M Md	All Other	~	~	~	~	~	~	~	~	~	~	
Gellen Judit Md	All Other											
Huang Hui-Li Md	All Other	~	~	~	~	~	~	~	~	~	~	
Goodman Wendy Md	All Other	~	~	~	~	~	~	~	~	~	~	
Stegnjajic Arsen Md	All Other	~	~	~	~	~	~	~	~	~	~	
lacoby John	All Other											
Finegold Ira Md	All Other											



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Deforest Pamela Michelle Md	All Other										
Lieman Harry Jay Md	All Other										
Santos Roderick Mallorca Md	All Other										
Hazan Valerian Md	All Other	~	~	~	~	~	~	~	~	~	~
Ghavamian Reza Md	All Other	~	~	~	~	~	~	~	~	~	~
Beyer Paul H Do	All Other	~		~	~		~	~	~	~	~
Amendola-Sekinski Paula A Md	All Other	~	~	~	~	~	~	~	~	~	~
Ha Conellia Md	All Other										
Murray Gloria L Cnm	All Other	~		~	~		~	~	~	~	~
Wroblewski Roselyn Marza	All Other	~	~								
Tang lan Tsai-Leu Md	All Other										
Reeves Lisa J Md	All Other	~	~	~	~	~	~	~	~	~	~
Moses Melanie Md	All Other	~	~	~	~	~	~	~	~	~	~
Lipton Michael L Md	All Other										
Gruenberg Tammy R Md	All Other	~	~	~	~	~		~	~	~	~
Gillespie Ginger Md	All Other										
Sindhwani Rajeev Md Pllc	All Other										
Harrison Ellen A Md	All Other	~	~	~	~	~	~	~	~	~	~
Berk Steven I Md	All Other	~	~	~	~	~	~	~	~	~	~
Suecoff Stacey A Md	All Other	~	~	~	~	~	~	~	~	~	~
Park Steven Young Md	All Other	~	~	~	~	~	~	~	~	~	~
De Oliveira Paolo S Rn	All Other	~	~	~	~	~	~	~	~	~	~
Alexander Infusion Llc	All Other										
Sharma Jayendra R Md	All Other										
Joo Pablo A Md	All Other	~	~	~	~	~	~	~	~	~	~
Goez Juan	All Other	~	~	~	~	~	~	~	~	~	~
Oruwariye Tosan N Md	All Other	~	~	~	~	~	~	~	~	~	~
Mckee Melissa D Md	All Other										
Gupta Sandeep Md	All Other										
Rosenzweig Robert Lloyd Md	All Other										
Pellegrino Christine M Md	All Other										
		I		1	1			1	1	1	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Metalios Eva E Md	All Other	~	~	~	~	~	~	~	~	~	~
Leong Christopher W-K Md	All Other	~		~	~		~	~	~	~	~
Ihemaguba Michael O Md	All Other	~		~	~		~	~	~	~	~
Bernard Elizabeth Mary Rn	All Other										
Wong Ping Md	All Other	~	~	~	~	~	~	~	~	~	~
Tomer Yaron Md	All Other										
Leo John Michael Md	All Other	~	~	~	~	~	~	~	~	~	~
Lim Sylvia W Md	All Other	~	~	~	~	~	~	~	~	~	~
Kokotos Faye Md	All Other	~	~	~	~	~	~	~	~	~	~
Daley Lisa M Md	All Other										
Baron Lisa Colleen Md	All Other	~	~	~	~	~	~	~	~	~	~
Agregado Angeline M Md	All Other	~	~	~	~	~	~	~	~	~	~
Kostakos Katherine Md	All Other	~	~	~	~	~	~	~	~	~	~
Pass Robert Harrison Md	All Other	~	~	~	~	~	~	~	~	~	~
Green David Alan	All Other	~		~	~		~	~	~	~	~
Vassallo Charles J Md	All Other										
Rabadi Mazan Eid Md	All Other										
Hervada Teresa Md	All Other	~	~	~	~	~	~	~	~		
Mejia Fernando Md	All Other	~		~	~	~				~	
Bonoan Jose Tadeo M Md	All Other										
Aquino Suzanne Lei	All Other	~		~	~		~	~	~	~	~
Sanger Heidi Scott	All Other	~	~	~	~	~	~	~	~	~	~
Rajdev Lakshmi N Md	All Other										
Lamour Jacqueline M Md	All Other	~	~	~	~	~	~	~	~	~	~
Triantafillou Nicholas G Md	All Other	~				~		~			~
Travin Mark I Md	All Other										
Barry I Finkelstein Dpm Pllc	All Other										
St Mary'S Comm Care Prof Inc	All Other										
Neglio Roseanne Md	All Other	~	~	~	~	~	~	~	~	~	~
Marrero Lisa Anne Md	All Other										
Leyvi Galina Md	All Other	~	~	~	~	~	~	~	~	~	~



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Kornblau Dina H Md	All Other	~		~	~		~	~	~	~	~
Cuebas Luisette Cnm	All Other	~	~	~	~	~		~	~	~	~
Jones Harriet Ivy Md	All Other	~		~	~		~	~	>	~	~
Haut Sheryl Md	All Other	*	~	~	~	~	~	~	~	~	~
Walker-Seymore Julienne A	All Other	~		~	>		~	~	>	>	~
Petersen Bert M Jr Md	All Other	~		~	~		~	~	~	~	~
Gratch Mary Matilda Md	All Other	~		~	~		~	~	>	~	~
Biggs Jacqueline C V Cnm	All Other	~		~	~		~	~	>	~	~
Gallegos Juanita Guzman	All Other	~	~	~	>	~		~	>	>	~
Rameshwar Karamchand Md	All Other	~				~		~			~
Capiro Rodney Md	All Other	*		~	~		~	~	~	~	~
Savel Richard H Md	All Other	~	~	~	~	~	~	~	>	>	~
Fink-Levine Nanci Md	All Other										
Lorenzo Mari Gem	All Other	~		~	>		~	~	>	>	~
Campolattaro Brian N Md	All Other										
Correa Nereida Md	All Other										
Bulsara Girish M Md	All Other										
Bendich Galina Md	All Other	~		~	~		~	~	~	~	~
Patel Mayank	All Other										
Patti Ernest Frank Md	All Other	~		~	>		~	~	>	>	~
Szabo Edith G Md	All Other	~		~	>		~	~	>	>	~
Pan Edwin Md	All Other										
Wiltz Mauricio J Dds	All Other										
Savitz Donald Alfred Iii Md	All Other										
Hakimian Navid Md	All Other										
Bickoff Corey Ian	All Other	~		~	~		~	~	>	>	~
Bernard Marguerite Grace Md	All Other	~	~	~	~	~	~	~	~	~	~
Sigal Samuel Harold Md	All Other	~	~	~	~	~	~	~	~	~	~
Walsh Margaret Mary	All Other	~	~	~	~	~	~	~	~		~
Pinon Miriam Wroblewski	All Other	~	~	~	~	~	~	~	~	~	~
Prine Linda Whisler	All Other										



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	Participating Pa	ı in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
uo Dennis Yi-Shin Md	All Other										
ioneer Homecare Corp	All Other										
iaz Antonio Salvador Y Md	All Other	~	~	~	~	~	~	~	~	~	~
ohen Bruce Charles Md	All Other										
ampbell Bruce G Md	All Other	~						~	~	~	~
quino Melinda Anne	All Other	~	~	~	~	~	~	~	~	~	~
olintz Robyn Joy Md	All Other										
inger Alfred Md	All Other										
letcher, Fnp Debbian	All Other										
erry-Bottinger Lynne V Md	All Other										
cdonald Thomas V Md	All Other	~	~	~	~	~	~	~	~	~	~
old Richard Elliott Do	All Other										
vy Daniel Kenneth Md	All Other										
iller Marian Phyllis Md	All Other										
astien Alexandra Md	All Other	~	~	~	~	~	~	~	~	~	~
tti Michael Joseph Md	All Other										
osen Zachary B Md	All Other	~	~	~	~	~	~	~	~	~	~
le Kristopher Trenton	All Other										
ar Ada Md	All Other	~	~	~	~	~	~	~	~	~	~
arris Edmund Paul Jr Md	All Other										
ogan Donna M Md	All Other	~	~	~	~	~	~	~	~	~	~
aylor Allison Md	All Other	~	~	~	~	~	~	~	~	~	~
arman Karen L Md	All Other	~	~	~	~	~	~	~	~	~	~
ullivan Christina K Md	All Other	~	~	~	~	~	~	~	~	~	~
burd Jennifer D Md	All Other	~	~	~	~	~	~	~	~	~	~
enry Donna Marie Md	All Other										
az Alan	All Other	~	~	~	~	~	~	~	~		
arrison Roslyn L	All Other										
aufman Alan	All Other										
vie Mark D Md	All Other										
ubin Brian D Md	All Other	~	~	~	~	~	~	~	~	~	~



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Sayseng Lolita A Md	All Other	~	~	~	~	~	~	~	~	~	~
Dirusso Stephen Michael Md	All Other	~		~	~		~	~	~	~	~
Bharucha Stephen B Md	All Other										
Siciliano Donna	All Other										
Cortijo Amarilys R Md	All Other	~	~	~	~	~	~	~	~		~
Kurstein Danuta Md	All Other										
Orgel Marc Lawrence Md	All Other	~	~	~	~	~	~	~	~	~	~
Klainbard Peter	All Other	~	~	~	~	~	~	~	~	~	~
Goldner Eli Robert Md	All Other	~	~	~	~	~	~	~	~	~	~
Graf Alisa J	All Other										
Mastrantonio John Joseph	All Other										
Berkenblit Robert Gary Md	All Other	~	~	~	~	~	~	~	~	~	~
Song Jing Md	All Other	~	~	~	~	~	~	~	~	~	~
Gonzalez Angel Md	All Other	~	~	~	~	~	~	~	~	~	~
Berman-Billig Marcia Md	All Other	~	~	~	~	~	~	~	~	~	~
Agbonkpolo Francis O O	All Other										
Tepler Ira Ashley Md	All Other										
Garvey Richard Charles Md	All Other										
Lippman Eric Scott Md	All Other										
Arens Raanan Md	All Other	~	~	~	~	~	~	~	~	~	~
Rahmani Kamran Md	All Other	~	~	~	~	~	~	~	~	~	~
Nachman Sami Albert Md	All Other	~	~	~	~	~	~	~	~	~	~
Miller Laurence Charles Md	All Other	~		~	~		~	~	~	~	~
Lipsitz Evan Coulson Md	All Other	~	~	~	~	~	~	~	~	~	~
Barakat Firas Lutfi Md	All Other										
Malik Rubina Abdul Md	All Other	~	~	~	✓	~	~	~	~	~	~
Chavez Aldo Edmundo Md	All Other										
Arnsten Julia Hope Md	All Other	~	~	~	~	~	~	~	~	~	~
Garry David John Md	All Other	~	~	~	~	~	~	~	~	~	~
Selzer Jonathan David I Md	All Other										
Castellano Michael Leo Md	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Beil Robert Scott Md	All Other	~	~	~	~	~	~	~	~	~	~
atech Howard	All Other	~	~	~	~	~	~	~	~	~	~
anaka Kathryn	All Other	~	~	~	~	~	~	~	~	~	~
Veidenheim Karen	All Other	~	~	~	~	~	~	~	~	~	~
ellinson Susan	All Other	~	~	~	~	~	~	~	~	~	~
Noleti Carole Cnm	All Other	~	~	~	~	~	~	~	~	~	~
erardi Paul Md	All Other										
ire J Leonard Md	All Other										
entilucci Marco Md	All Other										
ohrssen Andreas Md	All Other										
lotwiner-Nie Peter K Md	All Other										
roject Samaritan Hlth Svcs I	All Other	~				~		~			~
nson Raymond	All Other										
mentel Edgar Andrew Md	All Other	~	~	~	~	~	~	~	~		
issinoff Jeffrey Md	All Other										
opal Sireen Murari Md	All Other										
arooqui Syeda Saleha Md	All Other	~				~		~			~
idoti Eugene John Jr	All Other										
osner Joel Ira Md	All Other										
im Christine M	All Other	~	~	~	~	~	~	~	~	~	~
ikolay Linda Ruth	All Other										
ookner Elissa Michele Md	All Other	~	~	~	~	~	~	~	~	~	~
atz Barrett J Md	All Other	~	~	~	~	~	~	~	~	~	~
ie Thomas Ernst Md	All Other	~		~	~		~	~	~	~	~
unzenhauser Jeffrey Md	All Other	~		~	~		~	~	~	~	~
ean-Jeune Linotte	All Other	~		~	~		~	~	~	~	~
rjuela Hernando Md	All Other	~	~	~	~	~	~	~	~	~	~
Isaloum Mourhege Matta Md	All Other										
ee Conroy Shaw Md	All Other	~	~	~	~	~	~	~	~	~	~
oline Clelia Elisabeth Md	All Other										
ieri Phyllis L Md	All Other	~	~	~	~	~	~	~	~	~	~



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
ussman Arlene Md	All Other										
Valker Yvette Lorita Md	All Other										
lonso Reynaldo Hilario Md	All Other										
lendola Antony J Md	All Other										
aughey Marianne Teresa Md	All Other										
accellieri Angelo Md	All Other	~	~	~	~	~	~	~	~	~	~
rown Noel Christopher Md	All Other	~	~	~	~	~	~	~	~	~	~
tein David Franklin Md	All Other	~	~	~	~	~	~	~	~	~	~
abinowitz Michael Ray	All Other	~	~	~	~	~	~	~	~		
linarik Marlene	All Other	~	~	~	~	~	~	~	~	~	~
olden Lynne M Md	All Other	~	~	~	~	~	~	~	~	~	~
adillo Mary Elizabeth Md	All Other	~	~	~	~	~	~	~	~	~	~
shman Charles L Md	All Other										
estcare Inc	All Other										
arr Samuel Stephen Dpm	All Other										
yo Rosie Yen-Cho Md	All Other										
inkhabwala Milan M Md	All Other										
oltzman Lawrence Steven Md	All Other										
amarneh Nedal	All Other										
urphy Daniel G Md	All Other	~		~	~		~	~	~	~	~
lugman Susan Debra Md	All Other										
udd Joan Elizabeth <mark>M</mark> d	All Other	~	~	~	~	~	~	~	~	~	~
Christophers Inn Inc	All Other										
wusu-Ansah Philip Md	All Other										
olistina Dean Carl Md	All Other										
odner William R Md	All Other										
weke-Chukumerije Obiageli Md	All Other										
arwa Manoj L Md	All Other	~	~	~	~	~	~	✓	~	~	~
uvienco Maria Z L Md	All Other	~		~	~		~	~	~	~	~
zuah Maria Theresa P	All Other	~	~	~	~	~	~	~	~	~	~
orde Ulrich P Md	All Other	~	~	~	~	~	~	~	~	~	~



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SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
O'Connell Daniel B Md	All Other	~	~	~	~	~	~	~	~	~	~	
Appel Curtis Md	All Other											
Kaul Mohini Md	All Other	~	~	~	~	~	~	~	~	~	~	
Sharfuddin Muhammad S Md	All Other											
Shamamian Peter	All Other	~	~	~	~	~	~	~	~	~	~	
Brook Allan L Md	All Other	~	~	~	~	~	~	~	~	~	~	
Emralino Feliciano F Md	All Other	~		~	~		~	~	~	~	~	
Bailey-Ingram Michele L Md	All Other											
Bowen Shawn K Md	All Other	~	~	~	~	~	~	~	~	~	~	
St Barnabas Nh Adhc	All Other											
Weiss Louis Martin Md	All Other											
Bernstein Peter Samuel Md	All Other	~	~	~	~	~	~	~	~	~	~	
Portzline Thomas S Md	All Other	~	~	~	~	~	~	~	~	~	~	
Kligler Benjamin Eli Md	All Other											
Lawes Keith A Md	All Other	~		~	~		~	~	~	~	~	
Reddy Allareddy V K Md	All Other	~	~	~	~	~	~	~	~		~	
Levitt Margaret Md	All Other											
Verna Yves Georges Md	All Other											
Okpalanma Chika Md	All Other	~		~	~		~	~	~	~	~	
Reyes Maria Julieta G Md	All Other											
Erlich Elyse Robin Md	All Other	~	~	~	~	~	~	~	~	~	~	
Abdo Farid Fawzi Md	All Other	~		~	~		~	~	~	~	~	
Karpinos Robert D Md	All Other	~		~	~		~	~	~	~	~	
Ilowite Norman T Md	All Other	~	~	~	~	~	~	~	~	~	~	
Feldmesser Marta Lois Md	All Other	~	~	~	~	~	~	~	~	~	~	
Erroa Manuel De Jesus Md	All Other	~	~	~	~	~	~	~	~	~	~	
Garcia Hortencia Cecilia Md	All Other											
Greenberg Eliezer Dpm	All Other											
Deluca Richard Vincent Md	All Other											
Boniuk Jonathan Daniel Md	All Other											
Tattelman Ellen P Md	All Other	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Adam Muhammad Sanni Md	All Other											
Klion Mark J Md	All Other	~		~	~		~	~	~	~	~	
Rico Marta Md	All Other	~	>	>	~	~	~	>	~	~	>	
Ostrer Harry Md	All Other											
Smith Richard V Md	All Other	~	>	>	~	~	~	>	~	~	>	
Stevens David M Md	All Other	~	~	~	~	~	~	~	~	~	✓	
Rich Andrea Md	All Other	~	~	~	~	~	~	~	~	~	~	
Naqvi Shehla Y Md	All Other											
Au Sophia S Md	All Other	~	~	~	~	~	~	~	~	~	✓	
White Deborah J Md	All Other	~	~	~	~	~	~	~	~	~	~	
Tsamparlis Nicholas Gregory Md	All Other											
Halberstam Meyer S Md	All Other											
Benoit Marcel M Md	All Other											
May Helen Md P Llc	All Other											
Mclean-Long Carol Md	All Other											
Sanders Barbara Hunter	All Other											
Guilbe Rose M Md	All Other	~	>	>	~	~	~	>	~	~	>	
Alpert Peter Md	All Other	~	~	~	~	~	~	~	~	~	~	
Matthews Gerald J Md	All Other											
Torres Janette A Md	All Other											
Lurio Joseph Glen Messner Md	All Other											
David Jonathan Md Pc	All Other											
Rathi Dwarka P Md	All Other											
Paul Evelyne M Md	All Other											
Strouthides Charles M Md	All Other	~	~	~	~	~	~	~	~	~	~	
Gaughan Gerald F Md	All Other											
Catanese Dominic J Dpm	All Other	~	~	~	~	~	~	~	~	~	~	
Rosenberg Stuart Owen	All Other											
Lee Jonathan	All Other	~	~	~	~	~	~	~	~	~	~	
Lee Elizabeth	All Other	~	~	~	~	~	~	~	~	~	~	
Bradlow Jonathan Avery Md	All Other											



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Geisler Warren W Md	All Other										
Voo Danny	All Other										
St Louis Ronald Md	All Other										
Deleon Samuel Anthony Md	All Other										
Gross Paul R Md	All Other	~	~	~	~	~	~	~	~	~	~
efrancois-Haber Darlene A Md	All Other	~	~	~	~	~	~	~	~	~	~
tac Bulent S	All Other										
lerzog Gary Do	All Other	~						~	~	~	~
ruitman Edward	All Other										
charf Bradley Hal Md	All Other										
elfhelp Special Fam Hc Inc	All Other										
ladhava Valsa S Md	All Other										
arzilai Nir Md	All Other										
enacquista Teresa Md	All Other										
evy Paul Arthur Md	All Other	~	~	~	~	~	~	~	~	~	~
ainbridge Nh & Rehab Adhc	All Other										
stor Home For Children Fbt	All Other										
aran Ared	All Other										
ela Cruz Sonia Bengzon Md	All Other	~	~	~	~	~	~	~	~	~	~
eleznik Jomarie Md	All Other										
stitute For Comm Living Inc	All Other										
rauzzi Stephen Md	All Other										
osenstein Maury Md	All Other										
iang William K Md	All Other	~	~	~	~	~	~	~	~	~	~
omano Jacques Md	All Other										
iaz Maria C Md	All Other	~	~	~	~	~	~	~	~	~	~
arrozzi Gianni Md	All Other	~	~	~	~	~	~	~	~	~	~
ecker Karen A Md	All Other										
oodman Robert L Md	All Other	~	~	~	~	~	~	~	~	~	~
otham Per Diem Inc	All Other										
Casa Promesa Rhcf Inc Snf	All Other										



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Hunter-Brown Deborah S Md	All Other										
Gamzel Ny Inc	All Other										
Meyer Robert H Md	All Other	~	~	~	~	~	~	~	~	~	~
Doyle Howard R Md	All Other	~	~	~	~	~	~	~	~	~	~
Morelli Charles M	All Other										
Dietrich Marianne Md	All Other										
Essien Ralph B Md	All Other										
Rasmussen Anne B Md	All Other										
Yu Lio Md	All Other										
Murray Margaret Md	All Other	~	~	~	~	~	~	~	~	~	~
Sullivan Catherine L Md	All Other	~		~	~		~	~	~	~	~
Teffera Fassil Md	All Other										
Comunilife Mental Health Cl	All Other										
Wolf Steven Md	All Other	~		~	~	~	~	~	~		
Crandall Jill Md	All Other										
Gabler Andrew S Md	All Other										
Nyer Kenneth Lloyd Md	All Other										
Trans Care New York Inc	All Other										
Swiderski Deborah M Md	All Other	~	~	~	~	~	~	~	~	~	~
Ross Alan I Md	All Other										
Nduka Ijeoma N Md	All Other										
Wachs Eric A Dmd	All Other										
Jewish Bd Fam & Child Gan Icf	All Other										
Weltman David I Md	All Other										
Ozuah Philip Oranye Md	All Other	~	~	~	~	~	~	~	~	~	~
Rodriguez Consuelo	All Other										
Volterra Fabio Md	All Other										
Wilson Arnold Brett Md	All Other										
Devine Patricia A Md	All Other										
Gela Boguslawa D Md	All Other	~	~	~	~	~	~	~	~	~	~
Bar Mordechai Fenikel Md	All Other										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
unn Barbara N Md	All Other	~	~	~	~	~	~	~	~	~	~
zkoff Roberta L Md	All Other										
/lintah Joseph Kyei	All Other										
Amurao Aurora A Md	All Other										
lalpern Michele Md	All Other										
Kaufmann Mark Md	All Other	~	~	~	~	~	~	~	~	~	~
Disewski John M Md	All Other										
Rao Narasinga P Md	All Other	~		~	~		~	~	~	~	~
Beitler Allison J Md	All Other										
Schwartz Jonathan Meier Md	All Other										
aitman Robert S Md	All Other										
ai Katherine M Dpm	All Other										
Mutone Michael Christopher Md	All Other										
Dhajekwe Ogedi A Md	All Other										
Reichman Edward I Md	All Other	~	~	~	~	~	~	~	~	~	~
ethke Eric Daniel Md	All Other										
Divito Joseph Jr Md	All Other										
Rynjah Eva H Md	All Other	~	~	~	~	~	~	~	~	~	~
Santos Maria Teresa M Md	All Other										
earwood Renee D Od	All Other	~						~	~	~	~
Sacco Joseph P Md	All Other										
Francois Max Pierre Md	All Other	~	~	~	~	~	~	~	~		
Saint-Preux Jean Marie Carl M	All Other	~	~	~	~	~	~	~	~		~
Stein Jeffrey Leonard Md	All Other										
amarin Frank Md	All Other										
andy Robert Jay Dpm	All Other										
t Barnabas Nursing Home	All Other										
liller Donald Scott Md	All Other										
Rosa Daniel Md	All Other	~	~	~	~	~	~	~	~		~
anis Marc C Md	All Other	~	~								
Maisel Louis M Md	All Other										



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Shein David M Mnd	All Other											
Dicpinigaitis Peter V Md	All Other											
ngioletti Lee Mitchell Md	All Other											
Villiam Laurence Md	All Other	~	~	~	~	~	~	~	~	~	~	
arish Sharon Md	All Other											
hola Anita Md	All Other											
amily Foot Care New Rochelle	All Other											
Ionas Habib Md	All Other											
obikrishna Ariaratnam Md	All Other											
gho Peter Md	All Other											
loffman Neal David Md	All Other	~	~	~	~	~	~	~	~	~	~	
chneider Matthew R Md	All Other	~	~	~	~	~	~	~	~	~	~	
eitzner Ari Leonard Md Pc	All Other											
ppel David W Md	All Other	~	~	~	~	~	~	~	~	~	~	
ynch Gina Adriana Md	All Other											
nited Bronx Parents Inc Ai	All Other	~	~	~	~	~	~	~	~		~	
lamtora Pankaj Kanji Md	All Other											
evirtz Clifford M Md	All Other	~	~	~	~	~	~	~	~	~	~	
ave Devang Md	All Other											
iess Iwona A Md	All Other	~	~	~	~	~	~	~	~	~	~	
is Ronald J Md	All Other	~	~	~	~	~	~	~	~	~	~	
hrogs Neck Extended Care Fac	All Other											
riedman Alan S Md	All Other											
angaglia Tanya Diana	All Other	~		~	~	~	~	~	~			
Voroch Roman S Md	All Other											
eibman A Jill Md	All Other	~						~	~	~	~	
etrie Ferell J Johnson	All Other											
t Vincent Depaul Res Adhc	All Other	~	~									
hacko Varughese P Md	All Other											
ee Lily Fong Cho Md	All Other											
evine Evan S Md	All Other											



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
aks Mitchell P Md	All Other										
Bengualid Victoria Md	All Other	~		~	~		~	~	~	~	~
/lichnovicz Jon J Md	All Other	~		~	~	~	~	~	~		
Gucalp Rasim Md	All Other										
ineberg Susan Ann Md	All Other	~	~	~	~	~	~	~	~	~	~
illi Roger A Md	All Other	~	~	~	~	~	~	~	~		
ichter Robert H	All Other	~	~	~	~	~	~	~	~	~	~
ohn C Megarr Rehabilitation	All Other										
owe Teresa Ann Od	All Other										
rucker Perry Dean Md	All Other										
oreman Hyacinthe Monica T Md	All Other										
/alter Eric G Dpm	All Other	~	~	~	~	~	~	~	~	~	~
oberts Jeffrey H Md	All Other										
nderson Matthew Robert Md	All Other	~	~	~	~	~	~	~	~	~	~
hatiwala Vijay V Md	All Other	~	~	~	~	~	~	~	~		
lumford James M Md	All Other										
onifer Park	All Other										
rms Acres	All Other										
erzberg Gilbert Z Md	All Other										
reba Casriel Institute	All Other										
ewell Rosanne M Md	All Other										
orris Heights Hlth Ctr Ai	All Other										
hear Mitchell Barry Md	All Other	~	~	~	~	~	~	~	~	~	~
ohen Seth A Md	All Other										
/harton Ronald H Md	All Other	~	~	~	~	~	~	~	~	~	~
riano Octavio Antonio Jr Md	All Other	~								~	
allejo Doris Md	All Other										
adarangani Gurmukh J Md	All Other	~		~	~		~	~	~	~	~
nriquez Eduardo R Md	All Other	~		~	~		~	~	~	~	~
riggs Carlos F Md	All Other	~	~	~	~	~	~	~	~		
viatar Joseph Alexander Md	All Other										



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Koster Harry Robert M Md	All Other											
Klapper Philip Jacob Md	All Other											
Katz Howard Victor Md	All Other	~		~	~		~	~	~	~	~	
Odyssey House Of New York	All Other											
Mokrzycki Michele Md	All Other	~	~	~	~	~	~	~	~	~	~	
Hopkins Arthur J Md	All Other	~	~	~	~	~	~	~	~	~	~	
Abrams Steven B Md	All Other	~	~	~	~	~	~	~	~	~	~	
Mohandas Kala Md	All Other	~	~	~	~	~	~	~	~	~	~	
Rosenfeld Nathan S Md	All Other											
Eisner Yvonne	All Other	~	~	~	~	~	~	~	~		~	
Ghosh-Hazra Kabita Md	All Other											
Pollack Simeon Md	All Other											
Balikcioglu Abdo Md	All Other											
Najara Julia E Md	All Other											
Engelbrecht David Md	All Other	~		~	~		~	~	~	~	~	
Salama Meir Md	All Other											
Francis Rozelle A Od	All Other	~	~	~	~	~	~	~	~	~	~	
Keiser Harold D Md	All Other											
Michaelis W Roy Md	All Other	~	~	~	~	~	~	~	~	~	~	
Angioletti Louis Scott Md	All Other											
Maw Myo Md	All Other											
Kitson Kwame A Md	All Other	~	~	~	~	~	~	~	~		~	
Epstein Steven B Md	All Other	~		~	~		~	~	~	~	~	
Gruber Peter J Md	All Other	~	~	~	~	~	~	~	~	~	~	
Hamiduddin Zoovia Md	All Other											
Jarosz Cathy Julia Md	All Other											
Abbott House Inc	All Other											
Patel Sharad K Md	All Other											
Fleischmann Jonathan D Md	All Other											
Johnson Michael Norman Md	All Other	~	~	~	~	~	~	~	~	~	~	-
Goldberg Neil Md	All Other	~		~	~		~	~	~	~	~	



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Alderman Elizabeth M Md	All Other	~	~	~	~	~	~	~	~	~	~
Telzak Edward Elliot Md	All Other	~		~	~		~	~	~	~	~
Antonelle Robert William Md	All Other										
Gropper Charles A Md	All Other	~		~	~		~	~	~	~	~
St Christopher-Ottilie Richmo	All Other	~			~						
St Louis Michele Md	All Other	~	~	~	~	~	~	~	~	~	~
Jnique People Svcs Vyse Ave	All Other										
Comprehensive Care Mgt D&T Ct	All Other										
Eng Nelson Do	All Other	~	~	~	~	~	~	~	~	~	~
Bastidas Jairo A Dds	All Other										
Charney Richard Md	All Other										
Somez Maria Fernanda Md	All Other	~	~	~	~	~	~	~	~	~	~
Balentine Jerry Ray Jr Md	All Other	~		~	~		~	~	~	~	~
Sue Young-Jin Md	All Other	~	~	~	~	~	~	~	~	~	~
Messinger David B Md	All Other										
Calderon Roberto Md	All Other										
eldman Richard Michael Md	All Other										
ederman Jeffrey A Md	All Other										
Salomon Danielle Md	All Other	~	~	~	~	~	~	~	~	~	~
Hoffman Anthony David Md	All Other										
Rosenberg Margaret S Md	All Other										
homas Silburn Wilson Md	All Other										
Nolina Maritza Md	All Other	~	~	~	~	~	~	~	~	~	~
esnewski Ruth F Md	All Other										
R I Center Inc	All Other										
Achugh Marlene Elizabeth Fnp	All Other	~	~	~	~	~	~	~	~	~	~
allaban-Gil Karen Md	All Other	~	~	~	~	~	~	~	~	~	~
Segan Scott Md	All Other	~		~	~		~	~	~	~	~
Swartz Jonathan A Md	All Other	~	~	~	~	~	~	~	~	~	~
Palladia Inc	All Other										
Goldstein Harold L Dpm	All Other	~		~	~		~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gheorghiu Olimpia Tintea Md	All Other										
Davis Robert L Md	All Other	~		~	~		~	~	~	~	~
Episc Mis Soc Morris Ave Icf	All Other										
Lee Wayne Md	All Other	~	~	~	~	~	~	~	~	~	~
Davitt Michelle M Md	All Other	~	~	~	~	~	~	~	~	~	~
Campbell Andrew Dpm	All Other	~		~	~		~	~	~	~	~
Romano Christopher J	All Other	~	~	~	~	~	~	~	~	~	~
Immordino Frances Mary J Md	All Other	~	~	~	~	~	~	~	~	~	~
Sellinger Catherine Ryan Md	All Other	~	~	~	~	~	~	~	~	~	~
St Christophers Ottilie Kew	All Other	~			~						
Silverman Marc M Md	All Other	~		~	~		~	~	~	~	~
Suggs William D Md	All Other										
Corpuz Marilou Obillo Md	All Other										
Uehlinger Joan M Md	All Other	~	~	~	~	~	~	~	~	~	~
Goez Emilio A Dpm	All Other	~		~	~		~	~	~	~	~
Maseda Nelly M Md	All Other	~	~	~	~	~	~	~	~	~	~
Spivack Simon D Md	All Other										
Shliozberg Jenny Md	All Other	~	~	~	~	~	~	~	~	~	~
Zingman Barry S Md	All Other	~	~	~	~	~	~	~	~	~	~
Sarah Neuman Ctr Hlth & Rehab	All Other										
Kogan Melanie G Md	All Other										
Stein Marjorie W Md	All Other										
Sofair David	All Other										
Gindi Michael D Md	All Other	~		~	~		~	~	~	~	~
Quarry Road Emergency Svcs Pc	All Other										
Schwalb Murray David Md	All Other	~	~	~	~	~	~	~	~	~	~
Kamen Stewart M Dpm Pc	All Other										
Frei Gill Leor Md	All Other										
Casino Joseph E Md	All Other										
_eviton Ira Md	All Other	~	~	~	~	~	~	~	~	~	~
Kreutzer Eric R Md	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Hwang Haeyoung Ko	All Other										
Lehach Joan Md	All Other										
Jagust Marcy Md	All Other										
Golden Owen Md	All Other										
Meisher Irina Md	All Other										
Vorchheimer David A Md	All Other	~	~	~	~	~	~	~	~	~	~
Montefiore Medical Ctr Ai	All Other	~	~	~	~	~	~	~	~	~	~
Shacker Peter L Md	All Other										
Keller Peter Karl Md	All Other										
Afran Scott Ian Md Pc	All Other										
Haber Patricia Luise Md	All Other	~	~	~	~	~	~	~	~	~	~
Debello John A Dpm	All Other										
Community Resrc Ctr Apt 6f	All Other										
Moser Stuart W Md	All Other										
Costley-Hoke Karen M Md	All Other										
Maffucci Leonard Md	All Other										
Heyligers Bert R Md	All Other										
Caine Steven Michael	All Other	~	~	~	~	~	~	~	~	~	~
Weingarten-Arams Jacqueline S	All Other	~	~	~	~	~	~	~	~	~	~
Mojtabai Shaparak Sedigheh Md	All Other	~		~	~		~	~	~	~	~
Shabsigh Ridwan Md	All Other	~		~	~		~	~	~	~	~
Patrick Sharon Lynne Md	All Other										
Venable Cassandra E Md	All Other										
Broyde Haramati Linda Md	All Other										
Levin Terry L Md	All Other										
Haramati Nogah Md	All Other	~	~	~	~	~	~	~	~	~	~
Bernstein Alan L Md	All Other	~		~	~		~	~	~	~	~
Feghali Joseph G Md Pc	All Other										
Rozenblit Alla Md	All Other										
Freddo Lorenza Md	All Other	~		~	~		~	~	~	~	~
Nicoleau Christine Md	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gonzalez Eulogio Md	All Other	~						~	~	~	~
Shookster Linda A Md	All Other										
Village Center For Care Aadc	All Other										
Holder Jonathan L Md	All Other										
Gupta Veena Md	All Other										
Fox Norris Md	All Other										
Rodriguez Jose I Md	All Other										
Berkower Alan Stewart Md	All Other										
Hertan Hilaryu lan Md	All Other	~	~	~	~	~	~	~	~	~	~
Ahmed Abdurhman Md	All Other	~		~	~		~	~	~	~	~
Wachs Jane Zimetbaum Md	All Other										
Frost Andrei Md	All Other										
Schumann Marc Seth-Jon Dpm	All Other	~	~								
Jacobs Laurie Gail Md	All Other	~	~	~	~	~	~	~	~	~	~
Greenwald David A Md	All Other										
Saftchick Stuart L Md	All Other										
Clark Elizabeth M Md	All Other	~	~	~	~	~	~	~	~	~	~
Coombs Kenneth E Dpm	All Other										
Jewish Hm & Hosp For Aged Adc	All Other										
Wilkins Robert Md	All Other	~						~	~	~	~
Plummer Robert L Md.,Facs.,Pc	All Other										
Minamoto Grace Y Md	All Other	~	~	~	~	~	~	~	~	~	~
Levine Steven Barry Md	All Other										
Keltz Theodore N Md	All Other										
Schorr-Lesnick Beth Md	All Other										
Bay Park Ctr Nursing & Rehab Adhc	All Other										
Advocates Svc Bl Multihan Riv	All Other										
ox Amy S Md	All Other	~	~	~	~	~	~	~	~	~	~
Rodriguez Bartholome Md	All Other										
Cahill Linda Md	All Other										
Cynamon Jacob Md	All Other										



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Provider Name Provider Name Jesmajian Stephen H Md All Other Siegel Cary Scott Md All Other Caldararo Sara Md All Other Koenig Paul Md All Other Polcari Francis Md All Other Driscoll M Catherine Md All Other Cah Skip Of New York Inc Goldman Robin Md All Other Cohen Robin Suzette Md All Other All Other All Other All Other All Other	Participating in Projects										
Jesmajian Stephen H Md Siegel Cary Scott Md All Other Caldararo Sara Md Koenig Paul Md Polcari Francis Md Driscoll M Catherine Md Cah Skip Of New York Inc Goldman Robin Md Cohen Robin Suzette Md All Other All Other All Other All Other											
Siegel Cary Scott Md All Other Caldararo Sara Md All Other Koenig Paul Md All Other Polcari Francis Md All Other Driscoll M Catherine Md All Other Cah Skip Of New York Inc Goldman Robin Md All Other All Other All Other All Other All Other All Other	vider Category 2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Caldararo Sara Md Koenig Paul Md All Other Polcari Francis Md All Other Driscoll M Catherine Md Cah Skip Of New York Inc Goldman Robin Md All Other All Other All Other All Other All Other All Other											
Koenig Paul Md All Other Polcari Francis Md All Other Driscoll M Catherine Md Cah Skip Of New York Inc Goldman Robin Md All Other All Other All Other All Other All Other All Other All Other	~	~	>	~	>	✓	>	>	~	✓	
Polcari Francis Md Driscoll M Catherine Md Cah Skip Of New York Inc Goldman Robin Md Cohen Robin Suzette Md All Other All Other All Other	~	~	~	~	~	~	~	~	~	~	
Driscoll M Catherine Md Cah Skip Of New York Inc Goldman Robin Md All Other Cohen Robin Suzette Md All Other All Other	~	~	~	~	>	~	>	>	~	~	
Cah Skip Of New York Inc Goldman Robin Md All Other Cohen Robin Suzette Md All Other											
Goldman Robin Md All Other Cohen Robin Suzette Md All Other	~	~	~	~	~	~	~	~	~	~	
Cohen Robin Suzette Md All Other											
	~	~	~	~	>	~	~	>	~	~	
Mirels Hilton Md All Other	~	~	~	~	>	~	~	>	~	~	
Lucariello Richard Joseph Md All Other	~	~	~	~	>	~	~	~	~	~	
Belamarich Peter F Md All Other	~	~	~	~	>	~	~	>	~	~	
Futterman Donna C Md All Other											
Ripinsky Sharon All Other											
Auricchio John Steven Dpm All Other											
Gupta Anil Md All Other											
Fleisher Arlen Gary Md All Other											
Providence Rest Non Occ All Other											
Della Badia John Md All Other	~		~	~		~	~	>	~	~	
Lezcano Lazaro Gustavo Md All Other	~		~	~		~	~	>	~	~	
Ettlinger Hugh Marshall Md All Other	✓	~	~	~	>	~	✓	>	~	~	
Parras Mary Kean Md All Other											
Suhrland Mark J Md All Other	~	~	~	~	>	~	~	>	~	~	
Deboccardo Graciela O Md All Other	~	~	~	~	>	~	>	>	~	~	
Dahdouh Michelle Adele Md All Other	~		~	~		~	>	>	~	~	
Hire Mary Lou Md All Other											
Jean Ernst F Md All Other											
Delaney Brian Md All Other	~		~	~		~	>	>	~	~	
Sparano Joseph A Md All Other											
Champion Susan Md All Other			· · · · · · · · · · · · · · · · · · ·			•			1		
Levin Henry S Md All Other											



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SBH Health System (PPS ID:36)

	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Catholic Guard Soc Lacombe Av	All Other										
Puerto Rican Fam Inst Icf #3	All Other										
Grantham Christopher Ashby Md	All Other	~		~	~		~	~	~	~	~
Heinegg Philip Charles	All Other										
Tokayer Aaron Zev Md	All Other	~	~	~	~	~	~	~	~	~	~
Realization Center Inc	All Other										
Schuster Victor L Md	All Other										
Katz Steven Jay Md	All Other										
Gonzalez Orlando Jr Md	All Other	~	~								
Levine Michael Ira Md	All Other										
Soloway Bruce Harold Md	All Other	~	~	~	~	~	~	~	~	~	~
Naik Ramesh Sidda Md	All Other										
Kalnicki Shalom Md	All Other										
Sparr Steven Allen Md	All Other	~	~	~	~	~	~	~	~	~	~
Abbott Ira Richmond Iii Md	All Other										
Velazquez Lyzette Eileen Md	All Other	~		~	~		~	~	~	~	~
Neuendorf James Lee Md	All Other										
Weisbard James Joseph	All Other	~	~	~	~	~	~	~	~		~
Klapper Daniel Abraham Md	All Other										
Rattotti Richard Raymond Md	All Other										
Schnurmacher Center Reh & Nrs	All Other										
Coco Maria Md	All Other	~	~	~	~	~	~	~	~	~	~
Cohen Steven R Md	All Other										
Fleischman Jay A	All Other										
Rose Louis C Md	All Other										
Johnston Belinda D Md	All Other										
Rosenbaum Pearl S Md	All Other										
Hsu Daphne T Md	All Other	~	~	~	~	~	~	~	~	~	~
Gupta Sindhu Md Pc	All Other										
Jacob Perlow Hospice	All Other										
Jay Mermelstein Dpm Pc	All Other										



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Abramowicz Elisabeth Md	All Other	~	~	~	~	~	~	~	~	~	~	
Gross Jay Md	All Other	~	~	~	~	~	~	~	~	~	~	
Dorazi Stephen Theodore Dpm	All Other											
Fojas Antonio Canizares Jr Md	All Other	~	~	~	~	~	~	~	~	~	~	
Cytryn Lawrence I Md	All Other	~	~	~	~	~	~	~	~	~	~	
Kirshenbaum Nancy W	All Other											
Antony Michael Alexander Md	All Other											
Klein Susan A Md	All Other											
Cohen Alan F Md	All Other											
Dibona Marcello Md	All Other											
Abrahams Hal Andrew Dpm	All Other											
Esses David Md	All Other	~	~	~	~	~	~	~	~	~	~	
Greenstein Stuart Mark Md	All Other	~	~	~	~	~	~	~	~	~	~	
Samuels Jonathan Evan Md	All Other	~		~	~		~	~	~	~	~	
Winograd Steven M Md	All Other	~		~	~		~	~	~	~	~	
Gross Michael Md	All Other											
Woodley Walter Md	All Other											
Efiong Efiong James	All Other											
Ramirez Mark Anthony Md	All Other											
Kivell Howard Neil Md	All Other											
Racine Andrew D Md Phd	All Other	~	~	~	~	~	~	~	~	~	~	
Marion Robert Md	All Other	~	~	~	~	~	~	~	~	~	~	
Cohen Joel Stuart	All Other											
Episc Mis Soc College Ave Icf	All Other											
Levy Steven Robert	All Other	~				~		~			~	
Portello Joan K	All Other											
Schultz Jeffrey Scott Md	All Other	~	~	~	~	~	~	~	~	~	~	
Woo Myung Shik Md	All Other	~		~	~		~	~	~	~	~	
Vns Of Ny Hospice Care	All Other											
Watson Catherin Pace	All Other											
Lasala Patrick A Md	All Other											



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Wallerson Donald Md	All Other										
Mandel Michael Md	All Other										
Guberman Ronald Mark Dpm	All Other										
Capps Linnea	All Other	~	~	~	~	~	~	~	~	~	~
Bayerbach Frank Ralph Dpm	All Other	~	~	~	~	~	~	~	~	~	~
Reinus John F Md	All Other	~	~	~	~	~	~	~	~	~	~
Master Mumtaz Md	All Other	~		~	~		~	~	~	~	~
Donev Irina I Md	All Other										
Neugarten Joel	All Other	~	~	~	~	~	~	~	~	~	~
Kramer Albert Daniel	All Other										
Goldstein Steven Md	All Other										
Gumaste Vivek Md	All Other	~	~	~	~	~	~	~	~	~	~
Marx Terry Md	All Other										
St Louis Yolaine Md	All Other										
Hall Arthur Percival Md	All Other										
Quevedo Saturnino C Jr Md	All Other										
Menegus Mark A Md	All Other	~	~	~	~	~	~	~	~	~	~
Miron Mike Md Pc Md	All Other										
Silverman Bonnie Md Pc	All Other										
Meisler Susan Md	All Other										
St Christophers-Ottilie Jamai	All Other	~			~						
Davidson Lynn Md	All Other	~	~	~	~	~	~	~	~	~	~
Wolloch Norbert Md	All Other	~	~	~	~	~	~	~	~	~	~
Amis Edward Stephen Jr Md	All Other	~	~	~	~	~	~	~	~	~	~
Women In Need Inc	All Other										
Franzetti Carl John Md	All Other	~	~	~	~	~	~	~	~		
Ader Michael S Md	All Other										
Charles Howard C Md	All Other										
Chazotte Cynthia Md	All Other										
Rubin David Howard Md	All Other	~		~	~		~	~	~	~	~
Dee Kenneth R Md	All Other	~						~	~	~	~



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Croll James Edward	All Other	~		~	~		~	~	~	~	~
Grayson Martha S Md	All Other	~	~	~	~	~	~	~	~	~	~
Nnaemeka Peter Ejor Md	All Other										
Nanna Michele	All Other										
omberstein Barry J Md	All Other										
Gramuglia Vincent J Dpm	All Other	~	~	~	~	~	~	~	~	~	~
Gitler David Md	All Other										
Maselli Frank Joseph Md	All Other	~	~	~	~	~	~	~	~		
Goldberg Gary L Md	All Other										
reeman Ruth G Md	All Other										
andsberger Ellen Md	All Other										
Monrad Ernest Scott Md	All Other										
Strelzyn Marjorie J Od	All Other	~	~	~	~	~	~	~	~	~	~
/eit Christina Ruegsegger Md	All Other										
Schiller Robert M Md	All Other										
Campbell Deborah E Md	All Other	~	~	~	~	~	~	~	~	~	~
Angelo Enrico Md	All Other	~	~	~	~	~	~	~	~		
Herskovitz Steven Md	All Other										
egatt Alan David Md	All Other	~	~	~	~	~	~	~	~	~	~
Hewitt Ross G Md	All Other										
Berger Judith J Md	All Other	~		~	~		~	~	~	~	~
Gorski Victoria A Md	All Other	~	~	~	~	~	~	~	~	~	~
Cadoff Evan M Md	All Other	~	~	~	~	~	~	~	~	~	~
Marcus Peter Md	All Other	~	~	~	~		~	~	~		~
Carrero Braulio Arismendy Md	All Other	~	~	~	~	~	~	~	~	~	~
homas Mark A Md	All Other										
Ravikumar Sunita Md	All Other										
Overton Valarie Md	All Other										
Jy Rodolfo Md	All Other										
Clements Jerry Eugene Md	All Other										
Blass Joel Mitchell Md	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Andrade Joseph Ricardo Md Pc	All Other										
Weiner Francis R Md	All Other										
Mandel Ann C Md	All Other										
evin Paul Edward Md	All Other	~	~	~	~	~	~	~	~	~	~
Paul G Kleinman	All Other	~		~	~		~	~	~	~	~
Dobkin Jay B Md	All Other										
Bloomfield Diane E Md	All Other	~	~	~	~	~	~	~	~	~	~
Kresch Robert A Md	All Other	~	~	~	~	~	~	~	~	~	~
Hershman Jack I Md	All Other										
erner Roy Md	All Other										
Rutman Howard Md	All Other	~	~	~	~	~	~	~	~	~	~
Goodrich James Tait Md	All Other	~	~	~	~	~	~	~	~	~	~
Sacolick Benzion Md	All Other										
Dimartino Nardi Joan Md	All Other										
Cohen Charmian D Md	All Other										
Miller Daniel Richard Md	All Other										
Borker Priti V Md	All Other										
Diaz Luis A Jr Md	All Other	~	~	~	~	~	~	~	~		
Berger Matthew A Md	All Other	~	~	~	~	~	~	~	~	~	~
Merenstein Michael Laurence	All Other										
gnant Guirlaine Leonore	All Other										
Curtz Kenneth S Dds	All Other										
appas Steven W Md	All Other										
ee Jeffrey Jung	All Other	~	~	~	~	~	~	~	~	~	~
Pr Guerrero Luis E Md Pc	All Other	~	~	~	~	~	~	~	~		
Surks Martin I Md	All Other	~	~	~	~	~	~	~	~	~	~
zeez Selma K V Md	All Other										
Jcp Nyc Michaelangelo Apt 4f,	All Other	~		~	~	~	~	~	~		
Surger Steven Md	All Other										
(lar Tobi B Md Pc	All Other										
Greenberg Mark A Md	All Other	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
aworsky Wolfgang Joseph Dpm	All Other	~		~	~	~	~	~	~		
Coghill Alice Victoria Md	All Other										
Mercando Anthony D Md	All Other										
Marville Jillian E Dpm	All Other	~				~		~			~
Coupey Susan Marie Mcguire Md	All Other	~	~	~	~	~	~	~	~	~	~
Mayers Marguerite Marie Md	All Other	~	~	~	~	~	~	~	~	~	~
Gasinu Koku Mawusi Md	All Other										
Community Resrc Ctr Byron 1	All Other										
Mark Samuel Neelakanth Md	All Other	~		~	~		~	~	~	~	~
Lev-Gur Michael	All Other	~	~	~	~	~	~	~	~	~	~
Menkel Robert Adlai Md	All Other	~		~	~		~	~	~	~	~
Rain Home Attendant Ser Inc	All Other										
Rockaway Home Attendant Serv	All Other										
rager Joseph D Md	All Other										
Greiger Zanlungo Paula Md	All Other										
Jliss Alan Ira E Md Pc	All Other										
Morrison Scott I Od	All Other										
Bodine Steven Md	All Other										
below Arthur C Md	All Other										
usubel Kalman Md	All Other										
Madonna Richard James	All Other										
Caranfilian Richard G Md	All Other										
Seth Lalit Mohan Md	All Other										
dwards Keith S Md	All Other										
evy Judith E Md	All Other										
Gupta Krishan L Md	All Other										
Katz Henry J Md	All Other										
/idyasagar Sujata Md	All Other										
Scher Jeffrey Ethan Md	All Other										
nstitute For Family Hlth	All Other	~	~	✓	~	~	~	~	~		~
Acgarry Laura Gabrielle Md	All Other	~	~	~	~	~	~	~	~	~	~



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	<u>-</u>	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
lome For Aged Blind Adhc/Aadc	All Other										
Guy Ali Eraj Md	All Other										
chwartz Charles Elias Md	All Other										
rambert Jonathan J Md	All Other										
Vyszynski Bernard Md	All Other	>	~	~	~	~	~	~	~	~	~
Reyes-Arcangel Fe T	All Other	~	~								
owe Franklin C Md	All Other	~	~	~	~	~	~	~	~	~	~
Veiner Arthur Md	All Other	~	~	~	~	~	~	~	~	~	~
ksman Henry Chaim Phd Md	All Other										
Nontefiore Prof Billing Group	All Other										
ohen Sandra Goldman	All Other	~	~	~	~	~	~	~	~	~	~
lanzione Nancy Claire Md	All Other										
eeds Melvin Md	All Other	~		~	~		~	~	~	~	~
chneider Karen Lynne Md	All Other										
itern Stuart M Dpm	All Other										
ocastro Robert M Dpm	All Other	~		~	~		~	~	~	~	~
ifazio Louis John Md	All Other	~	~	~	~	~	~	~	~		
t Agathas 11 Hayden Circle	All Other										
yriakakos Anastassios Md	All Other										
elwyn Peter Alan Md	All Other	~	~	~	~	~	~	~	~	~	~
rotass Leon M Md Pc	All Other										
eutsch Vicki-Jo Md	All Other	~	~								
envoize Guy A Md	All Other										
irsh Robert Md	All Other										
abrini Of Westchester	All Other										
ledina Emma	All Other										
erran-Hansard Nereida	All Other										
layers Martin Md	All Other	~		~	~		~	~	~	~	~
sborn Irene Paulita Md	All Other	~	~	~	~	~	~	~	~	~	~
delglass Howard R Md	All Other	~	~								
oafo Alex Aniapam Twum Md	All Other	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Patterson Bentley Lorene Md	All Other										
/larzano John C Dpm	All Other										
inzig Avi Israel Md	All Other										
uks Joachim Md	All Other										
dwards Joseph S Md	All Other	~		~	~		~	~	~	~	~
Calamia Vincent Md	All Other	~	~								
artell Michael G Md	All Other	~						~	~	~	~
im Young Whan Md	All Other										
larsh Franklin Jr Md	All Other										
im Choong Whan Md	All Other										
eingold Robert E Md	All Other	~	~	~	~	~	~	~	~	~	~
Wens George Francis Md	All Other										
ark Kyung Sun Md	All Other										
ello Jacqueline A Md	All Other										
eck Rochelle L Md Pc	All Other	~	~	~	~	~	~	~	~	~	~
/ilkins Robert Md	All Other	~						~	~	~	~
lein Steven Scott Md	All Other										
avikumar Sundaram	All Other										
tubeo Thomas Joseph Jr Md	All Other										
haron Raphael Md	All Other										
leches Richard Brooks Md	All Other	~	~	~	~	~	~	~	~	~	~
tone Peter Lyle Md	All Other										
ldrich Thomas Knight Md	All Other	~	~	~	~	~	~	~	~	~	~
temerman Michael B Md	All Other	~	~	~	~	~	~	~	~	~	~
orreca Francis Joseph Md	All Other										
llman Denton Md	All Other										
aenger Paul H Md	All Other										
rim Annemarie	All Other	~	~	~	~	~	~	✓	~	~	~
iuha Sikha Md	All Other	~	~	~	~	~	~	~	~	~	~
raver Diane Md	All Other	~	~	~	~	~					
ommunity Resrc Ctr Christoph	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
rice Thomas J M D Jr	All Other										
ronx Park Pulmonary Mediciine Pc	All Other										
Catende Roscoe Md	All Other	~	~	~	~	~	~	~	~	~	~
losen Douglas I Md	All Other										
obelli Neil John Md	All Other	~	~	~	~	~	~	~	~	~	~
im Dennis Dae-Joo	All Other	~	~	~	~	~	~	~	~	~	~
en Zvi Zvi Md	All Other										
ordin Charles Md	All Other	~						~	~	~	~
aller Marilyn Md	All Other										
uarez Reynol Md	All Other	~	~	~	~	~	~	~	~	~	~
im Kyung Ha Md	All Other										
eth Abraham Hith Srv Non Occ	All Other										
trassman Lawrence Dpm	All Other	~	~	~	~	~	~	~	~	~	~
ernstein Larry J Md	All Other	~	~	~	~	~	~	~	~	~	~
ordero Evelyn	All Other	~	~	~	~	~	~	~	~		
andler Lawrence Lee Dpm	All Other										
zeez Abdul C K Md	All Other										
oss Randy B Md	All Other	~	~	~	~	~	~	~	~	~	~
hess Jeremy Md	All Other										
/olfson Mitchell Md	All Other										
araya Edgar F Md	All Other										
eld Michael Md	All Other										
ilverman Rubin S Md	All Other	~		~	~		~	~	~	~	~
illett Henny Heisler Md	All Other										
/eissbart Clyde H Md	All Other										
ubin Mark I Md	All Other										
nornhill Beverly A Md	All Other										
arcovici Eli Md	All Other	~		~	~		~	✓	~	~	~
atos Marshall I M.D. Md	All Other										
ziedzic Ingeborg Svetlana Md	All Other										
riedman Ellen Wolkin Md	All Other	~	~	~	~	~	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Burns Mark Roger Md	All Other										
Kaskel Frederick J Md	All Other	~	~	~	~	~	~	~	~	~	~
Rao Prakashchandra M Md	All Other										
Rafat Nadereh Md Pc	All Other										
Naik Geetha D Md	All Other										
Soundview Throgs Neck Com Mh	All Other										
Schechter Alan Lewis Md	All Other	~	~	~	~	~	~	~	~	~	~
Ruiz Armando Md	All Other										
Catholic Guard Soc Marion Ln	All Other										
Heslop Pauline Md	All Other										
Swirsky Michael H Md Pc	All Other	~		~	~		~	~	~	~	~
Smith Aloysius G Md	All Other	~		~	~		~	~	~	~	~
Anastos Kathryn Md	All Other	~	~	~	~	~	~	~	~	~	~
Camacho Fernando J Md	All Other										
Proner Sanford Clay Dpm	All Other										
Catholic Guard Soc Dresden	All Other										
Pintauro Frank L Md	All Other	~	~	~	~	~	~	~	~		
Catholic Guard Soc E Hampton	All Other										
Weinberg Gerard Md	All Other										
Fitz James Antoine Ingrid A M	All Other	~	~	~	~	~	~	~	~	~	~
Reyes Luz Parlan Md	All Other	~		~	~		~	~	~	~	~
Murthy Vasantha L Md	All Other										
Bestcare Company	All Other										
Stamm Joseph Martin Od	All Other										
Kavet Jay A Md	All Other										
Weiss David I Md	All Other										
Dhalla Minakshi Md	All Other										
Taffet Sanford L Md	All Other										
Kressner Michael Stewart Md	All Other										
Catholic Guard Soc W 23rd St	All Other										
Catholic Guard Soc Hamptn Bay	All Other										



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Provider Name Miller Michael H Md Strassman David Dpm	Participating Provider Category All Other All Other	g in Projects 2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4 5 '''	4 - "	
Miller Michael H Md	All Other	2.a.i	2.a.iii	2.b.iii	2.b.iv	3 a i	2 h i	2 -:	2 4 ::	4 ~ !!!	4 - **	
						0.4.1	3.0.1	3.0.1	3.0.11	4.a.iii	4.c.ii	
Straceman David Dom	All Other											
Strassman David Dpm		~	~	~	>	>	~	~	~	~	~	
Roger Ignatius Daniel Md	All Other											
Liss Mark R Md	All Other											,
Markowitz Morri E Md	All Other	~	~	~	~	~	~	~	~	~	~	,
Dharmarajan Thiruvinva Md	All Other											
Menorah Home & Hosp Aged Inf	All Other											
Levine Alan Jay Md	All Other	~	~	~	>	>	~	~	~	~	~	
Ferrick Kevin James Md	All Other	~	~	~	~	>	~	~	~	~	~	_
Kelly Carol Bocaccino Md	All Other	~	~	~	~	>	~	~	~	~	~	
Agarwal Nanakram Md	All Other	~	~	~	~	>	~	~	~	~	~	
Phillips Malcolm C Md	All Other	~		~	~		~	~	~	~	~	
Schwartz Kenneth Stuart Md	All Other											
Baker Barry Alan	All Other	~	~	~	~	>	~	~	~			
Dayson Don A Md	All Other	~	~	~	~	>	~	~	~			
St Agathas Depaul Icf	All Other											
St Agathas 13 Hayden Circle	All Other											
Giovinazzo Vincent Jerome Md	All Other											
Patel Pravin P Md	All Other											
Sussman Ira I Md	All Other	~	~	~	~	>	~	~	~	~	~	
Catholic Guard Soc Victor St	All Other											
Burns Edward Md	All Other											
Frost David Md	All Other	~		~	*		~	~	~	~	~	
Deblasio Maria Pia Md	All Other											
Sender Joel Abraham Md	All Other	~		~	>		~	~	~	~	~	
Pinsker Kenneth L Md	All Other	~	~	~	~	>	~	~	~	~	~	
Kwiatek Matthew K Md	All Other	~		~	>		~	~	~	~	~	
Levy I Martin Md	All Other	~	~	~	>	>	~	~	~	~	~	-
Novotny Paul L Md	All Other	~						~	~	~	~	-
Oropall Robert Michael Dpm	All Other											
Community Resrc Ctr River Pk	All Other											



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Fried Marvin P Md	All Other	~	>	~	~	~	~	~	~	>	~
Berlin Arnold W Md	All Other	~	~	~	~	~	~	~	~	~	~
Gutwein Md & R A Sable Md P	All Other										
rank Susan Judith Md	All Other	~	~	~	~	~	~	~	~	~	~
isano Richard R	All Other										
chubart Ulrich Md	All Other										
ropper Pamela J Md	All Other										
Greenwald Bob Md	All Other										
Hantman Morton M Md	All Other										
ass Sherry J Od	All Other										
Gitler Bernard Md	All Other										
chnur Michael J Md	All Other	~		~	~		~	~	~	~	~
oakye Kwadwo Md	All Other										
lorris Heights Health Center	All Other	~	~	~	~	~	~	~	~	~	~
Shavami Zia	All Other										
cher Larry Alan Md	All Other	~	~	~	~	~	~	~	~	~	~
lass Stephen C Md	All Other										
/asserman Sheldon M Md	All Other										
olier Francis Carl Md	All Other	~	~	~	~	~	~	~	~	>	~
lignone Biagio V Md	All Other										
/inik Joseph S Md	All Other	~	~								
apalbo Ralph H	All Other										
/olf Ellen L Md	All Other										
amani Abdollah Md	All Other										
isher James A Dpm	All Other	~	~								
lum David A Md	All Other										
mler David H Md	All Other										
/alsh Christine Ann Md	All Other	~	~	~	~	~	~	~	~	~	~
liura Dennis Seiji Md	All Other										
andwerker Lisa B Md	All Other										
t Agathas Pelham Manor Icf	All Other										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
St Agathas Ardsley Icf	All Other										
Barone Richard P Md	All Other										
Petrillo Richard L Md	All Other										
Cohen Ben Zane Md	All Other										
Das Ashoke K Md	All Other										
Sherman Deborah S Md	All Other	~	~	~	~	~	~	~	~	~	~
Goldstein Barry I Md	All Other										
Holstein Stanley B Pc Md	All Other										
Leblang Denis Dpm	All Other										
Young Zenaida L Md	All Other										
Fox Mark L Pc Md	All Other										
Wang Frederick M Md	All Other										
Alaie Dariush Pc Md	All Other										
Chun Kwang J Md	All Other										
Park Chung Byung Md	All Other										
Bhansali Lata D Md	All Other										
Henriquez Mario Md	All Other										
Throggs Neck Neurological D&T	All Other										
Feinstein Gabriel Md	All Other	~	~	~	~	~	~	~	~	~	~
Zalaznick Steven M Od	All Other										
Kennedy Gary J Md	All Other	~	~	~	~	~	~	~	~	~	~
Shuster Harvey Lawrence Dds	All Other										
Chiaramonte Lawrence T	All Other										
Dagli Madhu S Md	All Other										
Kulick Roy G	All Other	~	~	~	~	~	~	~	~	~	~
Duvivier Roger Md	All Other										
Devi Sarala A Md	All Other										
Montefiore Hosp Medical Group	All Other										
Ucp Nyc Michaelangelo Apt 4e,	All Other	~		~	~	~	~	~	~		
Episc Mis Soc Metro N (1966)	All Other										
Episc Mis Soc Metro N (1956)	All Other										



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Glockenberg Aaron Dpm	All Other										
Zackman Myron Kent Md	All Other										
Schwartz Kenneth S Md	All Other	~						~	~	>	~
Miele Robert A Dpm	All Other	~	~								
ukoff Arthur S Dpm	All Other	~				~		~			~
łali Theodore F Dpm	All Other										
Rachlin Jordan W	All Other										
Kim Soo G Md	All Other	~	~	~	~	~	~	~	~	>	~
Volstein Lewis Dpm Pc	All Other										
Strauss Harvey Dpm Pc	All Other										
acobs Louis William Dpm	All Other										
ynn Robert I Md	All Other										
hanjan Thresiamma George Md	All Other										
Orlando Christopher A Dpm	All Other										
laft David A Pc Md	All Other										
Sotudeh Shariar Md	All Other										
oberts Larry P Md	All Other										
iteplo Ronald Roman Md	All Other										
ernhardt Bernard Md	All Other										
atel Mahendra M Md	All Other										
andau Leon C Pc Md	All Other										
tern Fred E Md	All Other	~	~	~	~	~	~	~	~	>	~
elly Stephen P Md	All Other										
oczko Stanley H Md	All Other										
layeem Syed A Md	All Other										
Catholic Guard Soc E 202 St	All Other										
uerto Rican Fam Inst Laconia	All Other										
uerto Rican Fam Inst Icf #2	All Other										
atholic Guard Soc Payson Ave	All Other										
atholic Guard Soc Manhtn Plz	All Other										
erence Cardinal Cooke Hcc	All Other	~	~								



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Folkert Vaughn W Md	All Other										
Appleman Warren Md	All Other										
Silverman Ralph I Md	All Other										
Chowdhury Jayanta Roy Md	All Other										
lelman Arnold Md	All Other										
lorn David Od	All Other										
Icquade-Koors Patricia	All Other	~	~	~	~	~	~	~	~	~	~
Patel Jagdish G Md	All Other	~	~	~	~	~	~	~	~	~	~
Russell Robin O Md	All Other										
Veiner Bernard M Md	All Other										
Community Resrc Ctr Michelang	All Other										
orman Robert Md	All Other										
/einer Richard Md	All Other	~	~	~	~	~	~	~	~	~	~
evine Arnold J Md	All Other										
egeis Care Center	All Other										
pinowitz Bruce S Md	All Other										
chervier Nursing Care Center	All Other	~			~		~	~			
ewish Home & Hosp Bronx Div	All Other										
t Cabrini Nursing Home	All Other										
ethodist Church Home For The	All Other										
enter For Nursing & Rehab In	All Other										
/illiamsbridge Manor Nh	All Other										
niversity Nursing Home Snf	All Other										
aconia Nursing Home Inc	All Other										
iverdale Nursing Home	All Other	~	~	~	~	~		~		~	
ast Haven Nursing & Rehab Ct	All Other										
t Marys Hospital For Childre	All Other										
eth Abraham Health Services	All Other										
oncourse Rehab & Nc Inc	All Other										
astchester Reh & Hlth Cr Ctr	All Other										
ings Harbor Multicare Center	All Other										



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Morningside House Nursing Hom	All Other										
Margaret Tietz Center For Nur	All Other										
Wayne Ctr For Nursing & Rehab	All Other										
St Patricks Home	All Other										
Rebekah Reh & Extended Care Center	All Other										
Providence Rest	All Other										
Mosholu Pkwy Nrs & Reh Ctr	All Other										
Hudson Pointe Riverdale Ct Nr & Reh	All Other										
Bainbridge Nursing & Rehab Ct	All Other										
errace Health Care Center	All Other										
Bottino Joseph C Md	All Other										
Volf Kenneth J Pc Md	All Other										
Calvary Hospital Inc	All Other										
Medical Arts Sanitarium	All Other										
abaddor Flora Md	All Other										
Phillips Elizabeth A Md	All Other										
St Josephs Hosp	All Other										
Spindola Hugo Franco Md	All Other										
Adler Melvin L Md	All Other	~	~	~	~	~	~	~	~	~	~
Schiller Myles S Md	All Other	~	~	~	~	~	~	~	~	~	~
Ross Lawrence S Md	All Other										
Rosen Norman L Md	All Other										
leggev Avner Md	All Other										
Vestfried Morris Pc Md	All Other										
Balk Sophie J Md	All Other	~	~	~	~	~	~	~	~	~	~
sulauitan Manuel C Md	All Other	~	~	~	~	~	~	~	~	~	~
lbert Einstein College Med	All Other										
Rose F Kennedy Ctr	All Other										
Childrens Aid Soc-Lord Mem CI	All Other										
Samaritan Village Inc	All Other										
PROMESA	All Other	~		~	~	~				~	



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Steinway Child/Family Svcs,In	All Other										
lew York Psychot And Couns Ct	All Other										
Inited Cerebral Palsy Of Nyc	All Other	~		~	~	~	~	~	~		
uerto Rican Family Institute	All Other										
Iniversity Optometric Ctr	All Other										
ost Grad Cntr For Mental Hit	All Other										
orthside Center For Child De	All Other										
iverdale Mental Hlth Cl	All Other	~	~	~	~	~		~		~	
t Barnabas Hospital	All Other	~		~	~		~	~	~	~	~
chick David Md	All Other										
laller Melvin L Md	All Other										
ochen Ilana E Pc Md	All Other										
urgess John D Md	All Other	~		~	~		~	~	~	~	~
alman Neil S Md	All Other										
orgenlander Howard L Md	All Other	~		~	~		~	~	~	~	~
alafatic William H	All Other	~	~	~	~	~	~	~	~		
ehta Dinesh Md	All Other										
orrow Robert W Md	All Other										
ikkah Abdol Hamid Md	All Other										
if Juan S Md	All Other										
ubinstein Arye Md	All Other										
utwein Isadore Md	All Other										
old Marji Md	All Other	~	~	~	~	~	~	~	~	~	~
able Robert A Md	All Other										
enon Chandra S Pc Md	All Other	~	~	~	~	~	~	~	~		
natti Manzoor H Md	All Other										
sher Sol M Md	All Other										
warka Regev Ragbardial	All Other										
oo Jinil Md	All Other										
ould Richard B Md	All Other										
abaddor Kamran Md	All Other					1	1				



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Rosenbaum Alfred Md	All Other										
Berger Joshua S Md	All Other										
Hernandez Marco T Pc Md	All Other										
Zonszein Joel Md	All Other										
Rana Thakor C Md	All Other										
Espinosa Eduardo Md	All Other										
Liebowitz Stanley Md	All Other										
Wong Martha Shih Md	All Other										
Bansal Jagdish P Md	All Other										
Fisher John Md	All Other	~	~	~	~	~	~	~	~	~	~
_ee Yung W Md	All Other	~	~	~	~	~	~	~	~	~	~
Cheema Mohan K Md	All Other										
Veinhoff Martin L Md	All Other										
Gennarelli Louis B Md Pc	All Other	~	~	~	~	~	~	~	~	~	~
Goldstein Andrew L Md	All Other										
Berkowitz Daniel Md	All Other										
andau Thomas K Md	All Other										
Davis Enrique Md	All Other										
Robbins Noah Md	All Other	~	~	~	~	~	~	~	~	~	~
Ailstein David M Md	All Other										
Chambers Hazel Md	All Other	~	~	~	~	~	~	~	~	~	~
Valter Leslie Md	All Other										
Schweitzer Philip E Md	All Other										
Kaufman David M Md	All Other	~	~	~	~	~	~	~	~	~	~
Swerdlow Michael L Md	All Other	~	~	~	~	~	~	~	~	~	~
Brandt Lawrence Md	All Other										
Basson Geoffrey H Md	All Other	~	~	~	~	~	~	~	~	~	~
Golden Ronald A Md	All Other										
Pisacano Anthony M Md	All Other										
Bloch Raphael S Md	All Other	~	~	~	~	~	~	~	~	~	~
anowitz Herbert Md	All Other										



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chwartz Barry M Md	All Other										
′ung Ralph Pc Md	All Other										
ahan Norman Z Md	All Other	~	~	~	~	~	~	~	~	~	~
ledow Norman B Md	All Other	~	~	~	~	~	~	~	~	~	~
andor Deanna C Md	All Other										
Cohen Martin N Md	All Other										
larris Susan Md	All Other	~	~	~	~	~	~	~	~	~	~
ief Philip D Md	All Other										
eich Marvin L Md	All Other	~	~								
harytan Chaim Md	All Other										
isher Michael Md	All Other										
lirsh David M Md	All Other	~	~	~	~	~	~	~	~	~	~
obinson Stephen H Md	All Other	~						~	~	~	~
lindfleish Burton Md Pc	All Other										
oenigsberg Mordecai Pc Md	All Other										
leischer Norman Md	All Other										
olomon David Y Md	All Other										
latusow Gene R Md	All Other	~		~	~		~	~	~	~	~
lanspeizer Sheldon Md	All Other										
gre Fred A Md	All Other	~	~	~	~	~	~	~	~	~	~
Cooper Jerome A Md	All Other										
hernaik Richard B Md	All Other										
chiffer Kenneth A	All Other										
mith Theodore R Md	All Other										
reeman Leonard M Md	All Other										
prayregen Seymour Md	All Other										
quierdo Richard Md	All Other										
orris Donald A Md	All Other										
and Jacob H Md	All Other	~	~	~	~	~	~	~	~	~	~
ayer Siegfried Md	All Other										
arzel Uriel Shimon Md	All Other	~	~	~	~	~	~	~	~	~	~



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Grossman Joseph A Md	All Other											
Rakoff Saul Md	All Other											
Keltz Harold Md	All Other	~	~	~	~	~	~	~	~	~	~	
Lucariello Ralph J Md	All Other											
Rosenblum Robert Md	All Other	~	~	~	~	~	~	~	~	~	~	
Solomon Seymour Md	All Other											
Wimpfheimer Felix Md	All Other											
Alaie Mehrdad Do	All Other	~		~	~		~	~	~	~	~	
Patel Snehal R Md	All Other	~	~	~	~	~	~	~	~	~	~	
Vicil Bernice Michelle	All Other	~	~	~	~	~	~	~	~	~	~	
Love Charito Md	All Other											
Espinoza Ronald D Do	All Other	~		~	~		~	~	~	~	~	
Brust James Charles Morrison Md	All Other	~	~	~	~	~	~	~	~	~	~	
Whitlow Regina	All Other	~	~	~	~	~	~	~	~	~	~	
Murphy Richard	All Other	~	~	~	~	~	~	~	~	~	~	
Blum Yossef	All Other	~	~	~	~	~	~	~	~	~	~	
Acevedo Donna	All Other	~	~	~	~	~	~	~	~	~	~	
Bedi Sudha	All Other	~	~	~	~	~	~	~	~	~	~	
Halstead-Kenny Jennifer	All Other	~	~	~	~	~	~	~	~	~	~	
Tzavaras Alexander	All Other											
Palmer Sophia	All Other											
Gruson Konrad	All Other	~	~	~	~	~	~	~	~	~	~	
Starrels Joanna	All Other	~	~	~	~	~	~	~	~	~	~	
Stefanec Tihomir	All Other	~	~	~	~	~	~	~	~	~	~	
Kravtsov Aleksandr	All Other	~	~	~	~	~	~	~	~	~	~	
Shrivastava Anurag	All Other	~	~	~	~	~	~	~	~	~	~	
Wallis Susan	All Other											
Joseph Gillane	All Other	~	~	~	~	~	~	~	~	~	~	
Atkin Michael	All Other	~	~	~	~	~	~	~	~	~	~	
Mellacheruvu Smitha	All Other											
Garfein Evan	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Herszenson David Scott	All Other	~	~	~	~	~	~	~	~	~	~	
Gitkind Andrew	All Other	~	~	~	~	~	~	~	~	~	~	
Mcmahon Christine	All Other	~	~	~	~	~	~	~	~	~	~	
Novak Inna	All Other	~	~	~	~	~	~	~	~	~	~	
Phaeton Rebecca Md	All Other											
Dorval Marie-Ange Clodette Md	All Other											
Patel Vinita Md	All Other											
Kempton Patricia B	All Other											
Downing Keith Thomas Md	All Other											
Muthyala Padmini Kavitha Md	All Other	~		~	~		~	~	~	~	~	
Amy S Ciner Md	All Other											
George Mathew Md	All Other											
loward Slomko	All Other	~	~	~	~	~	~	~	~	~	~	
Norice Karen Lizette	All Other	~	~	~	~	~	~	~	~	~	~	
Berenfeld Benjamin Md	All Other	~	~	~	~	~	~	~	~	~	~	
Porrovecchio Andrea Marie Md	All Other	~	~	~	~	~	~	~	~	~	~	
Fox Jana Md	All Other	~	~	~	~	~	~	~	~	~	~	
lowakiwskyj Klaudia	All Other											
imashpolsky Yulya	All Other											
Guttenplan Nils	All Other											
Hackenburg Emily	All Other	~	~	~	~	~	~	~	~		~	
Seymour Andrew	All Other	~	~	~	~	~	~	~	~	~	~	
Nunez Denise Joanna Md	All Other											
Aristide Burducea	All Other	~		~	~		~	~	~	~	~	
Nyers Lloyd Lynford	All Other	~	~	~	~	~	~	~	~	~	~	
Bhalakia Avni M	All Other	~	~	~	~	~	~	~	~	~	~	
Raza Zamar Fatima Md	All Other	~				~		~			~	
lida Qadir	All Other	~	~	~	~	~	~	~	~	~	~	
od Mathew Haller	All Other											
Menchaca Raquel	All Other	~	~	~	~	~	~	~	~	~	~	
/lulcahy Laura J	All Other											



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* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Yang Jennifer	All Other											
Daniel David R	All Other	~	~	~	~	~	~	~	~	~	~	
Shah Neomi	All Other	~	~	~	~	~	~	~	~	~	~	
Burke Robert	All Other											
Nemeth Nicole	All Other	~	~	~	~	~	~	~	~	~	~	
Calvo Manuela	All Other											
Wey Ginger	All Other	~	~	~	~	~	~	~	~	~	~	
Baer Jesse Duncan	All Other	~	~	~	~	~	~	~	~	~	~	
Ny Foundling Hospital St Agathas Da	All Other											
Danila Deliana Md	All Other											
Balde Alseny Md	All Other											
Elam Rashiah Md	All Other											
Bidiwala Aneela Ashraf Md	All Other	~	~	~	~	~	~	~	~	~	~	
Saxena Amit K Md	All Other	~	~									
Kini Jyoti	All Other	~	~									
Abraham Tony Md	All Other											
Brotea Cristia	All Other											
Sinha Nandita	All Other	~	~	~	~	~	~	~	~	~	~	
Frieder Ariela	All Other	~	~	~	~	~	~	~	~	~	~	
Knowles Alicia	All Other	~	~	~	~	~	~	~	~	~	~	
Varma Vikas	All Other	~		~	~		~	~	~	~	~	
Palmer Charibel A	All Other											
Hamilton Monique	All Other	~		~	~		~	~	~	~	~	
Saporito Anna Gabriella Md	All Other											
Alpine Home Health Care Llc	All Other											
Kuo Sheng Feng Md	All Other											
Prasanta Basak Md	All Other											
Rosenberg Benjamin	All Other											
George Sarita	All Other	~	~	~	~	~	~	~	~	~	~	
Scharbach Kathryn	All Other	~	~	~	~	~	~	~	~	~	~	
Rivera Milagros Pa	All Other	~	~	~	~	~	~	~	~	~	~	



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	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Camacho Diego R	All Other	~	~	~	>	~	~	~	~	~	~	
Wiley Jose Maunel Md	All Other											
Reinglass Aimee	All Other											
Poduval Aruna	All Other											
Berg Debra	All Other	>	>									
Gort Linda	All Other											
Harris Akwele Lpn	All Other											
Nahar Niru Shamsun Md	All Other	~	~	~	~	~	~	~	~	~	~	
Jordan Golubcow-Teglasi	All Other	~	~	~	~	~	~	~	~	~	~	
Leotaud Gerard Anthony	All Other	~	~	~	~		~	~	~		~	
Libutti Steven Kenneth Md	All Other	~	~	~	~	~	~	~	~	~	~	
Fraioli Rebecca	All Other	~	~	~	~	~	~	~	~	~	~	
Francis Mitzie	All Other											
Nagel Dalia	All Other											
Kramer Arin	All Other											
Abramowitz Matthew	All Other	~	~	~	~	~	~	~	~	~	~	
Weille Jean Walker	All Other	~	~	~	~	~	~	~	~	~	~	
Lumibao Ala-May Pabillo Md	All Other	~	~	~	~	~	~	~	~	~	~	
Reichert James Michael	All Other											
Yun Edward Chung	All Other											
Sandra Boateng-Wilson	All Other	~	~	~	~	~	~	~	~	~	~	
Lisenenkov Dmitry Md	All Other	~	~	~	~	~	~	~	~	~	~	
Andrew E Chertoff	All Other	~	~	~	~	~	~	~	~	~	~	
Stanberry Andre	All Other											
Ahmed Tanveer	All Other	~	~	~	~	~	~	~	~		~	
Ford Miriam	All Other	~	~	~	~	~	~	~	~		~	
Robbins Matthew	All Other	~	~	~	~	~	~	~	~	~	~	
Kelling Ernest	All Other											
Kaye Shana	All Other											
Taylor-Kamara N'Gadie	All Other	~	~	~	~	~	~	~	~	~	~	
Bell James lii	All Other											



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* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mehta Jay Md	All Other	~	>	~	~	~	>	>	>	~	~	
Kalafatic William Edward Md	All Other	~	>	~	~	~	>	>	✓			
Korcak Jason Andrew Md	All Other	~	>	~	~	~	>	>	>	~	~	
Gutwein Jeremy Michael Md	All Other											
Sarah K Oh Md	All Other	~	~	~	~	~	~	~	~	~	~	
Theodore E Patsis Md	All Other	~	~	~	~	~	~	~	~	~	~	
Tsai Louis Cheng-Hong	All Other	~	~	~	~	~	~	~	~	~	~	
Hantman lan	All Other											
Leake And Watts Services Inc	All Other											
Mandelker Lisa	All Other											
Martin Monica A	All Other											
Akwuba Uche Onyeabo li Do	All Other	~	~	~	~	~	~	~	~	~	~	
Hodgson Sybil Md	All Other	~	~	~	~	~	~	~	~	~	~	
Shira Bassly	All Other	~	~	~	~	~	~	~	~	~	~	
Silletti Joseph Peter	All Other	~		~	~		~	~	~	~	~	
Kerry J Murphy	All Other											
Denise Nunez	All Other											
Shrivastava Abhishek	All Other											
Tauras James Michael Md	All Other	~	~	~	~	~	~	~	~	~	~	
Amin Bijal	All Other	~	~	~	~	~	~	~	~	~	~	
Gross Rachel	All Other	~	~	~	~	~	~	~	~	~	~	
Golowa Yosef	All Other	~	~	~	~	~	~	~	~	~	~	
Blanco Irene	All Other											
Mcavey Beth Alyson	All Other											
Sun Katherine	All Other	~	~	~	~	~	~	~	~	~	~	
Siegel Robert	All Other											
Krishnamurthy Karthik	All Other											
Kalia Harmit	All Other											
Chintala Sreedhar	All Other	~	~	~	~	~	~	~	~	~	~	
Pasquale David	All Other	~	~	~	~	~	~	~	~	~	~	
Shpitalnik Larisa	All Other											



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SBH Health System (PPS ID:36)

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Chuck Roy	All Other	~	~	~	~	~	~	~	~	~	~
To Justin Kingsley	All Other	~	~	~	~	~	~	~	~	~	~
Millman Lisa	All Other	~	~	~	~	~	~	~	~	~	~
Wang Yanhua	All Other	~	~	~	~	~	~	~	~	~	~
Broder Anna Rutberg	All Other	~	~	~	~	~	~	~	~	~	~
Glied Allen	All Other	~	~	~	~	~	~	~	~	~	~
Albert Heng-Yao Chang	All Other	~						~	~	~	~
Parekh Jillian Bandler	All Other	~	~	~	~	~	~	~	~	~	~
Mathew Joel Jacob	All Other										
Melissa Lee Mei Woo	All Other	~	~	~	~	~	~	~	~	~	~
Emenike Loretta Azuka	All Other	~	~	~	~	~	~	~	~	~	~
Shah Darshita Shalin	All Other	~	~	~	~	~	~	~	~	~	~
Kalantre Sarika	All Other	~	~	~	~	~	~	~	~	~	~
/icioso Edwin Xavier Md	All Other										
Dupont Paul G Md	All Other										
Elavunkal Jyoti Teresa Md	All Other	~	~	~	~	~	~	~	~	~	~
Mohan Geetali	All Other	~	~	~	~	~	~	~	~	~	~
Sheira L Schlair Md	All Other	~	~	~	~	~	~	~	~	~	~
Shukla Vaishalee Ramesh Md	All Other										
ucan Sean C	All Other										
Jeffrey M Levsky Md	All Other	~	~	~	~	~	~	~	~	~	~
Jordan William	All Other	~	~	~	~	~	~	~	~	~	~
ee Regina	All Other	~	~	~	~	~	~	~	~	~	~
Aponte Maya	All Other										
Miller Sarah	All Other	~	~	~	~	~	~	~	~		~
Baah George	All Other										
Panarelli Anthony Joseph Md	All Other										
Masson Ella	All Other										
Bouallali Hind	All Other	~	~	~	~	~	~	~	~	~	~
Karkowsky Eve	All Other	~	~	~	~	~	~	~	~	~	~
Hotinsky Alexander Yuryevich	All Other	~		~	~		~	~	~	~	~



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* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Goradia Dhawal Arun	All Other											
Timothy J Kennedy	All Other											
Alfonso Jillian Sheree	All Other	~	~	~	~	~	~	~	~	~	~	
Edward Oduro-Kwakye	All Other	~	~	~	~	~	~	~	~	~	~	
Nadia Ovchinsky	All Other	~	~	~	~	~	~	~	~	~	~	
Caesar Mimieux Vanetta	All Other											
Alix E Fleury	All Other	~		~	~		~	~	~	~	~	
Wiechmann Lisa Silvia	All Other											
Nevadunsky Nicole	All Other											
Wanich Tony	All Other	~	~	~	~	~	~	~	~	~	~	
Fausto James	All Other	~	~	~	~	~	~	~	~	~	~	
Upadhyay Sanjay	All Other	~	~	~	~	~	~	~	~	~	~	
Glover Karinn Ann Maureen	All Other	~	~	~	~	~	~	~	~	~	~	
Glassman Harrison	All Other											
Taveras Jose Martin	All Other	~	~	~	~	~	~	~	~	~	~	
Nancy Chung	All Other	~	~	~	~	~	~	~	~	~	~	
Burjonrappa Sathyaprasad Md	All Other	~	~	~	~	~	~	~	~	~	~	
Benson Quintina Louise	All Other											
Green Debra Jean	All Other	~	~	~	~	~	~	~	~	~	~	
Beniyaminov Yanna	All Other											
Banu Kaniz Nilufar Md	All Other	~		~	~		~	~	~	~	~	
Fritz Rani Bili	All Other	~	~	~	~	~	~	~	~	~	~	
Shujauddin Sadahf	All Other	~	~	~	~	~	~	~	~	~	~	
Robledo Lisette Ayala	All Other	~		~	~		~	~	~	~	~	
Caldemeyer Kar	All Other											
Raff Joshua	All Other											
Ciocon David	All Other	~	~	~	~	~	~	~	~	~	~	
Duhl Adam Jon	All Other											
Tao Qi	All Other	~		~	~		~	~	~	~	~	
Lee Christine	All Other	~	~	~	~	~	~	~	~	~	~	
Polineni Rahul	All Other	~	~	~	~	~	~	~	~	~	~	



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Leake And Watts Inc Semp	All Other										
Keliddari Farhad	All Other										
Gill Jonathan Benjamin	All Other	~	~	~	~	~	~	~	~	~	~
Cherian Shoba Anne	All Other										
Virchansky William Michael	All Other	~		~	~		~	~	~	~	~
Mena Hernandez Herbert Mauricio	All Other	~	~	~	~	~	~	~	~	~	~
Simi Suri Do	All Other	~		~	~		~	~	~	~	~
Beatriu Reig	All Other	~	~	~	~	~	~	~	~	~	~
risarenko Vadim Md	All Other	~	~	~	~	~	~	~	~	~	~
Zarnegar Reza	All Other	~	~	~	~	~	~	~	~	~	~
Antwi Flora	All Other	~	~	~	~	~	~	~	~		~
Gilmore Melinda	All Other	~		~	~		~	~	~	~	~
locca Juan Pablo Md	All Other	~	~	~	~	~	~	~	~	~	~
Ackenna Jennifer M Md	All Other	~	~	~	~	~	~	~	~	~	~
Cortis Carmen Theresa Md	All Other	~		~	~		~	~	~	~	~
Klass Sheri Jo	All Other										
ee Juliane	All Other										
Nazario Helen	All Other										
Rabbani Farhang	All Other	~	~	~	~	~	~	~	~	~	~
Adler Nicole	All Other	~	~	~	~	~	~	~	~	~	~
andre Jean	All Other	~	~	~	~	~	~	~	~	~	~
Greeramoju Prashanth	All Other										
larjot S Dulai Md	All Other	~		~	~		~	~	~	~	~
ang Charles	All Other										
an Wei Livy	All Other	~	~	~	~	~	~	~	~	~	~
omita Craig	All Other	~	~	~	~	~	~	~	~	~	~
loghtaderi Sam	All Other	~	~	~	~	~	~	~	~	~	~
Sadoughi Ali	All Other	~	~	~	~	~	~	~	~	~	~
Cazam Tal Manor	All Other	~		~	~		~	~	~	~	~
'innikov Dmitry	All Other										
Epton Laura Rpa	All Other										



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DSRIP Implementation Plan Project

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Carullo Veronica Patricia Md	All Other	~	~	~	~	~	~	~	~	~	~
Marinoff Rebecca	All Other										
Api Marietta	All Other	~	~	~	~	~	~	~	~	~	~
Belkind Uri	All Other	~	~	~	~	~	~	~	~	~	~
Kogan-Liberman Debora L	All Other	~	~	~	~	~	~	~	~	~	~
Haque Hoosna	All Other										
Kathryn Frances Kirchoff	All Other	~	~	~	~	~	~	~	~	~	~
Nerenberg Rebecca Heidi	All Other	~	~	~	~	~	~	~	~	~	~
Foster Jonatha	All Other										
Kalyoussef Sabah	All Other	~	~	~	~	~	~	~	~	~	~
Turetsky Risa Ross	All Other										
Gebrael Jacob	All Other										
Johnson Julius Iii	All Other										
Pablo Freije Ibanez	All Other										
Villanueva Jinette Rpa	All Other										
Abu-Sbaih Reem	All Other										
Nayeem Sarah Fatima	All Other										
Berger Jay Steven	All Other	~	~	~	~	~	~	~	~	~	~
Pieroni Sabrina	All Other										
Gershengorn Hayley Beth	All Other	~	~	~	~	~	~	~	~	~	~
Tan-Geller Melin	All Other	~	~	~	~	~	~	~	~	~	~
Charles Marjorie C	All Other										
Norman Otsuka Md	All Other	~	~	~	~	~	~	~	~	~	~
Baron Nicole Vanessa	All Other	~	~	~	~	~	~	~	~	~	~
Babich Jay Paul	All Other	~		~	~		~	~	~	~	~
Sanchez John Paul	All Other	~	~	~	~	~	~	~	~	~	~
Duncan Dameon Rupert Vincent	All Other	~	~	~	~	~	~	~	~	~	~
Ven-Jeng Melissa Yao	All Other	~	~	~	~	~	~	~	~	~	~
Sarah Chambers	All Other	~	~	~	~	~	~	~	~	~	~
Mariuma Eric Joseph Md	All Other	~	~	✓	~	~	~	~	~	~	~
Wahezi Sayed Emal	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Leon Kenneth	All Other	~	~	~	~	~	~	~	~	~	~	
Goodwin Nadia S	All Other	~	~	~	~	~	~	~	~	~	~	
Gritz David Clark	All Other	~	~	~	~	~	~	~	~	~	~	
Paul Mario Mignone	All Other											
Robinson Julie Vale Md	All Other	~	~	~	~	~	~	~	~	~	~	
Kang Elaine You Mi	All Other	~	~	~	~	~	~	~	~		~	
Bathory Eleanor	All Other	~	~	~	~	~	~	~	~	~	~	
Mannam Prashanth	All Other											
Manis George	All Other	~		~	~		~	~	~	~	~	
Neuman Tzvi Yehuda	All Other	~	~	~	~	~	~	~	~	~	~	
Cohen Perry	All Other	~	~	~	~	~	~	~	~	~	~	
ee Tony	All Other	~	~	~	~	~	~	~	~	~	~	
Schonberg Dana	All Other	~	~	~	~	~	~	~	~	~	~	
ee Doreen	All Other											
Chuang Meleen	All Other	~	~	~	~	~	~	~	~	~	~	
Judge Nancy Elizabeth	All Other	~	~	~	~	~	~	~	~	~	~	
Friedman Adam	All Other											
Flusberg Milana	All Other	~	~	~	~	~	~	~	~	~	~	
Kazos Alexander	All Other	~	~	~	~	~	~	~	~	~	~	
Patzkowsky Kristin	All Other	~	~	~	~	~	~	~	~	~	~	
Dym Robert	All Other	~	~	~	~	~	~	~	~	~	~	
Gawargious Hana Romany	All Other	~	~	~	~	~	~	~	~	~	~	
Mehta Keyur J	All Other											
Schulman Molly	All Other	~		~	~		~	~	~	~	~	-
Cole-Olsewski Christine	All Other	~	~	~	~	~		~	~	~	~	
Kim Forrester-Dumont	All Other	~	~	~	~	~		~	~	~	~	
Tenney Nancy Lee	All Other											
Silberstein Michael Wade Md	All Other											
larris Elizabeth Elizabeth Md	All Other	~	~	~	~	~	~	~	~	~	~	
Pierre Florence Dominique	All Other	~	~	~	~	~	~	~	~	~	~	
Cardona Lina	All Other	~	~	~	~	~	~	~	~	~	~	



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* Sarety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Tamar Goldwaser	All Other	~	~	~	~	~	~	~	~	~	~	
Vassilakis Athina Md	All Other											
Leung Sharon Szeyan	All Other	~	~	~	~	~	~	~	~	~	~	
Calhoun Shannon Patrick	All Other											
Sinha Sumita	All Other	~	~	~	~	~	~	~	~	~	~	
Shin Ja	All Other											
Parnas Taya	All Other	~	~	~	~	~	~	~	~	~	~	
Cheuck Lanna	All Other	~	~	~	~	~	~	~	~	~	~	
Gripper Sommer	All Other	~	~	~	~	~	~	~	~	~	~	
Duran-Kim Meral	All Other											
Rosenberg Jamie	All Other	~	~	~	~	~	~	~	~	~	~	
Shiloh Ariel L	All Other	~	~	~	~	~	~	~	~	~	~	
Gulani Reshma	All Other	~	~	~	~	~	~	~	~	~	~	
Shapiro Lauren	All Other	~	~	~	~	~	~	~	~	~	~	
Lister Rolanda Lamora	All Other	~	~	~	~	~	~	~	~	~	~	
Yasmin Dhar	All Other											
Tavana Denise Marie	All Other	~	~	~	~	~	~	~	~	~	~	
Smith Alyson Wetter	All Other	~		~	~		~	~	~	~	~	
Asas Kathleen Du	All Other	~		~	~		~	~	~	~	~	
Shieh Shi-Jun Jean	All Other	~	~	~	~	~	~	~	~	~	~	
Dennis Jay Chia	All Other	~	~	~	~	~	~	~	~	~	~	
D Elia Joanna Barnett	All Other											
Shah Vaishali	All Other	~	~	~	~	~	~	~	~	~	~	
Davis Jennifer	All Other	~	~	~	~	~	~	~	~	~	~	
Farris Zachary	All Other											
Mercredi Guerline	All Other	~	~	~	~	~	~	~	~	~	~	
White Monique	All Other											
Joy Christina	All Other	~	~	~	~	~	~	~	~	~	~	
Ambarian Naira	All Other	~				~		~			~	
Kowenski Jacob	All Other											
Galhotra Sanjay	All Other	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Pratomo Vanessa	All Other	~	~	~	~	~	~	~	~	~	~
Alis Rebecca	All Other	~	~	~	~	~	~	~	~	~	~
Choudhary Pratima	All Other	~	~	~	~	~	~	~	~	~	~
Krishan Sheila	All Other	~		~	~		~	~	~	~	~
Carmen Lopez	All Other	~	~	~	~	~	~	~	~	~	~
Papalezova Katia Todorova	All Other	~	~	~	~	~	~	~	~	~	~
Elkind Richard M	All Other	~	~	~	~	~	~	~	~	~	~
Andreopoulou Eleni	All Other										
「an Jade	All Other	~	~	~	~	~	~	~	~	~	~
Klobocista Merieme	All Other										
eclere Jennifer Song	All Other										
Coci Piro	All Other										
hang Cheng	All Other	~	~	~	~	~	~	~	~	~	~
hah Amishi Md	All Other	~	~	~	~	~	~	~	~	~	~
Crocco Mary Julia	All Other	~		~	~		~	~	~	~	~
ubetzky Michelle L	All Other	~	~	~	~	~	~	~	~	~	~
oddakashi Satish	All Other										
'ira Lorena Duplessi	All Other	~	~	~	~	~		~	~	~	~
'assari Reza	All Other										
Capoor Aarti	All Other	~	~	~	~	~	~	~	~	~	~
arkey Joe	All Other										
Sensure Robert	All Other	~	~	~	~	~	~	~	~	~	~
bankwah Akosua Sarpomaa	All Other										
Chambers Stephinie Melissa	All Other	~	~	~	~	~	~	~	~	~	~
Bortnick Anna Emily	All Other										
haparin Naum	All Other	~	~	~	~	~	~	~	~	~	~
Coulter Maura	All Other	~	~	~	~	~		~	~	~	~
alili Irida	All Other	~	~	~	~	~	~	~	~	~	~
eung Hee Kang	All Other										
Ir Ravindranauth Jamwant	All Other	~	~	~	~	~	~	~	~	~	~
1use Jessica Md	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Nieves Rosado Sandra	All Other	~	~									
Myers Timothy Vernon	All Other	~		~	~		~	~	~	~	~	
Schulman Erica	All Other											
Min Insung	All Other											
Schrager Judith	All Other	~	~	~	~	~	~	~	~	~	~	
Marrast Lyndonna	All Other	~	~	~	~	~	~	~	~	~	~	
Ozcan Mahire	All Other	~		~	~		~	~	~	~	~	
Patel Viraj	All Other	~	~	~	~	~	~	~	~	~	~	
Khaw Adrian	All Other	~	~	~	~	~	~	~	~	~	~	
Dowling Michael Francis	All Other	~	~	~	~	~	~	~	~	~	~	
ee Bonnie A Md	All Other	~	~	~	~	~	~	~	~	~	~	
arley Alice Gutknecht	All Other	~	~	~	~	~	~	~	~	~	~	
Shirazi Michael	All Other											
Macchiavello Guido Antenor	All Other	~		~	~		~	~	~	~	~	
Nori Priya Md	All Other	~	~	~	~	~	~	~	~	~	~	
Samuels Michelle	All Other											
/idan Erez	All Other											
urner James	All Other											
loutovsky Mikhail	All Other	~		~	~		~	~	~	~	~	
Osborne Thomas	All Other											
lodge Richard	All Other											
aylor Annelle Claire	All Other	~	~	~	~	~	~	~	~	~	~	
Alam Shah	All Other	~	~	~	~	~	~	~	~	~	~	
Goldberg Alla Do	All Other											
Norrone Kerry Ann	All Other	~	~	~	~	~	~	~	~	~	~	
Gwonuk Lim	All Other	~						~	~	~	~	
Bronx Anesthesia Services Pc	All Other											
igueroa-Martinez Silkia	All Other											
Alvarez Dimitri	All Other											
Sbh Physicians Pc	All Other											
Sbh Physicians Pc	All Other											



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
evine Rebecca	All Other	~	>	~	~	~	~	~	~	~	~
Martin Michelle	All Other										
Ribeiro Sady	All Other										
lorais Joshua	All Other	~		~	~		~	~	~	~	~
womey Stephanie F	All Other	~	>	~	~	~	~	~	~	~	~
lope Aluko Akini	All Other	~	>	~	~	~	~	~	~	~	~
rsatti Giulia	All Other	~	>	~	~	~	~	~	~	~	~
illai Sophia	All Other										
ussoletti Natalee Marie	All Other										
arghese Justin	All Other	~	>	~	~	~	~	~	~	~	~
ljg Nursing Home Co Inc Lthhcp	All Other										
ip Health Care Services Inc	All Other										
awkins Jermel Joseph Jr	All Other										
etrosyan Tamara	All Other										
ochman Sarah	All Other	~	>	~	~	~	~	~	~	~	~
an Jenny Yu	All Other										
tatter Mindy	All Other	~	>	~	~	~	~	~	~	~	~
inapoli Gina	All Other	~	>	~	~	~	~	~	~	~	~
wang Hannah	All Other										
hah Payal K	All Other										
aborde Elve	All Other										
uocco Martin James	All Other	~		~	~		~	~	~	~	~
astillo Nicole	All Other	~		~	~		~	~	~	~	~
ushey Craig	All Other	~		~	~		~	~	~	~	~
tzmaurice Emilie	All Other	~		~	~		~	~	~	~	~
randwen Keith	All Other	~	>	~	~	~	~	~	~	~	~
mailova Kyamalya A	All Other	~	>	~	~	~	~	~	~	~	~
ay Marina	All Other	~	>	~	~	~	~	~	~	~	~
xtraordinary Home Care	All Other										
omes Elizabet	All Other	~	>	~	~	~	~	~	~	~	~
haikh Munima Rafi	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Slovut David	All Other	~	~	~	~	~	~	~	~	~	~
Steng Michael	All Other	~	~	~	~	~	~	~	~	~	~
Elrington Carol	All Other	~	~	~	~	~	~	~	~	~	~
Walsh Ronald	All Other	~	~	~	~	~	~	~	~	~	~
Tomuta Vlad	All Other	~	~	~	~	~	~	~	~	~	~
Park Sun	All Other	~	~	~	~	~	~	~	~	~	~
Mccabe Patricia	All Other										
Hamet Marc	All Other	~		~	~		~	~	~	~	~
Tarkela Jenna Maria	All Other										
Beaulieu Richard	All Other										
Burgos-Fontanez Obdulia	All Other	~	~	~	~	~	~	~	~	~	~
Wemmer Kerriemari	All Other	~	~	~	~	~	~	~	~	~	~
Puius Yoram	All Other	~	~	~	~	~	~	~	~	~	~
Wahezi Dawn	All Other	~	~	~	~	~	~	~	~	~	~
Pinto Priya	All Other	~	~	~	~	~	~	~	~	~	~
Williams Samuel	All Other										
Cunqueiro Alain	All Other	~	~	~	~	~	~	~	~	~	~
Bloom Rachel	All Other										
Serrano Esmeralda	All Other	~	~	~	~	~	~	~	~	~	~
Frimer Marina	All Other	~	~	~	~	~	~	~	~	~	~
Aroniadis Olga	All Other	~	~	~	~	~	~	~	~	~	~
Lapman Lisa	All Other	~	~	~	~	~	~	~	~	~	~
Sanghvi Kunal	All Other	~	~	~	~	~	~	~	~	~	~
Dominguez Maria	All Other	~	~	~	~	~	~	~	~	~	~
Skversky Amy	All Other	~	~	~	~	~	~	~	~	~	~
Yettaw Holly	All Other										
Fanti Peter	All Other										
Wolgast Lucia	All Other	~	~	~	~	~	~	~	~	~	~
Ngai Ivan	All Other	~	~	~	~	~	~	~	~	~	~
Restivo Andrew	All Other	~	~	~	~	~	~	~	✓	~	~
Fligelman Tal	All Other										
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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Anighoro Gloria	All Other										
Geatrakas Christina Sharon	All Other	~		~	~		~	~	~	~	~
Fradlis Bella	All Other										
Czarnecki Jamie Charlsie Marie	All Other										
Pilika Asti	All Other										
Ciotti Andrew James	All Other										
Grucela Alexis L	All Other	~	~	~	~	~	~	~	~	~	~
Quarry Road Pathology Services Pc	All Other										
Tepper Oren M	All Other	~	~	~	~	~	~	~	~	~	~
Gomez-Marquez Jose C	All Other	~						~	~	~	~
Stableford Jennifer Ashley	All Other										
Sco Family Of Services	All Other	~			~						
Graber Jerome Jeffrey	All Other	~	~	~	~	~	~	~	~	~	~
Mcclain Danielle	All Other	~	~	~	~	~	~	~	~	~	~
Ramos Julie J	All Other	~	~	~	~	~	~	~	~	~	~
Hwang Irene	All Other										
Broder Molly	All Other	~	~	~	~	~	~	~	~	~	~
Scheinfeld Meir	All Other	~	~	~	~	~	~	~	~	~	~
Aksoy Tulay	All Other	~	~	~	~	~	~	~	~	~	~
Chae Kristina	All Other	~	~	~	~	~	~	~	~	~	~
Golombeck Arel	All Other	~	~	~	~	~	~	~	~	~	~
Toh Jennifer	All Other										
Laud Geeta	All Other	~	~	~	~	~	~	~	~	~	~
Uy Natalie	All Other	~	~	~	~	~	~	~	~	~	~
Goloborodko Valentyna	All Other	~	~	~	~	~	~	~	~	~	~
Dudaie Ronen	All Other	~	~	~	~	~	~	~	~	~	~
Brubaker <mark>M</mark> ark	All Other	~	~	~	~	~	~	~	~	~	~
Tassler Andrew	All Other	~	~	~	~	~	~	~	~	~	~
Bhargava Amit	All Other	~	~	~	~	~	~	~	~	~	~
Lowe Shani	All Other	~	~	~	~	~	~	~	~	~	~
rizarry Eddie	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	ı in Projects								
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii 2.b.ii	/ 3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Chuy Jennifer	All Other									
Korin Laura	All Other	~	~	~	~	~	~	~	~	~
Yozawitz Elissa	All Other	~	~	~	~	~	~	~	~	~
Iyer Shwetha	All Other	~	~	~	~	~	~	~	~	~
Rudolph Bryan	All Other	~	~	~	~	~	~	~	~	~
Wang Lin-Fan	All Other									
Yang Julie	All Other									
Morrison Briana	All Other	~	~	~	~	~	~	~		~
Jones Michael	All Other	~	~	~	~	~	~	~	~	~
Jeanniton Chaneve	All Other	~		~		~	~	~	~	~
Milman Sofiya	All Other									
Novick Michael	All Other									
keda Scott	All Other	~	~	~	~	~	~	~	~	~
Muppuri Swapna	All Other									
Behin Daniel	All Other	~					~	~	~	~
Gritsenko Karina	All Other	~	~	~	~	~	~	~	~	~
Stark Allison	All Other	~	~	~	~	~	~	~	~	~
Soma Vijaya	All Other									
Zaman Selina Sultana	All Other									
Vydyanathan Amaresh	All Other	~	~	~	~	~	~	~	~	~
Cardinal Mccloskey School And Home	All Other									
Borrero Melissa	All Other									
Erichsen Daniel	All Other	~		~		~	~	~	~	~
Lazarciuc Mirela Nicole	All Other	~		~		~	~	~	~	~
Hillard Virany	All Other									
Bowen Kevin F	All Other									
Lombino Michae	All Other	~					~	~	~	~
Wong Joyce	All Other	~	~	~	~	~	~	~	~	~
Concepcion-Diaz Evelyn	All Other	~	~	~	~	~	~	~	~	~
Edgar Ellen	All Other									
Rodriguez Maria	All Other	~	~	~ ~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Urphanishvili Titnatin	All Other											
Spengler Emily	All Other	~	~	~	~	~	~	~	~	~	~	
Panarelli Nicole	All Other	~	~	~	~	~	~	~	~	~	~	
Brandenberger Frederic	All Other	~	~	~	~	~	~	~	~	~	~	
Romero Jose Luis	All Other	~	~	~	~	~	~	~	~	~	~	
Rubaltelli David M	All Other	~	~	~	~	~	~	~	~	~	~	
Xincon Home-Healthcare Services In	All Other											
Preventive Diagnostics Inc	All Other											
Bhardwaj Anuj	All Other	~	~	~	~	~	~	~	~	~	~	
Kayler Liise K	All Other	~	~	~	~	~	~	~	~	~	~	
Halverstam Caroline	All Other	~	~	~	~	~	~	~	~	~	~	
Spatz Dawn M	All Other	~	~	~	~	~	~	~	~	~	~	
Karcioglu Amanda	All Other	~		~	~		~	~	~	~	~	
Karp Sara	All Other											
Polyakova Natalia	All Other											
Galeano Eduardo Enrique	All Other	~	~	~	~	~	~	~	~	~	~	
Mailman Toby	All Other											
Susan Teresa Wesoly	All Other	~	~	~	~	~	~	~	~	~	~	
Benfield Nerys Camilla	All Other	~	~	~	~	~	~	~	~	~	~	
Guerin Yanick	All Other											
Promise Home Care Agency Inc	All Other											
Golebiowska Angelika	All Other	~	~	~	~	~	~	~	~	~	~	
Roth Serena Lauren	All Other	~	~	~	~	~	~	~	~	~	~	
Riverdale Family Medical Practice	All Other											
Klinghoffer Carli Pam	All Other											
Mahmoudiani Shahriar	All Other	~		~	~		~	~	~	~	~	
Brovar Gilbert T	All Other	~		~	~		~	~	~	~	~	
Augustin Paul	All Other											
Carvajal Diana	All Other											
Hickey Jeanne C	All Other	~	~	~	~	~	~	~	~	~	~	
Kolarsky Marian	All Other											



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SBH Health System (PPS ID:36)

	Participating Pa	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Mann Glenn	All Other	~	~	~	~	~	~	~	~	~	~
Semanision Kristen	All Other	~	~	~	~	~	~	~	~		~
Orsi Deborah	All Other	~	~	~	~	~	~	~	~	~	~
Miah Bahar	All Other										
Trenard Natoushka	All Other	~		~	~		~	~	~	~	~
Argeros Olga	All Other	~		~	~		~	~	~	~	~
Colon Melanie	All Other										
Kezerashvili Anna	All Other	~		~	~		~	~	~	~	~
Pinzon Robin Ramos	All Other	~	~	~	~	~	~	~	~		
Haasz Maya	All Other	~	~	~	~	~	~	~	~	~	~
Adamson Peter	All Other										
Suter Maureen Natalie	All Other										
Mcgraw Edward	All Other										
Chery Sherline	All Other										
Buckle Jody Ann	All Other	~	~	~	~	~		~	~	~	~
Roth Rachel	All Other										
Narendra Nithan	All Other	~		~	~		~	~	~	~	~
Foral Jonathan	All Other										
Lipscomb Sharo	All Other	~		~	~	~	~	~	~		
Yunus Adnan	All Other										
Jacobs Sharone	All Other	~	~	~	~	~	~	~	~	~	~
Pinchinat Ralph	All Other										
Greenough Kaitlyn	All Other	~		~	~		~	~	~	~	~
Cochran Lauren	All Other	~	~	~	~	~	~	~	~	~	~
Rosado Rodriguez Alida Melisa	All Other	~		~	~		~	~	~	~	~
Choueiter Nadine Fakhri	All Other	~	~	~	~	~	~	~	~	~	~
Jang Jennifer	All Other										
Robert Joyce Folashade	All Other										
Lam Kimberly R	All Other	~		~	~		~	~	~	~	~
Long Glenda Minus	All Other	~	~	~	~	~	~	~	~	~	~
Kelderhouse Jacqueline Mary	All Other										



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DSRIP Implementation Plan Project

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
St. Charles Marise	All Other										
Mental Health Association Of Nyc In	All Other										
Grinion Charlene M	All Other	~	~	~	~	~	~	~	~	~	~
egraffe Lisa	All Other	~	~	~	~	~	~	~	~	~	~
an Arsdale Anne	All Other	>	~	>	~	~	~	~	~	~	~
ulaj Donjeta	All Other	~	~	~	~	~	~	~	~	~	~
oriarty Jeremy	All Other	~	~	~	~	~	~	~	~	~	~
enri Gerno Pierre	All Other	~	~	~	~	~		~	~	~	~
odriguez-Iglesias Realba	All Other	~	~	~	~	~	~	~	~		
moah Joyce	All Other	~	~	~	~	~	~	~	~	~	~
udrock Karin Marie	All Other	~	~	~	~	~	~	~	~		~
o Angela	All Other										
azir Sharique	All Other										
ana-Berrios Marta A	All Other	~				~		~			~
/illiams Tifaun Andrena	All Other										
ourtney Jonathan Brian	All Other	~	~	~	~	~	~	~	~	~	~
ataneli Nathaniel	All Other	~		~	~		~	~	~	~	~
ttoti Chandana	All Other										
hining Star Home Care Llc	All Other										
t Elizabeth Neeltje	All Other										
ox Roberta	All Other										
izrachi Adam	All Other	~						~	~	~	~
berlander Adam M	All Other										
mon Margo	All Other										
ong Thomas	All Other										
ahman Rounak	All Other	~	~	~	~	~	~	~	~	~	~
atkins Isheka S	All Other	~	~	~	~	~	~	~	~		~
essim Brian David Md	All Other	~		~	~		~	~	~	~	~
egelmann Molly Oliver	All Other										
pper Room Aids Ministry Aadc	All Other										
iuliana Loo Gallagher	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gordon Samantha Danna	All Other										
Tanaka Christopher Y	All Other	~	~	~	~	~	~	~	~	~	~
Santos-Rattigan Shaunta Sherelle	All Other										
Kim Shwan	All Other	~		~	~		~	~	~	~	~
Crawford Michele	All Other	~	~	~	~	~	~	~	~	~	~
Marshall Lisa L	All Other										
Kashyap Yogita	All Other	~	~	~	~		~	~	~		~
Sharma Madhu	All Other	~	~	~	~	~	~	~	~	~	~
Conigliaro Rosemarie Lombardi Md	All Other	~	~	~	~	~	~	~	~	~	~
Tschannerl Asiya S	All Other										
Bjurlin Marc Andrew	All Other	~		~	~		~	~	~	~	~
Mcelaney Brian L	All Other	~		~	~		~	~	~	~	~
Graham Jay Alexander	All Other	~	~	~	~	~	~	~	~	~	~
Lobue Josephine	All Other										
New York Foundling Hospital	All Other										
Montefiore Medical Center	All Other										
Hong Hye	All Other	~	~	~	~	~	~	~	~	~	~
Parikh Stuti	All Other										
Narcisse Debra	All Other										
Cano Nefertiti	All Other	~	~	~	~	~	~	~	~	~	~
Friedman Amy Np	All Other	~	~	~	~	~	~	~	~	~	~
Shin Sangyoon J	All Other										
Tran Vu H	All Other										
Roberts Suzanne L	All Other	~	~	~	~	~	~	~	~	~	~
Ramachandran Simi	All Other	~		~	~		~	~	~	~	~
Sticco Charles Craig	All Other										
Rosenblum Jeremy Mark	All Other										
Chitamitara Pitchaya P	All Other	~		~	~		~	~	~	~	~
Bhalodia Rinkalben Dharmendra	All Other										
Davila-Velazquez Juan	All Other	~	~	~	~	~	~	~	~	~	~
Kumar Neelja	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Richards Tahshann	All Other	~	~	~	~	~	~	~	~	~	~
Johnson Beverly	All Other										
Forsh David	All Other	~		~	~		~	~	~	~	~
Popowitz Daniel	All Other	~	~	~	~	~	~	~	~	~	~
Blackstock Oni	All Other	~	~	~	~	~	~	~	~	~	~
Zagreda Leze	All Other	~	~	~	~	~	~	~	~	~	~
Alas-Hun Sheila	All Other	~	~	~	~	~	~	~	~	~	~
Padua Michelle	All Other										
Cui Nuan	All Other										
Stern Joshua	All Other										
Liberman Eric	All Other										
Gittens Paul	All Other	~	~	~	~	~	~	~	~	~	~
Drzewiecki Beth Ann	All Other	~	~	~	~	~	~	~	~	~	~
Bruney Talitha	All Other	~	~	~	~	~	~	~	~	~	~
L'Official Janel Elise	All Other										
Casale Anthony	All Other	~	~	~	~	~	~	~	~	~	~
Goss Erin	All Other	~	~	~	~	~	~	~	~	~	~
Patel Milani	All Other	~	~	~	~	~	~	~	~	~	~
Walsh Erin Kelly	All Other	~	~	~	~	~	~	~	~	~	~
Kurian Jessica	All Other	~	~	~	~	~	~	~	~	~	~
Carlucci John	All Other	~		~	~		~	~	~	~	~
Joseph Jonathan	All Other										
Abraham Ami	All Other										
Peskin-Stolze Melissa Rebecca	All Other	~	~	~	~	~	~	~	~	~	~
Dabo Sidiki	All Other	~	~	~	~	~	~	~	~	~	~
Mendez Carol Bibiana	All Other										
Grover Matthew W	All Other										
Steinberg Katherine Anne	All Other	~	~	~	~	~	~	~	~	~	~
Ragsdale Ellie Simpson	All Other	~	~	~	~	~	~	~	~	~	~
Garretto Diana J	All Other	~	~	~	~	~	~	~	~	~	~
Agarwal Seema	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Viswanathan Preeti	All Other	~	~	~	~	~	~	~	~	~	~	
Bosler Jayme Susan	All Other											
Coron Roger	All Other											
Calderon Ruddy Smith	All Other											
Gersten Adam	All Other	~	~	~	~	~	~	~	~	~	~	
Christoforetti Ruth	All Other	~	~	~	~	~	~	~	~	~	~	
Suskin Barrie	All Other	~	~	~	~	~	~	~	~	~	~	
Prabhakaran Sapna	All Other	~	~	~	~	~	~	~	~	~	~	
Byfield Celecia	All Other	~	~	~	~	~	~	~	~	~	~	
Munjal Iona Mairi Macbeth	All Other	~	~	~	~	~	~	~	~	~	~	
Schwechter Evan Michael	All Other	~	~	~	~	~	~	~	~	~	~	
Shukla Shuchin	All Other	~	~	~	~	~	~	~	~	~	~	
Fridman Dmitry	All Other	~	~	~	~	~	~	~	~	~	~	
Goldberg-Stein Shlomit	All Other	~	~	~	~	~	~	~	~	~	~	
Briones Suzette	All Other	~	~	~	~	~	~	~	~	~	~	
Laird Amanda	All Other	~	~	~	~	~	~	~	~	~	~	
Kim Soo	All Other	~	~	~	~	~	~	~	~	~	~	
Paroder Viktoriya	All Other	~	~	~	~	~	~	~	~	~	~	
Saponara Fiorella Karina	All Other	~		~	~		~	~	~	~	~	
Lubin Sophia	All Other	~		~	~		~	~	~	~	~	
Hung Christine	All Other	~	~	~	~	~	~	~	~	~	~	
Samuels Rachel L	All Other											
Fedcap Rehabilitation Services Inc	All Other											
Merrick Kareem	All Other											
lacono Danielle	All Other											
Shah Manan Ashokkumar	All Other	~	~									
Cohen Jacob	All Other	~		~	~		~	~	~	~	~	
Hirschl David Avishay	All Other	~	✓	~	~	~	~	✓	~	~	~	
Sternlicht Hillel	All Other	~	~	~	~	~	~	~	~	~	~	
Mariya Kobi	All Other	~	~	~	~	~	~	~	~	~	~	
Jerome Maritza Jasmine	All Other	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Clarenbach Jacob Johannes	All Other	~	~	~	~	~	~	~	~	~	~
Bayo Fatumata	All Other										
Umali Ismael Lualhati	All Other	~	~	~	~	~	~	~	~	~	~
Wolter-Nitta Dietlinde A	All Other										
Sharma Deep	All Other	~	~	~	~	~	~	~	~	~	~
Tanna Monique	All Other										
Rashid Saadia	All Other	~	~	~	~	~	~	~	~	~	~
Bender Melissa	All Other										
Cheng Haiying	All Other										
Bernal Armando	All Other	~		~	~		~	~	~	~	~
Ehtesham Nadira	All Other	~	~	~	~	~	~	~	~	~	~
Teich Alice	All Other	~	~	~	~	~	~	~	~	~	~
Schulz Jacob	All Other	~	~	~	~	~	~	~	~	~	~
Marrese Christine	All Other	~	~	~	~	~	~	~	~	~	~
Bachhuber Marcus	All Other	~	~	~	~	~	~	~	~	~	~
Battini Ramakrishn	All Other	~	~	~	~	~	~	~	~	~	~
Cole Kimberly	All Other	~	~	~	~	~	~	~	~	~	~
Davis Raquel	All Other	~	~	~	~	~	~	~	~	~	~
Nolan Patrick	All Other										
Fornari Eric	All Other	~	~	~	~	~	~	~	~	~	~
Ow Thomas	All Other	~	~	~	~	~	~	~	~	~	~
Vermeulen Marsia	All Other	~		~	~		~	~	~	~	~
Bartsch Sona	All Other	~	~	~	~	~	~	~	~	~	~
Ajaimy Maria	All Other	~	~	~	~	~	~	~	~	~	~
Chamnongvongse Pirahatai	All Other	~	~	~	~	~	~	~	~	~	~
Ohri Nitin	All Other										
Karabakhtsian Rouzan	All Other	~	~	~	~	~	~	~	~	~	~
Suwandhi Pauline	All Other										
Duffy Katherine	All Other	~	~	~	~	~	~	~	~	~	~
Amstel David Jeremy	All Other										
Di Biase Luigi	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Dumrese Danielle Lee	All Other										
De Guzman Paul Quinto	All Other										
Estrella Karen	All Other	~		~	~		~	~	~	~	✓
Money Kelsey Erin	All Other										
Dang Anh	All Other										
Spencer Monica Awurafua	All Other	~	~	~	~	~	~	~	~	~	✓
Shiwbaran Leena Shaleen	All Other	~	~	~	~	~	~	~	~	~	>
Vigoda Ivette	All Other	~		~	~		~	~	~	~	>
O'Banyoun-Organ Tirana	All Other	~		~	~		~	~	~	~	✓
Shunamon Nicole	All Other										
Choudhury Mahin	All Other	~		~	~		~	~	~	~	✓
Amico Jennifer	All Other	~	~	~	~	~	~	~	~	~	>
Matos Elaine	All Other										
Kirk Jeffrey	All Other	~	~	~	~	~	~	~	~	~	✓
New York City Childrens Center	All Other										
Wadke Rahul C	All Other	~	~	~	~	~	~	~	~	~	✓
Serrano Miriam	All Other										
Naz Sofia Yusuf	All Other	~	~	~	~	~	~	~	~	~	✓
Beruke Hanna	All Other	~	~	~	~	~	~	~	~	~	✓
Chhavi Rai	All Other	~	~	~	~	~	~	~	~	~	✓
Tang Nelson	All Other										
Gruber Brian James	All Other	~	~	~	~	~	~	~	~	~	✓
Sony Deepthi	All Other	~	~	~	~	~	~	~	~	~	✓
Cheng Wei	All Other										
Wolfe Diana	All Other	~	~	~	~	~	~	~	~	~	~
Samaroo Parbhu Dyal	All Other										
Rivera Veronica	All Other										
Pelliciari Nicholas Anthony	All Other	~	~	~	~	~	~	~	~	~	~
Henriquez Gabriela Maria	All Other										
Torrents Martin	All Other	~		~	~		~	~	~	~	~
Fung Chaw Gloria	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
ee Jimmy	All Other	~	>	~	~	~	~	~	~	~	~
chacko Celin	All Other	~	~	~	~	~	~	~	~	~	~
lofmann Joanna Frances	All Other	~	~								
larch Anika Jolene	All Other										
oldstein Lissa Kary	All Other										
oel Stephen R	All Other										
ass Kenneth	All Other										
ung Pik Sai	All Other	~	~	~	~	~	~	~	~		~
illet Jason Benjamin	All Other										
Vinfield Dara	All Other										
athew Renu	All Other	~	~	~	~	~	~	~	~	~	~
ean-Jacques Lamercie Mohane	All Other										
itchell Arlene N	All Other										
obra Shalini	All Other										
esser Richard E	All Other										
epes Marin Diana V	All Other	~		~	~		~	~	~	~	~
narmin Shahnaz	All Other	~		~	~		~	~	~	~	~
organ Diane M	All Other										
guyen Tracy Thuy	All Other										
aleem Omar	All Other	~		~	~		~	~	~	~	~
errak Su Gulsun	All Other	~	~	~	~	~	~	~	~	~	~
ccafferty Hallie	All Other	~	~	~	~	~	~	~	~	~	~
athews Premila Maria	All Other										
aiyaz Seema	All Other	~		~	~		~	~	~	~	~
abot Jamie	All Other	~	~	~	~	~	~	~	~	~	~
rown Athena	All Other	~	~	✓	~	~	~	~	~	~	~
ddiqui Zehra	All Other										
on Hwa	All Other	~						~	~	~	~
evalo Sandra J	All Other	~	~	~	~	~	~	~	~	~	~
addoo Paulette Claire	All Other										
uniz De La Pena Cristina	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Ramlall Wendy	All Other	~	~	~	>	~	~	~	~	~	~
Straatmann Caroline Elizabeth	All Other	~		~	>		~	~	~	~	~
Mendelsohn Andrea	All Other										
Mark C Liszewski	All Other	~	~	~	*	~	~	~	~	~	~
Sharma Manju	All Other										
Marquez Manuel	All Other	~		~	>		~	~	~	~	~
Duchnowski Eva	All Other										
Wimbish Folake	All Other	~	~	~	>	~		~	~	~	~
Sebastian Sonia	All Other										
Mercedes Angela	All Other										
Caron Elizabeth	All Other	~		~	*		~	~	~	~	~
Nong Brian Sze-Lik	All Other	~	~	~	>	~	~	~	~	~	~
Holt Elizabeth	All Other	~	~	~	>		~	~	~		~
Del Arca Hernan Cesar	All Other	~						~	~	~	~
to Ryosuke	All Other	~		~	>		~	~	~	~	~
Hinds Erica Natalia	All Other										
Mann Shari Ellen	All Other										
Shin Dong-In	All Other										
Fabros Ernest Richard Astrero	All Other	~		~	>	~	~	~	~		
Granit Volkan	All Other	~	~	~	>	~	~	~	~	~	~
Berko Netanel Stern	All Other	~	~	~	>	~	~	~	~	~	~
Coplowitz Shana	All Other										
_eitstein Harris	All Other	~	~	~	~	~	~	~	~	~	~
Sta Ana Victor	All Other										
Shenko Christina Angela	All Other										
Montano Cristina V	All Other	~	~	~	~	~	~	~	~	~	~
Atrio Jessica Maria	All Other										
Amuta Jeanne Uchechi	All Other	~	~	~	~	~	~	~	~	~	~
Abelow Chaya Batya	All Other	~	~	~	~	~	~	~	~	~	~
Rivera Enid Yvette	All Other										
Raghavan Sreekala	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Spencer Trudy I	All Other										
Nayak Natasha	All Other										
Mends Francine Ivy	All Other										
Asher Tara Lavonae	All Other										
Kastner Theodore A	All Other										
Breborowicz Andrzej Krzysztof	All Other	~	~	~	~	~	~	~	~	~	~
Cruz Jessica	All Other	~	~	~	~	~	~	~	~	~	~
Adams Kelly	All Other	~	~	~	~	~	~	~	~	~	~
Fyffe Ullanda Pattion	All Other	~	~	~	~	~	~	~	~	~	~
Joseph Shija	All Other	~	~	~	~	~	~	~	~	~	~
Nguyen Henry Van	All Other										
Figueiredo Catarina Marisa	All Other	~		~	~		~	~	~	~	~
Jmylny Pauline L	All Other	~	~	~	~	~	~	~	~	~	~
Bhatt Muneer	All Other	~	~	~	~	~	~	~	~	~	~
Goodman Stephanie Michelle	All Other	~	~	~	~	~	~	~	~	~	~
Scantlebury Monica Ann	All Other										
Anusionwu Reagan	All Other	~	~	~	~	~	~	~	~		~
Talib Hina Javid	All Other	~	~	~	~	~	~	~	~	~	~
Hotchkiss Laura	All Other										
Zampolin Richard	All Other	~	~	~	~	~	~	~	~	~	~
Madaline Theresa Fitzgerald	All Other	~	~	~	~	~	~	~	~	~	~
Slosar Magdalena	All Other	~	~	~	~	~	~	~	~	~	~
Mendez Barbara	All Other										
Ceide Mirnova Emmanuelle	All Other	~	~	~	~	~	~	~	~	~	~
Shankar Adurthy Ananth	All Other	~	~								
ee Janet B	All Other	~	~	~	~	~	~	~	~	~	~
Guilliames Conair	All Other										
Davidson Sasha Marie	All Other	~	~	~	~	~	~	~	~	~	~
Cheng Eric Jen-Hao	All Other	~	~	~	~	~	~	~	~	~	~
luang Hongying	All Other	~	~	~	~	~	~	~	~	~	~
Patel Amit	All Other	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Levin Erika	All Other										
Castillo Thais Melissa	All Other	~	~	~	~	~	~	~	~	~	~
∟upu Sarah	All Other	~	~	~	~	~	~	~	~	~	~
Murakami Noriyuki	All Other	~	~	~	~	~	~	~	~	~	~
Galen Benjamin Thomas	All Other	~	~	~	~	~	~	~	~	~	~
Kumar Bhavik	All Other	~	~	~	~	~	~	~	~	~	~
Liggett Alicia L	All Other										
Mahgerefteh Joseph	All Other	~	~	~	~	~	~	~	~	~	~
Mehta Anita K	All Other										
Felsen Uriel	All Other	~	~	~	~	~	~	~	~	~	~
Thornton Kimberly	All Other	~	~	~	~	~	~	~	~	~	~
Buresch Arin Marie	All Other	~	~	~	~	~	~	~	~	~	~
ławkins Eleanor	All Other										
Baig Mahadi	All Other	~	~	~	~	~	~	~	~	~	~
Blair Donald J	All Other	~		~	~		~	~	~	~	~
Srinivasan Maria Cristina	All Other	~		~	~		~	~	~	~	~
Rider Amanda Marie	All Other	~	~	~	~	~	~	~	~		~
Rezai Gharai Leila	All Other	~	~	~	~	~	~	~	~	~	~
Stern Kenan Walter Davis	All Other	~	~	~	~	~	~	~	~	~	~
Forman Katie Rae	All Other	~	~	~	~	~	~	~	~	~	~
Holland Sally Ann	All Other	~	~	~	~	~	~	~	~		~
Raymon Gail Margarita	All Other										
(wah Joann A	All Other	~	~	~	~	~	~	~	~	~	~
Corey Patrick Spencer	All Other	~	~	~	~	~	~	~	~	~	~
lablonska Marzena	All Other										
Bell Jason Henry	All Other										
Goel Swati	All Other										
Shah Chirag Dinesh	All Other										
Chacko Kristina	All Other										
_ado Juan Jose	All Other										
Salcedo Vanessa	All Other	~	İ	~	~		~	~	~	~	~



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SBH Health System (PPS ID:36)

	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mitchell Eric	All Other	~		~	~		~	~	~	~	~	
Chiocconi Sofia	All Other	~	~	~	~	~	~	~	~	~	~	
Patel Ronak Amrut	All Other											
Glotzbach Kristi	All Other	~	~	~	~	~	~	~	~	~	~	
Pettei Edward	All Other											
Pothula Aravind	All Other	~	~	~	~	~	~	~	~	~	~	
Venegas-Borselino Carla	All Other											
Kim Stacey	All Other	~	~	~	~	~	~	~	~	~	~	
Yu Bo	All Other											
Amorosa Louis	All Other	~	~	~	~	~	~	~	~	~	~	
Fraser Candice N	All Other											
Lukin Dana	All Other	~	~	~	~	~	~	~	~	~	~	
Chaitowitz Mark H	All Other	~	~	~	~	~	~	~	~	~	~	
Rahmanian Marjan	All Other	~	~	~	~	~	~	~	~	~	~	
Liff Jeremy	All Other	~	~	~	~	~	~	~	~	~	~	
Mehra Shilpa	All Other	~	~	~	~	~	~	~	~	~	~	
Norton Brianna	All Other	~	~	~	~	~	~	~	~	~	~	
Tabatabaie Vafa	All Other	~	~	~	~	~	~	~	~	~	~	
Gibber Marc Jason	All Other	~	~	~	~	~	~	~	~	~	~	
Khan-Ali Madhury	All Other	~	~	~	~	~	~	~	~	~	~	
Brown Nicole	All Other	~	~	~	~	~	~	~	~	~	~	
Mani Nithya	All Other											
Perez Hector	All Other	~	~	~	~	~	~	~	~	~	~	
Kho Sheryl Grace Rosero	All Other	~		~	~		~	~	~	~	~	
Campbell Velma Lyn	All Other											
Canestraro Julia	All Other											
Albanese Janine M	All Other											
Chen Christine W	All Other											
Gould Jennifer Ann	All Other											
Hue Jennifer E	All Other											
Poarangan Puspa	All Other	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	in Projects										_
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Mushekov Timur	All Other	~	~	~	~	~	~	~	~	~	~	
Fox Kelita Louise	All Other											
Ekanadham Himabindu	All Other											
Carl Lamour-Occean Carline	All Other	~	~	~	~	~	~	~	~		~	
Kornblum Michelle	All Other	~		~	~		~	~	~	~	~	
Afzal Amna S	All Other	~	~	~	~	~	~	~	~	~	~	
Badillo Diana	All Other	~				~		~			~	
Chang Diane	All Other	~	~	~	~	~	~	~	~	~	~	
Jain Ruchicka	All Other	~	~	~	~	~	~	~	~	~	~	
Cho Woojin	All Other	~	~	~	~	~	~	~	~	~	~	
Ntiamoah Kwabena	All Other	~	~	~	~	~	~	~	~		~	
Mcquaid Monica Mary	All Other											
Zheng Yun Yan	All Other	~						~	~	~	~	
Holliswood Operating Co Llc	All Other											
Bhopi Rashmi Sudhakar	All Other	~		~	~		~	~	~	~	~	
Laude Amy Kristin	All Other	~	~	~	~	~	~	~	~			
Edell Marsha	All Other											
Erdfarb Amichai Joshua	All Other	~	~	~	~	~	~	~	~	~	~	
Azam Mohammad Mahboob	All Other	~		~	~		~	~	~	~	~	
Setty Sudarshan	All Other	~	~	~	~	~	~	~	~	~	~	
Karkhanis Jamuna	All Other											
Wilder Venis Tiarra	All Other											
Natarajan Rupa Narayani	All Other	~	~	~	~	~	~	~	~		~	
Shmukler Anna	All Other	~	~	~	~	~	~	~	~	~	~	
Faliszek James	All Other	~		~	~		~	~	~	~	~	
Pittman Kai	All Other	~	~	~	~	~	~	~	~	~	~	
Ustun Berrin	All Other	~	~	~	~	~	~	~	~	~	~	
Scott Pardella Jolanda	All Other	~	~	~	~	~	~	~	~	~	~	
Johns Tanya	All Other											
Ogbonna Rose N	All Other	~	~	~	~	~	~	~	~	~	~	
Lee Diana	All Other											
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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Kommana Harisha	All Other											
Ningthoujam Sunita	All Other	~	~	~	~	~	~	~	~	~	~	
Smith Heather Ann	All Other	~	~	~	~	~	~	~	~	~	~	
Leuchten Scott J	All Other	~		~	~		~	~	~	~	~	
Ceesay Lamin S	All Other	~	~	~	~	~	~	~	~	~	~	
Blair Jordana Sarah	All Other	~		~	~		~	~	~	~	~	
Rodriguez-Jaquez Carlos R	All Other											
Jewish Board Family Child A	All Other											
Hwang Andrew	All Other	~	~	~	~	~	~	~	~		~	
Lazarin Margaux Helene	All Other	~	~	~	~	~	~	~	~		~	
Lim Hyeong Young	All Other											
Vielot Claudyn	All Other											
Burgoyne Brian	All Other											
Lamb Angela	All Other											
Baron Sarah	All Other	~	~	~	~	~	~	~	~	~	~	
Blanco Patricia Filart	All Other	~	~	~	~	~	~	~	~	~	~	
Hicks Kandree	All Other											
Diaz De Villalvilla Alexander	All Other	~	~	~	~	~	~	~	~	~	~	
Ankola Prashant	All Other											
Satyadeo Meera H	All Other	~	~	~	~	~	~	~	~	~	~	
Leasy Menachem Jeremy	All Other											
Sankin Alexander I	All Other	~	~	~	~	~	~	~	~	~	~	
Montilla Medrano Elilary	All Other											
Catholic Managed Long Term Inc	All Other	~	~									
Sims Daniel	All Other	~	~	~	~	~	~	~	~	~	~	
Mor Nadav	All Other	~	~	~	~	~	~	~	~	~	~	
Cavagnaro John A	All Other	~	~	~	~	~	~	~	~	~	~	
Jain Priti	All Other											
Weichman Katie E	All Other											
Chan York Sing	All Other											
Bucci John P	All Other											



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* Sarety Net Providers in Green	Participating	ı in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Parikh Neeti Bharat	All Other	~	~	~	~	~	~	~	~	~	~	
Aponte Kali Chandra	All Other	~	~	~	~	~	~	~	~	~	✓	
Oviedo Luz	All Other	~	~	~	~	~	~	~	~	~	~	
Hoang Bang	All Other	~	~	~	~	~	~	~	~	~	~	
Arthur Jill	All Other											
Melvin William Scott	All Other	~	~	~	~	~	~	~	~	~	✓	
Koai Esther	All Other	~	~	~	~	~	~	~	~	~	~	
McIellan Beth	All Other											
Cabreza Vivienne Lopez	All Other	~	~	~	~	~	~	~	~	~	~	
Khan Sidrah	All Other	~	~	~	~	~	~	~	~	~	~	
Levy Brenda Freha	All Other											
Sarwar Uzma	All Other	~	~	~	~	~	~	~	~	~	~	
Tomback David Adam	All Other											
Wilson-Bennett Renee	All Other	~		~	~		~	~	~	~	~	
Kilinski Benjamin	All Other											
Nayak Mansi Manohar	All Other	~	~	~	~	~	~	~	~	~	~	
Cruz-Robertson Charlene	All Other	~	~	~	~	~		~	~	~	~	
Chartier Brian David	All Other											
Alonge Oluwatoyin Morayo	All Other											
Puerto Denise	All Other											
Mindich Rachel M	All Other	~	~	~	~	~	~	~	~	~	~	
Wieder Harriot Estelle	All Other											
Jopal Bronx, Llc	All Other											
Adubor Christopher	All Other											
Phookan Jaya	All Other	~	~	~	~	~	~	~	~	~	~	
Mirchandani Monica Hargrovind	All Other											
Harris Matthew	All Other	~		~	~		~	~	~	~	~	
Solomon Julie	All Other	~	~	~	~	~	~	~	~	~	~	
Zaidi Syed	All Other	~	~	~	~	~	~	~	~	~	~	
Jackson Arnice	All Other	~				~		~			~	
Garcia Yudelka	All Other											



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Gyura Philip Joseph	All Other										
Manulli Joju John	All Other										
Maslyanskaya Sofya	All Other	~	~	~	~	~	~	~	~	~	~
Prisciandaro Manuel	All Other										
Gibney Tara	All Other										
Vang Wei	All Other	~	~	~	~	~	~	~	~	~	~
/attappally Leena Np	All Other										
Gupta Atul Kumar	All Other	~		~	~		~	~	~	~	~
Centerlight Certified Home Health A	All Other										
Ramesh Manish	All Other										
Carey Michelle	All Other										
ousuf Md Abdullah	All Other	~	~	~	~	~	~	~	~	~	~
Balaskonis Asimina	All Other										
Feldman Jay	All Other										
Bhatia Sapna N	All Other										
Schoenberg Mark P	All Other	~	~	~	~	~	~	~	~	~	~
Kouyate Mohamed	All Other										
Thomas Kerone P	All Other										
Ray-Schoenfeld Naomi	All Other										
Osman-Wager Jamie Lauren	All Other	~	~	~	~	~	~	~	~	~	~
Murphy Caroline Ann	All Other										
Pearlman Shoshannah	All Other	~	~	~	~	~		~		~	
an Andrew	All Other	~	~	~	~	~	~	~	~	~	~
Dutlaw Desiree	All Other										
ott Community Home Health Care Inc	All Other										
Annunziata Guiseppe	All Other	~		~	~		~	✓	~	~	~
Abbott Ethan Ernest	All Other	~	~	~	~	~	~	~	~	~	~
Eisenberger Eliezer T	All Other	~		~	~		~	~	~	~	~
Reindl Alisa	All Other	~	~	~	~	~	~	~	~		~
Roman Jasmin	All Other	~	~	~	~	~	~	~	~		~
Nynn Carrie J	All Other										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Jewish Home Lifecare Community Serv	All Other											
Parkview Operating Co Llc	All Other											
Juthani Viral Virendra	All Other	~	~	~	~	~	~	~	~	~	~	
Copeland Ebony R	All Other	~	~	~	~	~	~	~	~	~	~	
Tiwari Akankasha	All Other											
Strong Jennifer Elizabeth	All Other											
Fogwell Leigh	All Other	~	~	~	~	~	~	~	~	~	~	
Chaperon Jeannelle	All Other	~		~	~		~	~	~	~	~	
Suman Ajay	All Other	~		~	~		~	~	~	~	~	
Nayudu Suresh Kumar S	All Other	~						~	~	~	~	
Mathelier Krystina T	All Other	~	~	~	~	~	~	~	~	~	~	
Rivera Shania Tamara	All Other	~	~	~	~	~	~	~	~	~	~	
Hagge-Greenberg Aaron E	All Other											
Gover Mary Trace	All Other	~	~	~	~	~	~	~	~	~	~	
Eckard Valerie Rockwell	All Other	~		~	~		~	~	~	~	~	
Kamal Layla Georges	All Other	~	~	~	~	~	~	~	~	~	~	
Furgiuele Miriam	All Other	~	~	~	~	~	~	~	~	~	~	
Henneberry Kyle J	All Other	~		~	~		~	~	~	~	~	
Novetsky Akiva Pesace	All Other	~		~	~		~	~	~	~	~	
Panayiotopoulos Aristotle	All Other	~	~	~	~	~	~	~	~	~	~	
Cohen Stuart Lance	All Other	~	~	~	~	~	~	~	~	~	~	
Clapp Mara Alexandra	All Other	~	~	~	~	~	~	~	~	~	~	
Robles Juan Carlos	All Other	~	~	~	~	~	~	~	~	~	~	
Bumol Joel Matthew	All Other											
Blum Corinne E	All Other											
Gialvsakis John Peter	All Other											
Jinghui Xie	All Other	~		~	~		~	~	~	~	~	
Brown Haydee	All Other											
Lowes Michelle	All Other	~	~	~	~	~	~	~	~	~	~	
Kanavy Holly	All Other											
Brutsaert Erika	All Other	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Garg Karan	All Other	~	~	~	~	~	~	~	~	~	~	
Jermyn Rita	All Other	~	~	~	~	~	~	~	~	~	~	
Bellamkonda Tara	All Other	~	~	~	~	~	~	~	~	~	~	
Park Connie	All Other	~	~	~	~	~	~	~	~	~	~	
Kang Joann	All Other	~	~	~	~	~	~	~	~	~	~	
Yoon Michele	All Other											
Cimt Karene	All Other											
Ferzli Myriam	All Other	~	~	~	~	~	~	~	~	~	~	
Shariff Saadat	All Other	~	~	~	~	~	~	~	~	~	~	
Ashraf Mohammad	All Other											
Carlos Pans Daniela	All Other	~	~	~	~	~	~	~	~	~	~	
Pallack Robyn	All Other	~	~	~	~	~	~	~	~	~	~	
Anampa Mesias Jesus	All Other	~	~	~	~	~	~	~	~	~	~	
Powell Kristin	All Other											
Narang Rahul	All Other	~	~	~	~	~	~	~	~	~	~	
Jain Sachin	All Other	~	~	~	~	~	~	~	~	~	~	
Barmettler Anne	All Other	~	~	~	~	~	~	~	~	~	~	
Ravikumar Deepa	All Other	~	~	~	~	~	~	~	~	~	~	
White Devon	All Other											
Shoshani Nechama	All Other	~	~	~	~	~	~	~	~	~	~	
Altschul David	All Other											
Ogoke Bentley	All Other											
Arias John	All Other	~		~	~		~	~	~	~	~	
Mahadeo Kris Michael	All Other	~	~	~	~	~	~	~	~	~	~	
Boardman John	All Other	~		~	~		~	~	~	~	~	
Suri Asif	All Other	~	~	~	~	~	~	~	~	~	~	
Gabriel Liana	All Other	~	~	~	~	~	~	~	~	~	~	
Bruno Charles	All Other	~	~	~	~	~	~	~	~	~	~	
Seth Ami	All Other	~		~	~		~	~	~	~	~	
Borrayes Lester	All Other	~	~	~	~	~	~	~	~	~	~	
Kazzi Massoud	All Other	~		~	~		~	~	~	~	~	



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Giegel Melanie Joy	All Other											
Breuer Alexandra	All Other	~	~	~	~	~	~	~	~	~	~	
Takematsu Mai	All Other	~	~	~	~	~	~	~	~	~	~	
Khinvasara Neha	All Other	~	~	~	~	~	~	~	~	~	~	
Barraza Giselle	All Other	~	~	~	~	~	~	~	~	~	~	
Chiong Brian	All Other	~		~	~		~	~	~	~	~	
Shirinov Robert	All Other											
Harroche Jessica	All Other	~	~	~	~	~	~	~	~	~	~	
Safo Stella	All Other	~	~	~	~	~	~	~	~	~	~	
Choice Curtis	All Other	~	~	~	~	~	~	~	~	~	~	
Goldschmiedt Judah	All Other	~	~	~	~	~	~	~	~	~	~	
Walsh Melissa	All Other											
Virani Zahra	All Other	~	~	~	~	~	~	~	~		~	
Mehta Sukrant	All Other											
Jacobs Charleen	All Other	~	~	~	~	~	~	~	~	~	~	
Guevara Ernesto Jose	All Other											
Pimentel Veronica	All Other	~	~	~	~	~	~	~	~	~	~	
Shaban Nada	All Other	~	~	~	~	~	~	~	~	~	~	
Mushi Juliet Estomih	All Other	~	~	~	~	~	~	~	~	~	~	
Gavrilova Tatyana	All Other											
Lacayo Allen	All Other											
Marrero Jessica	All Other	~	~	~	~	~	~	~	~	~	~	
Velez Christopher	All Other	~	~	~	~	~	~	~	~	~	~	
Gamss Rebecca	All Other	~	~	~	~	~	~	~	~	~	~	
Tannebaum Jonathan	All Other	~	~	~	~	~	~	~	~	~	~	
Sabari Joshua	All Other	~	~	~	~	~	~	~	~	~	~	
Malyszko Bozena	All Other	~		~	~		~	~	~	~	~	
Thomas Vivek	All Other											
Del Rivero Jaydira	All Other											
Rosenstein Hilary	All Other	~	~	~	~	~	~	~	~	~	~	
Werden Scott	All Other	~		~	~		~	~	~	~	~	



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SBH Health System (PPS ID:36)

* Sarety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Fang Yanan	All Other	~	~	~	~	~	~	~	~	~	~	
Kaplan-Weisman Laura	All Other	~	~	~	~	~	~	~	~		~	
Hauck Kevin	All Other	~	~	~	~	~	~	~	~	~	~	
Torres-Deas Lucille	All Other	~	~	~	~	~	~	~	~	~	~	
Manik Arvind Chandulah	All Other											
Swedish Kristin Anne	All Other	~	~	~	~	~	~	~	~	~	~	
Mulaikal Elizabeth R	All Other	~		~	~		~	~	~	~	~	
Lapidus Robert L	All Other	~		~	~		~	~	~	~	~	
Pechter Patricia M	All Other											
Pierce Carolyn Marie	All Other											
Remde Alan Hugh	All Other											
Baum Laura	All Other	~	~	~	~	~	~	~	~	~	~	
Avitable Nicholas	All Other	~		~	~		~	~	~	~	~	
Upadhyay Shivanck	All Other	~		~	~		~	~	~	~	~	
Shylinska Ilona	All Other	~		~	~		~	~	~	~	~	
Lopez Taina	All Other	~	~	~	~	~	~	~	~	~	~	
Li Norah	All Other	~	~	~	~	~	~	~	~	~	~	
Uy Vincent	All Other	~		~	~		~	~	~	~	~	
Joseph Anise	All Other	~		~	~		~	~	~	~	~	
Rosenberg Rachel	All Other											
Sreeram Radhika	All Other	~	~	~	~	~	~	~	~	~	~	
Sachdeva Crystal	All Other	~	~	~	~	~	~	~	~	~	~	
Subramanya Nalini	All Other											
Kang Joy	All Other	~	~	~	~	~	~	~	~	~	~	
Khalid Laila	All Other	~	~	~	~	~	~	~	~	~	~	
Abuzeid Al-Waleed Mohamed	All Other	~	~	~	~	~	~	~	~	~	~	
Hine Orion	All Other	~		~	~		~	~	~	~	~	
Rayannavar Arpana	All Other	~		~	~		~	~	~	~	~	
Snyder Liat S	All Other	~	~	~	~	~	~	~	~	~	~	
Schroeder Joyce D	All Other	~		~	~		~	~	~	~	~	
Gumbs Maudina S	All Other	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Kwofie Stella	All Other										
heventhiran Alex B	All Other	~	~	~	~	~	~	~	~	~	~
alcedo Osiris	All Other	~	~								
anchez Carlos Alfonso	All Other	~	~	~	~	~	~	~	~	~	~
apra Theresa Marie	All Other	~	~	~	~	~	~	~	~	~	~
caces Wilfredo	All Other										
artmill Kimberly	All Other	~	~	~	~	~	~	~	~	~	~
ham Shirley	All Other	~	~	~	~	~	~	~	~	~	~
hilds Claiborne	All Other	~	~	~	~	~	~	~	~	~	~
lorris Daniel	All Other	~	~	~	~	~	~	~	~	~	~
otchev Nicola	All Other	~		~	~		~	~	~	~	~
angar Maneesha	All Other	~	~	~	~	~	~	~	~	~	~
nellings John	All Other	~	~	~	~	~	~	~	~	~	~
ervits Maria	All Other	~	~	~	~	~	~	~	~	~	~
linchenkova Olena	All Other	~	~	~	~	~	~	~	~	~	~
ı Haejin	All Other										
arg Richa	All Other	~						~	~	~	~
koli Oscar	All Other	~	~	~	~	~	~	~	~	~	~
ilva Katrina Shea	All Other	~		~	~		~	~	~	~	~
aniel Reny Rajan	All Other	~	~	~	~	~	~	~	~	~	~
nderson John Roger	All Other	~		~	~		~	~	~	~	~
artorella Teresa	All Other	~	~	~	~	~	~	~	~	~	~
inghal Raman	All Other	~	~	~	~	~	~	~	~	~	~
brien Patrick R	All Other	~		~	~		~	~	~	~	~
berfelder Cynthia Caskey	All Other	~		~	~		~	~	~	~	~
aray Miryam D	All Other	~	~	~	~	~	~	~	~		~
uick Melissa Kaufman	All Other										
mith Tracy G	All Other	~		~	~		~	~	~	~	~
Felix Wendy	All Other	~	~	~	~	~	~	~	~	~	~
imaio Julianne	All Other										
cuanan Lloyd	All Other	~	~	~	~	~	~	~	~	~	~



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^ Safety Net Providers in Green	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Crocco Lauren E	All Other	~	~	~	~	~	~	~	~	~	~	
Kajita Grace R	All Other											
Grubb Kristen	All Other	~		~	~		~	~	~	~	~	
Reddy Divyabalakrishna	All Other											
Malasky Charlotte	All Other	~	~	~	~	~	~	~	~	~	~	
Shayevitz Jay Robert Md	All Other	~	~	~	~	~	~	~	~	~	~	
Patel Dwaita	All Other	~		~	~		~	~	~	~	~	
Abraham Nitya	All Other	~	~	~	~	~	~	~	~	~	~	
Callender Kimberly	All Other	~	~	~	~	~	~	~	~	~	~	
Hipkens Sarah	All Other											
Awwad Reem	All Other	~		~	~		~	~	~	~	~	
Owens Jamie	All Other	~	~	~	~	~	~	~	~	~	~	
Reyes Gil Morayma	All Other	~	~	~	~	~	~	~	~	~	~	
Hayde Nicole	All Other	~	~	~	~	~	~	~	~	~	~	
Kapur Avnit	All Other	~		~	~		~	~	~	~	~	
Standefer Julia	All Other											
Vocational Inst Proj Comm Svc	All Other											
Lamsen Marie Louies M	All Other											
Millwood Annie R D	All Other											
Hirschfeld Azriel	All Other											
Gassert Kelli A	All Other	~	~	~	~	~	~	~	~	~	~	
Mantzaris Ioannis	All Other	~	~	~	~	~	~	~	~	~	~	
Roy Alyssa Marie	All Other	~	~	~	~	~	~	~	~	~	~	
Shah Akash D	All Other	~		~	~		~	~	~	~	~	
Murthy Sandhya	All Other	~	~	~	~	~	~	~	~	~	~	
Maxson Emily	All Other											
Holland-Ridges Angela	All Other	~	~	~	~		~	~	~		~	
Amber Court At Home Llc	All Other											
Romero-Williams Rosetta Ramona	All Other	~				~		~			~	
Cooper Marcina	All Other											
Ene Ada Romina	All Other	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Fontes Joao Daniel Trindade	All Other	~	~	~	~	~	~	~	~	~	~	
Teigen Nickolas	All Other	~	~	~	~	~	~	~	~	~	~	
Keltz Julia Gail	All Other											
Neto Nicole	All Other	~	~	~	~	~	~	~	~	~	~	
Lee Chang Alfredo	All Other	~	~	~	~	~	~	~	~	~	~	
Tanner Kathryn Elizabeth	All Other	~	~	~	~	~	~	~	~		~	
Ricardo A Mornaghi Physician Pllc	All Other											
Spencer Jade Nicole	All Other											
Giftos Jonathan Matthew	All Other	~	~	~	~	~	~	~	~	~	~	
Mansour Mayce	All Other	~	~	~	~	~	~	~	~	~	~	
Ford Elizabeth Anne	All Other											
Le Jenna Nguyen	All Other	~	~	~	~	~	~	~	~	~	~	
Ruggiero Lauren Marie	All Other											
Shah Mansi Rajendra	All Other	~	~	~	~	~	~	~	~	~	~	
Adusei Isaac Fenteng	All Other											
Hicks Nina M	All Other	~	~	~	~	~	~	~	~	~	~	
Hakima Laleh	All Other	~	~	~	~	~	~	~	~	~	~	
Rosner Jonathan	All Other											
Harmon Bryan	All Other	~	~	~	~	~	~	~	~	~	~	
Tyau Nicholas Daniel	All Other											
John Jereesh T	All Other	~	~	~	~	~	~	~	~	~	~	
Caldwell William	All Other	~	~	~	~	~	~	~	~	~	~	
Curato Mark	All Other	~		~	~		~	~	~	~	~	
Khedimi Rabea	All Other											
Fiori Kevin	All Other	~	~	~	~	~	~	~	~	~	~	
Greenberg Sofiya A	All Other	~	~	~	~	~	~	~	~	~	~	
Schortz Jed Ryan	All Other											
Bader Anna Shlionsky	All Other	~	~	~	~	~	~	~	~	~	~	
Vega Mario	All Other	~	~	~	~	~	~	~	~	~	~	
Leavitt Karla	All Other	~	~	~	~	~	~	~	~	~	~	
Findley Molly	All Other											



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SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Saeed Omar	All Other	~	~	~	~	~	~	~	~	~	~	
Kurdali Basil	All Other											
Guo Xiaoling	All Other	~	~	~	~	~	~	~	~	~	~	
Rodriguez Idelka	All Other	~	~	~	~	~	~	~	~	~	~	
Lucas Daniel	All Other	~		~	~		~	~	~	~	~	
Kucherov Alexander	All Other											
Ruddy-Ramirez Cory	All Other	~	~	~	~	~	~	~	~		~	
Moni Saila	All Other	~	~	~	~	~	~	~	~	~	~	
Lu Tiffany	All Other	~	~	~	~	~	~	~	~	~	~	
Alkhairw Hadeel	All Other	~	~	~	~	~	~	~	~	~	~	
Surti Aarti	All Other	~	~	~	~	~	~	~	~	~	~	
Shi Yang	All Other	~	~	~	~	~	~	~	~	~	~	
Kabarriti Rafi	All Other	~	~	~	~	~	~	~	~	~	~	
Sirikanjanapong Sasis	All Other	~	~	~	~	~	~	~	~	~	~	
Morningside Acquisition I Llc	All Other											
Aggarwal Shilpi	All Other	~	~	~	~	~	~	~	~	~	~	
Bloomgarden Noah Aaron	All Other	~	~	~	~	~	~	~	~	~	~	
Shah Seema	All Other	~	~	~	~	~	~	~	~		~	
Davis Tony	All Other	~	~	~	~	~	~	~	~		~	
Olivo Villabrille Raquel Melina	All Other	~	~	~	~	~	~	~	~	~	~	
Simmons Martha	All Other											
Chen Jen-Ting	All Other	~	~	~	~	~	~	~	~	~	~	
_i Jack	All Other											
Gulko Edwin	All Other	~	~	~	~	~	~	~	~	~	~	
Gandhi Stacey	All Other	~	~	~	~	~	~	~	~	~	~	-
Remen Razel	All Other											
Engelbertz Fabian	All Other	~	~	~	~	~	~	~	~	~	~	
Akiyama Matthew	All Other	~	~	~	~	~	~	~	~	~	~	
- Fedebagha Raquel	All Other											
Gomez Hernandez Jaime	All Other	~	~	~	~	~	~	~	~	~	~	
Pike Lily	All Other											



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Weiss David	All Other	~	~	~	~	~	~	~	~		~
Koleilat Issam	All Other										
Kinon Merritt Drew	All Other										
Jerome David	All Other	~	~	~	~	~	~	~	~	~	~
Hocking Stephanie	All Other	~	~	~	~	~	~	~	~	~	~
Joolukuntla Niharika	All Other										
Margulis Roman	All Other	~	~	~	~	~	~	~	~	~	~
Munir Saira	All Other										
Desarden Connie Anjoli	All Other	~	~	~	~	~	~	~	~	~	~
Tugman Cheryl	All Other	~	~	~	~	~	~	~	~	~	~
Dayan-Rosenman David Samson	All Other	~	~	~	~	~	~	~	~	~	~
Prince Tresa Smitha	All Other	~	~	~	~	~	~	~	~	~	~
Neimark Matthew	All Other	~	~	~	~	~	~	~	~	~	~
Doshi Tina Vinay	All Other	~	~	~	~	~	~	~	~	~	~
Nguyen Kim	All Other	~	~	~	~	~	~	~	~	~	~
Tan Stephanie	All Other	~	~	~	~	~	~	~	~	~	~
Kanahara Satoko	All Other										
Hellbusch Amy	All Other	~		~	~		~	~	~	~	~
Moreno Yvonne	All Other	~		~	~		~	~	~	~	~
Powell Kimone	All Other										
Callaway Edward	All Other										
Escarfuller Juan Apolinar	All Other	~	~	~	~	~	~	~	~	~	~
Ngamougou Anasthasie	All Other										
Zevallos-Ramos Michelle A	All Other										
Roberts-Murray Lloydette	All Other										
Bhullar Puneet	All Other	~		~	~		~	~	~	~	~
Tolia Bhupendra M	All Other										
Ayers Zumara Elizabeth	All Other	~	~	~	~	~	~	~	~	~	~
Gesten Amanda Garrett	All Other										
Milne Dafne A	All Other										
Radow Arthur B	All Other	~		~	~		~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Miele Marilyn	All Other										
Lessne Adam	All Other										
Ravikumar Aarti	All Other										
Akrami Jason	All Other	~		<	~		~	~	~	~	~
Singanamala Naveen	All Other										
Ro Angela Sukyn	All Other										
Zhang Kan	All Other										
Jarrett Kelly Andre Md	All Other										
Esmaeili Azadeh	All Other										
Whetsell William	All Other	~		~	~		~	~	~	>	~
Pope John Burton	All Other										
Chaudhri Ali Aftab	All Other										
Dy Kimberly Therese	All Other										
Serafin Dana J	All Other										
Columbus-Jang Michele Dorthy-Naseem	All Other										
Rovno Hazel	All Other										
Jaswani Vijay	All Other										
Khatod Elaine	All Other										
Davoudzadeh Reubin Pooya	All Other										
Shkurovich Sergey	All Other	~		<	~		~	~	>	>	~
Maleki Sara	All Other										
St. Vincent De Paul Residence	Uncategorized										
Jewish Home Lifecare, Sarah Neuman Center, Westchester	Uncategorized										
Cort, Hayley E., Md	Uncategorized										
Abbott House	Uncategorized										
Stoddart, Lisa M., Np	Uncategorized										
Kordesch, Kristina C., Np	Uncategorized										
Yancovitch, Alan C., Md	Uncategorized										
Choudhury, Tarif, Md	Uncategorized										
Voleti, Pramod B., Md	Uncategorized										
Rushanda Wilson	Uncategorized										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
ingh, Manpreet K., Pa	Uncategorized										
allow, Alissa J., Lcsw	Uncategorized										
uttiyara, Jeena, Pa	Uncategorized										
elsky, Julianne	Uncategorized										
eorge, Ameeka	Uncategorized										
epomnyashchaya, Yevgeniya, Np	Uncategorized										
ahn, Lauretta M., Np	Uncategorized										
agshul, Yona A., Pa	Uncategorized										
rown, Christina J., Pa	Uncategorized										
arah Zaino	Uncategorized	~	~	~	~	~	~	~	~	~	~
odi, Amos, Md	Uncategorized										
errera, Cesar J., Md	Uncategorized										
nhasov, Miriam M., Pa	Uncategorized										
unoz, Luis C., Pa	Uncategorized										
ensmore, Heather K., Pa	Uncategorized										
anca Campanella	Uncategorized	~	~	~	~	~	~	~	~	~	~
in Leon	Uncategorized	~	~	~	~	~	~	~	~	~	~
nen, Nantesha L., Pt	Uncategorized										
ursian, Enrique R., Dmd	Uncategorized										
omez, Ivonne A., Pa	Uncategorized										
erman, Dara	Uncategorized										
ennat Mustafa	Uncategorized	~	~	~	~	~	~	~	~	~	~
eong, Seon Mi, Np	Uncategorized										
e Jesus, Raeleen D., Np	Uncategorized										
lichman, David B., Md	Uncategorized										
nilips, Kaitlyn S., Do	Uncategorized										
umarasamy, Narmadan A., Md	Uncategorized										
pez, Florenzia A., Pa	Uncategorized										
ushin, Cassandra E., Lcsw	Uncategorized										
ellapu, Sowdhamani, Md	Uncategorized										
arungbam, Judy, Md	Uncategorized										



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SBH Health System (PPS ID:36)

	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Erski, Glenn, Md	Uncategorized											
Miller, Devin T., Md	Uncategorized											
Ashraf, Umair, Md	Uncategorized											
Lad, Yamini, Md	Uncategorized											
Ali, Haneen, Md	Uncategorized											
Nymeyer, Jessica L., Np	Uncategorized											
Sung, Deborah, Md	Uncategorized											
Shah, Ami J., Md	Uncategorized											
Tian, Xuejun (Jon), Md	Uncategorized											
Rubinstein, Tamar, Md	Uncategorized											
Nalla, Anil Kumar, Md	Uncategorized											
Tedesco, Kurtis L., Md	Uncategorized											
Russell, Rosa H., Lcsw	Uncategorized											
Cho, Jungmin, Dmd	Uncategorized											
Alison Karasz	Uncategorized											
Monica Hines-Bigg	Uncategorized											
Weston, Gregory D., Md	Uncategorized											
Peturah Thompson	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Shi Khor	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Priscilla Gamble	Uncategorized											
Mcpherson, Lonnette	Uncategorized											
Zaphin Varghese	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Binta Balde	Uncategorized											
Kelsey Lutchman	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Shernette Richardson	Uncategorized											ĺ
James, Paul	Uncategorized											ĺ
Lincoln, Mary	Uncategorized											İ
Bright Nkrumah	Uncategorized	~	~	~	~	~	~	~	~	~	~	İ
Ellen Mclean	Uncategorized											Ī
Thomas, Yvonne	Uncategorized											i
Ikezi,Gerald	Uncategorized	~	~									ĺ



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Alan Supraner	Uncategorized										
Aisha Lewis	Uncategorized										
Valerie Carroll	Uncategorized										
Anna Kitaychik	Uncategorized	~	~	~	~	~	~	~	~	~	~
Edward Frederick	Uncategorized	~	~	~	~	~	~	~	~	~	~
Brice,Marly	Uncategorized	~	~								
Progressive Home Health Services, Inc.	Uncategorized										
Michael Sapadin	Uncategorized	~	~	~	~	~	~	~	~	~	~
Melida Bello	Uncategorized	~	~	~	~	~	~	~	~	~	~
Chukwueke,Tony C	Uncategorized	~	~								
Dorothy Weiss	Uncategorized	~	~	~	~	~	~	~	~	~	~
Melena Krigel	Uncategorized										
/lichelle Irene Strakosch	Uncategorized	~	~								
essica Yakush-Williams	Uncategorized	~	~	~	~	~	~	~	~	~	~
Erin Miller	Uncategorized	~	~	~	~	~	~	~	~	~	~
Vilma Soto	Uncategorized										
Durk, Robyn	Uncategorized										
Rebecca Tam	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nordia Coke	Uncategorized										
Alvin Strelnick	Uncategorized										
Klaver, Jessica	Uncategorized										
fann, Kenneth	Uncategorized										
Kadian Blake	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ernestina Aboagye	Uncategorized										
uen, Robert, Pa	Uncategorized										
Kumbar, Vijay S., Md	Uncategorized										
anique Pryce	Uncategorized										
Maria Abreu	Uncategorized	~	~	~	~	~		~	~	~	~
Brenda Ortiz	Uncategorized	~	~	~	~	~	~	~	~	~	~
larrison,Michael	Uncategorized	~	~								
Tyjenski,Robert	Uncategorized	~	~								



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Heather Childress	Uncategorized	~	~	~	~	~	~	~	~	~	~
Tairu Trerra	Uncategorized										
Florence Maroney	Uncategorized										
Lawlor, Jacqueline	Uncategorized	~	~								
Florence Nwaduwa	Uncategorized										
Sottile, Kristen N., Rd	Uncategorized										
Karma Yangchen	Uncategorized										
Marie Bien-Aime	Uncategorized										
Laurence Adams	Uncategorized	~	~	~	~	~	~	~	~	~	~
William Ansorge	Uncategorized										
Clemencia Deabreu	Uncategorized										
Robinel Tongol	Uncategorized	~		~	~		~	~	~	~	~
Marina Tharathattel	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jesse Krulwich	Uncategorized	~	~	~	~	~	~	~	~	~	~
Lyncy Simon	Uncategorized	~	~	>	>	~	~	~	~	~	~
Apc Llc	Uncategorized										
Pranvera Dervishi	Uncategorized	~	~	~	~	~	~	~	~	~	~
Davila, Rosa	Uncategorized										
Joan Wells	Uncategorized										
Christine Sheu	Uncategorized	~	~	>	>	~	~	~	~	~	~
Zuleha Alindi-Howell	Uncategorized										
Sharmila Makhija	Uncategorized										
Venecia Marte	Uncategorized	~	~	*	~	~	~	~	~	~	~
Regional Aide For Interim Need, Inc. (R.A.I.N.)	Uncategorized										
Eleanor Msimanga	Uncategorized	~	~	~	~	~	~	~	~	~	~
Episcopal Social Services Of New York Inc.	Uncategorized										
Daniel Thompson	Uncategorized	~	~	>	~	~	~	~	~	~	~
Victoria Rivera	Uncategorized										
Montefiore Medical Center	Uncategorized										
Metropolitan Jewish Home Care, Inc., (Mjg Nursing Home Company Lthhcp) D/B/A Mjhs Long Term Care	Uncategorized										
Orton, Sarah	Uncategorized										



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Marcel Stevenson	Uncategorized	~	~	~	~	~	~	~	~	~	~
Maggie Carroll	Uncategorized	~	~	~	~	~	~	~	~	~	~
Peter Andolina	Uncategorized	~		~	~		~	~	~	~	~
Haynes, Sonia	Uncategorized										
Laura Luciano	Uncategorized	~	~	~	~	~		~		~	
Uloma Okereke	Uncategorized										
Sharmaine Jones	Uncategorized										
Schnapp,Marisa	Uncategorized	~	~								
Samuel Martin	Uncategorized										
Martha Rodriguez	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jcca Residential Treatment Center - Edenwald	Uncategorized										
Partners In Care	Uncategorized										
Peter Buckley	Uncategorized										
Karen Thomas	Uncategorized	~	~	~	~	~	~	~	~	~	~
Medalliance Medical Health Services	Uncategorized										
Attaalla, Mina	Uncategorized										
Schroeder, Sarah L., Md	Uncategorized										
Sonia Dhargalkar	Uncategorized	~	~	~	~	~	~	~	~	~	~
Yrline Menelas	Uncategorized										
Kimberly Sorace	Uncategorized	~	~	~	~	~	~	~	~	~	~
Berman, Diane	Uncategorized										
Laura Striffler	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ryan Chan	Uncategorized	~	~	~	~	~	~	~	~	~	~
Fatima Varziyeva	Uncategorized										
Kenny Painson	Uncategorized										
Vip Health Care Services, Inc.	Uncategorized										
Catherine Walsh	Uncategorized										
Frisenda,Susan	Uncategorized	~	~								
Longo,Robyn	Uncategorized	~	~								
Blair Wiggins	Uncategorized	~	~	~	~	~	~	~	~	~	~
Marla Carolina Schoenborn	Uncategorized										
	•					•	•		•		



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* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Connors,Sarah	Uncategorized	~	~									
Getho Jeudine	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Dominique Pierre-Louis	Uncategorized											
Danielle Garcia	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kaitlin Masciello	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kemberly Douglas	Uncategorized											
Nancy Santana	Uncategorized											
Sanchez Raymond	Uncategorized											
Otto Kernberg	Uncategorized											
Lesley-Ann Murray	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Amber Court Of Westbury	Uncategorized											
S. Toni Halbreich	Uncategorized											
Canisha Nicolas	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Koch, Christopher	Uncategorized											
Union Community Health Center, Inc.	Uncategorized											
Vaibhav Zaveri	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Henry, Faith	Uncategorized											
Durline Brown-Manhertz	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Tacandong, Ludivina	Uncategorized											
Adriel Gerard	Uncategorized											
Ajimavo Anthonia	Uncategorized											
Juliana Steen	Uncategorized	~	~	~	~	~		~		~		
Radik Murdakhayev	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Ertuania Jorge	Uncategorized											
Dreher, Sarah	Uncategorized											
Amy Lloyd	Uncategorized											
O'Shea Hardy	Uncategorized											
Monica Epps	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Mary-Jo Byrne	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sheron Green	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rosa Smith	Uncategorized											



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* Sarety Net Providers in Green	Participating in P	rojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Aljud Licensed Home Care Agency Dba Amber Court At Home	Uncategorized											
Shandor Zelenger	Uncategorized											
Hammond,Kimberly	Uncategorized	~	~									
Sheneka Rowe	Uncategorized											
Arvella Kia Sinclair	Uncategorized											
Adetinuke Olowoyo	Uncategorized											
Connie Ye	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Millicent Addo	Uncategorized											
Salam, Thara A., Pa	Uncategorized											
Daniel Chin	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Robert Kaufman	Uncategorized											
ouis Cuoco	Uncategorized											
neta Skrobacz, Lpmhc, Casac	Uncategorized											
Carolyn Rios	Uncategorized	~		~	~		~	~	~	~	~	
Sunnyside Citywide	Uncategorized											
Diane Levien	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Michelle Licastro	Uncategorized											
uzzo,Deborah	Uncategorized	~	~									
Kurteva, Svetla, Md	Uncategorized											
Choi, Gloria	Uncategorized											
Ilysia Morciglio	Uncategorized											_
Rubie Michelle Sytian	Uncategorized	~	~	~	~	~	~	~	~	~	~	
mesha Smith	Uncategorized											_
Colleen Schaffling	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Dluwafunmilayo Bomide	Uncategorized											
Rosario Atilano	Uncategorized											
Maria Adamian	Uncategorized											
oseph Piliero	Uncategorized											
Elizabeth Martinez	Uncategorized	~	~	~	~	~	~	~	~	~	~	
oseph A. Tamagna, Dds	Uncategorized											
Valsh, Constance	Uncategorized											-



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* Sarety Net Providers in Green	Participating	ı in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Andrew Hyland	Uncategorized	~		~	~		~	~	~	~	~
Bukola Olabinjo	Uncategorized										
Rebecca Benash	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ebony Deroche	Uncategorized										
Tidjeni Beloume	Uncategorized										
Renaissance Adult Day Care Services Llc	Uncategorized										
Amanda Henderson	Uncategorized										
Andrew Koo	Uncategorized										
Zeida Flores	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jankowski, Slawomir	Uncategorized	~	~								
Lyesel Pierre-Louis	Uncategorized										
Cory Ann Johnston	Uncategorized										
Rasaq Oyinboade	Uncategorized										
Reid, Latoya	Uncategorized										
Christine Bloor	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ezzat, Sarah	Uncategorized										
Crystina Milici	Uncategorized	~	~	~	~	~	~	~	~	~	~
Vanessa Wissing	Uncategorized	~	~	~	~	~	~	~	~	~	~
Theodore Akabuoga	Uncategorized										
Monica Prempeh	Uncategorized										
Sherry-Ann Hector	Uncategorized										
David Prezant	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sharon Sverd	Uncategorized	~	~	~	~	~	~	~	~	~	~
Gregory Welsh	Uncategorized										
Noll, Lauren	Uncategorized										
Megan Russell	Uncategorized	~	~	~	~	~	~	~	~	~	~
Dariana Tolentino Caba	Uncategorized										
Mercy Opoku	Uncategorized										
Angela Yip	Uncategorized	~	~	~	~	~	~	~	~	~	~
Aissatou Diallo	Uncategorized										
Resource Medical Services, Pc (D.B.A. Arcwell Medical)	Uncategorized										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Celestina Nwambuonwo	Uncategorized										
Sashena Woodhouse	Uncategorized										
Leopold Allen	Uncategorized										
Karen Myrie	Uncategorized										
Alice Iwu	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sarah Yechieli	Uncategorized	~	~	~	~	~	~	~	~	~	~
Gupta, Neil	Uncategorized										
Leana Palmer	Uncategorized	~	~	~	~	~	~	~	~	~	~
loana lonescu	Uncategorized										
Giselle Lie-Ten-Soeng	Uncategorized										
Calvert, Mara	Uncategorized										
Guerin Gagliastri	Uncategorized	~	~	~	~	~	~	~	~	~	~
Philip Chung	Uncategorized	~	~	~	~	~	~	~	~	~	~
St. Barnabas Hospital - Mental Inpatient	Uncategorized										
Montefiore Medical Center	Uncategorized										
Jeannine Silvestre	Uncategorized	~		~	~		~	~	~	~	~
Shimoji, Toru	Uncategorized										
Afolabi Samuel	Uncategorized										
Krishnan,Sangeetha	Uncategorized	~	~								
Bainbridge Adult Day Care Center Ii, Llc	Uncategorized										
Juliana Spagnuolo	Uncategorized	~	~	~	~	~	~	~	~	~	~
Christine Anaya	Uncategorized										
David Cookish	Uncategorized	~	~	~	~	~	~	~	~	~	~
Catalina Angel	Uncategorized	~	~	~	~	~		~		~	
John Smollon	Uncategorized										
Domingo Rivera-Lake	Uncategorized	~	~	~	~	~	~	~	~	~	~
Kathy Duncan, Lcsw	Uncategorized										
Melissa Folkes	Uncategorized	~	~	~	~	~	~	~	~	~	~
Chasten, Delores L	Uncategorized										
Sco Administration Building	Uncategorized	~			~						
Tricia Sanabria	Uncategorized	~	~	~	~	~	~	~	~	~	~



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SBH Health System (PPS ID:36)

	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Monica Encina	Uncategorized											
Harper Lester	Uncategorized											
Annicka Alexander	Uncategorized											
Camille Carrasco	Uncategorized											
Regina Davydova	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Avrille Davis	Uncategorized											
Spei, Ekaterini	Uncategorized											
Bonnie Taylor	Uncategorized											
Chinedu Agu	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Andrew-Lester Chua	Uncategorized											
Thomas, Gloria	Uncategorized											
Tamara Cintron	Uncategorized											
Sadiqa Karim	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Vives,Alexis E	Uncategorized	~	~									
Jennifer Wang	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Wilda Molina	Uncategorized											
Katia Nelson	Uncategorized											
Oluwafemi Omosebi	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Hope, Ryan C., Pa	Uncategorized											
Bart, Madelyn	Uncategorized											
Sciacca, Joann	Uncategorized											
Episcopal Social Services Of New York Inc.	Uncategorized											
Mzl Home Care Agency, Llc	Uncategorized											
Modupe Sonuyi	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Amanda Bontempo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Brigitte P. Nkounkou	Uncategorized											
Wilkie, Thomas	Uncategorized											
Jesse Afriyie	Uncategorized											
Scholastica Thiongo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Giselle Lorius	Uncategorized											
Christian Oliver	Uncategorized											
	1		1		1	1	<u> </u>	1	<u> </u>	l		



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SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Baez Ricardo	Uncategorized											
Mark Czaja	Uncategorized											
Julio Gorga	Uncategorized											
David Shafritz	Uncategorized											
Charlena Lankford	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Penelope Rosenblatt	Uncategorized											
Persaud, Nalini	Uncategorized	~	~									
Jones,Bryan	Uncategorized	~	~									
Brunilda Mara	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Port Morris Home Care Agency Dba Constant Care Health Services	Uncategorized											
Joan Bennett	Uncategorized											
Candace Campbell	Uncategorized	~	*	~	~	~	~	~	~	~	~	
Fatou Ka	Uncategorized											
Ursula Jaquez	Uncategorized											
James Sloves	Uncategorized	~		~	~		~	~	~	~	~	
Samantha Kelly	Uncategorized											
Ivonne Segarra	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kelia Martin	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Mrs. Mary'S Place Hcs Inc. Dba Heart To Heart Home Care	Uncategorized											
Naima Abdus-Salaam	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sherryleen Elisca	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rhea Graham	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rita Ojevwe	Uncategorized											
Sarah Scott	Uncategorized											
Sanchez, Yosara	Uncategorized											
Tompkins,Leslie R	Uncategorized	~	~									
Pushpa Pangeni	Uncategorized	~	>	~	~	~	~	~	~	~	~	
Harriet Hanyabui	Uncategorized											
Nicole Banner	Uncategorized											
Yi Guo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Christina Varughese	Uncategorized	~	>	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Anne Stockton	Uncategorized											
Earl Mckenzie	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sergiy Shavaran	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Jewish Home Lifecare, Home Assistance Personnel Inc. (Hapi)	Uncategorized											
Victoria Abad (Robles)	Uncategorized											
Susanna Levin	Uncategorized											
Union Community Health Center, Inc.	Uncategorized											
Kasinee Patumanon	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Abner Perez	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Moshe Schiffmiller	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Goldstein, Doctor Y., Md	Uncategorized											
Smith, Jonathan A., Md	Uncategorized											
Bimbo G. Ibitoye	Uncategorized											
Gibson, James, Pa	Uncategorized											
Jovito Sabino	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Altagracia D. Soriano Contreras	Uncategorized											
Diana Vasta	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Bleau,Erik S	Uncategorized	~	~									
Kolnick, Justin	Uncategorized											
Talia Wilson	Uncategorized											
Willow Leitch	Uncategorized											
Lee, Youn Jea	Uncategorized											
Narida Morle	Uncategorized											
Lind, Joyce	Uncategorized	~		~	~	~	~	~	~			
Margaret Kaplan	Uncategorized											
Eran Bellin	Uncategorized											
Leslie Lehner	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Bronx Health Center	Uncategorized											
Michael Prystowsky	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Juliet Diabene	Uncategorized	~	~	✓	~	~	~	~	~	~	~	
Shelton, Clarence	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Trujillo, Jeanette	Uncategorized											
Yana Krmic	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Carllyne Moran	Uncategorized											
Tompkins, Elaine	Uncategorized											
Adventus Pharmacy Solutions	Uncategorized											
Grace Lam	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Marie Christian	Uncategorized											
Green, Rashidah M., Md	Uncategorized											
Edward Gaudin	Uncategorized											
Scott Wetzler	Uncategorized											
St. Barnabas Hospital - Hemodialysis	Uncategorized											
Nero Akpowowo	Uncategorized											
Bobbie Eapen	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Salvador Gonzalez	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Alexandra Corwin	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sovannary Tan	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Wembo Anthonet Nkashiama-George	Uncategorized											
Bolanos, Arlene	Uncategorized											
Erika German	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Morningside Acquisition 1, Llc D/B/A Morningside Nursing And Rehabilitation Center	Uncategorized											
Greenspan, Stacy L., Do	Uncategorized											
Aviva Levy	Uncategorized											
Jonathan Gold	Uncategorized											
Tine, Jennifer	Uncategorized											
Bradley Schnebel	Uncategorized											
Shakema Sidberry	Uncategorized											
Stephen Wisely	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Goldsammler, Michelle S., Md	Uncategorized											
Takshyna, Olga, Md	Uncategorized											
Patricia Tenerella-Brody	Uncategorized											
Lendita Prlesi	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Elizabeth Elliott	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sandra Cousley-Smith	Uncategorized											
Diane C. Mceniry	Uncategorized											
Aracena,Sonia I	Uncategorized	~	~									
Parker, Pamela	Uncategorized											
Amy Resnik	Uncategorized											
Sucheep Piyasirisilp	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Freda Borukhov	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sarah Stapleton	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rita Migliaccio	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Farhad Saei	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Riticia Augusty	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Gregory Corley, Msw	Uncategorized											
Konopka, Elizabeth	Uncategorized	~	~									
Jennice Riley	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Nataliya Kravchenko	Uncategorized											
Emily Mckinnon	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Doepp, Kathryn	Uncategorized											
Robert Brewster	Uncategorized	~	~	~	~	~		~		~		
Debenedictis, Anthony	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Galina Gelbert	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Regina Reardon	Uncategorized											
Harris, Roger	Uncategorized											
Kornbluth, David	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Euphemia Akindipe	Uncategorized											
Rionne Edwards Bovain	Uncategorized											
Katelynn Dilendik	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Pichardo, Julia	Uncategorized											
Rachel Atlas	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Karin Ofir	Uncategorized											
Torres, Laura	Uncategorized											



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Donna Mah	Uncategorized											
Santhusia Baksh	Uncategorized											
Jolanda Kedzierski	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Zinatu Ali	Uncategorized											
Melanie Douglas	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Keisha Landsmark-Ogaga	Uncategorized											
Asian Community Care Management	Uncategorized											
Ellison, Shalisha	Uncategorized											
Sobia Hussain	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Jackie Denise Garcia	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Wolly, Avivit	Uncategorized	~	~									
Ronnie Kagle	Uncategorized											
Nasser Zolfaghari	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Alexandra Back	Uncategorized											
Debra Bovian	Uncategorized											
Judith Brooks	Uncategorized	~	~	~	~	~		~		~		
Beville,Felicia	Uncategorized	~	~									
Antonio Araujo	Uncategorized											
John Sheppard	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Saylor, Denise M	Uncategorized											
Enyeribe Enyinna	Uncategorized											
Patricia Smith	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sidibe, Aboulaye, Pa	Uncategorized											
Perez, Alexandra	Uncategorized											
Tri Center - Bronx	Uncategorized											
Lisa Marie Braxton	Uncategorized											
Wendy Agard	Uncategorized											
Mary Sickles	Uncategorized											
Cwalinski, Karen	Uncategorized											
Suzanne Rosegreen	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Stokes-Dinkins, Tiffany	Uncategorized	~	~									



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SBH Health System (PPS ID:36)

^ Safety Net Providers in Green	Participating in Proj	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Julie Lambiaso	Uncategorized	~	~									
Stephano Clermont	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Tellez, Maluisa	Uncategorized											
Belinkie, Yael L., Phd	Uncategorized											
Rivka Horwitz	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Risikat Olalowo	Uncategorized											
Renaissance Adult Day Care Services -787east Llc	Uncategorized											
Vidal, Lauren	Uncategorized											
Judy Aschner	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Lawrence Daniel	Uncategorized											
Gallagher, Lynne	Uncategorized											
Arthur Swanson	Uncategorized											
Amida Care, Inc.	Uncategorized											
Bronx Community Home Care, Inc. D/B/A Neighbors Home Care	Uncategorized											
Richard Lamkin	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Girlyn Garcia	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Micheline Fleurantin	Uncategorized											
Lissette Aybar	Uncategorized	~	~	~	~	~		~		~		
Collado, Karina	Uncategorized											
Kook, Talya	Uncategorized											
Lindsay Barton, Mhc	Uncategorized											
Yolphide Audige	Uncategorized											
Bolanle Olorunfemi	Uncategorized											
The Children'S Village	Uncategorized											
Boris Mantell	Uncategorized											
Susan Rooney	Uncategorized											
Kristin Moltz	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Michael Early	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Andreu, Marcia	Uncategorized											
Blackman Marsha	Uncategorized											
Union Community Health Center, Inc.	Uncategorized											



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Sylvia Adusei	Uncategorized										
Paola Pardo	Uncategorized										
Svetlana Korchevsky	Uncategorized										
Dana Nadel	Uncategorized	~	~	~	~	~		~		~	
Ibrahim Mumuni	Uncategorized										
Adina Trotman	Uncategorized	~	~	~	~	~	~	~	~	~	~
Otibhor Agbi	Uncategorized	~	~	~	~	~	~	~	~	~	~
Denise Knight	Uncategorized	~	~	~	~	~	~	~	~	~	~
Thomas Lequerique	Uncategorized										
Samia Mambo	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jennifer Sargent	Uncategorized	~	~	~	~	~	~	~	~	~	~
Elizabeth Borrero	Uncategorized	~						~	~	~	~
Pal, Samantha, Pa	Uncategorized										
Shin, Hyesu, Np	Uncategorized										
Clement Asemota	Uncategorized										
David Coen	Uncategorized										
Meghan Alles	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ulices Hernandez	Uncategorized	~	~	~	~	~	~	~	~	~	~
Paul G Kleinman	Uncategorized	~		~	~		~	~	~	~	~
Special Touch Home Care Services	Uncategorized										
Dianne Schwartz	Uncategorized										
Marcella Augustin	Uncategorized										
Cooperative Home Care Associates	Uncategorized										
Abraham Ankomah	Uncategorized										
Helaney Chacko	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nasir Alabi	Uncategorized										
_ynch,Thomas	Uncategorized	~	~								
Hye Sung Kim	Uncategorized										
Cancio,Mary	Uncategorized	~	~								
Zazove, Coecillia	Uncategorized										
Asao Hirano	Uncategorized	~	~	~	~	~	~	~	~	~	~



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SBH Health System (PPS ID:36)

* Safety Net Providers in Green	Participating in Pr	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Viktoriya Lasiychuk	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Knight, Dominique	Uncategorized											
Michelle Thomsen	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sharlene Williamson Cooke	Uncategorized											
Sophia Menson	Uncategorized											
Amanda Ulmer	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Michelle Dunn	Uncategorized											
God'S Love We Deliver, Inc.	Uncategorized											
Jennifer Lozada	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Emily Falber	Uncategorized	~	~	~	~	~		~		~		
Mcdonaugh, Danielle	Uncategorized											
Amber Court Of Pelham Gardens	Uncategorized											
Tosin Omifisoye	Uncategorized											
Shepard, Kerisha K.	Uncategorized											
Elizabeth Seng	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Ocfs Bridges To Health Waiver Service Providers B2h Wsp	Uncategorized											
Chanpreet Kaur	Uncategorized											
Irene Tackie	Uncategorized											
Jcca Foster Boarding Home (Ocfs)	Uncategorized											
Genaro Hernandez	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Chenyang Zhang	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kwabena Sarh	Uncategorized	~		~	~		~	~	~	~	~	
Kerline Guillaume	Uncategorized											
Patterson, Daniel, Md	Uncategorized											
Agonafer, Senayet, Md	Uncategorized											
Peace B. Assogba	Uncategorized											
Dominga Vazquez	Uncategorized											
Lijo Mathai	Uncategorized	~		~	~		~	~	~	~	~	
Montrose Crozby	Uncategorized											
Eziije Kanu	Uncategorized											
Darbes,Lynida	Uncategorized	~	~									



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SBH Health System (PPS ID:36)

	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Julia Rozin	Uncategorized										
ezza, April J., Pa	Uncategorized										
Schoor, Gabriella N., Crna	Uncategorized										
Neesha Bastien	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sarah Macios	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nadine Katz	Uncategorized	~	~	~	~	~	~	~	~	~	~
Desyr,Marie	Uncategorized	~	~								
ennifer Clarke	Uncategorized										
Maria Romano	Uncategorized	~	~	~	~	~	~	~	~	~	~
Dalton, Carline	Uncategorized										
Maryana Koshyk	Uncategorized	~	~	~	~	~	~	~	~	~	~
/larkova, Natalia, Do	Uncategorized										
Martin, Kirsten	Uncategorized										
lima Vadakel	Uncategorized	~	~	~	~	~	~	~	~	~	~
Scoca, Daniel B., Pa	Uncategorized										
Borbely, Heather M., Crna	Uncategorized										
illa Rainey	Uncategorized										
Danielle De Feo	Uncategorized	~	~	~	~	~	~	~	~	~	~
ntensive Care Associates	Uncategorized										
ïsha Brizz	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sarah Church	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ronda Facchini	Uncategorized	~	~	~	~	~	~	~	~	~	~
nrico Tobias	Uncategorized										
mazing Home Health	Uncategorized										
Scott, Monique Laticia	Uncategorized										
antiago Betancourt	Uncategorized	~	~	~	~	~	~	~	~	~	~
elroy Coleman	Uncategorized	~	~	~	~	~	~	~	~	~	~
Pousty, Sarah	Uncategorized										
liushan Susan Ng	Uncategorized	~	~	~	~	~	~	~	~	~	~
onila Sema	Uncategorized										
Shirley Saint-Jean	Uncategorized										



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SBH Health System (PPS ID:36)

	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Igor Gurin	Uncategorized										
Aleksandr Kopach	Uncategorized	~	~	~	~	~	~	~	~	~	~
Brunner, Nicholas	Uncategorized										
Linares, Lourdes	Uncategorized										
Murray, Latanya R	Uncategorized										
Trelan Holder	Uncategorized										
Blake Holl	Uncategorized	~	~	~	~	~	~	~	~	~	~
Henry, Andrew	Uncategorized										
Bronx United Ipa, Inc.	Uncategorized	~	~	~	~	~	~	~	~	~	~
The Children'S Village	Uncategorized										
Healthcare Radiology And Diagnostic Systems Pllc	Uncategorized										
Vip Health Care Services, Inc.	Uncategorized										
Christmas Thomas	Uncategorized	~	~	~	~	~	~	~	~	~	~
Salickran Ravi	Uncategorized										
Bestcare Inc.	Uncategorized										
Robinson,Ionez A	Uncategorized	~	~								
Linda Primus	Uncategorized	~	~	~	~	~	~	~	~	~	~
Moshe Sadofsky	Uncategorized	~	~	~	~	~	~	~	~	~	~
Spanos, Stephanie	Uncategorized										
Yasmine Saad	Uncategorized										
Sanata Diakite	Uncategorized										
James, Tantenisha	Uncategorized										
Pearl Quarshie	Uncategorized										
Ashley, Angela	Uncategorized										
Claudia Chang	Uncategorized	~	~	~	~	~	~	~	~	~	~
Andrea Kazlas	Uncategorized	~	~	~	~	~	~	~	~	~	~
Donald Janowitz	Uncategorized	~	~	~	~	~	~	~	~	~	~
Tania Shiminski-Maher	Uncategorized	~	~	~	~	~	~	~	~	~	~
Melanie Aure	Uncategorized	~	~	~	~	~	~	~	~	~	~
Butler, Kerry A	Uncategorized										
Melissa Buontempone	Uncategorized	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Atif Mahmood	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Centerlight Healthcare Inc	Uncategorized											
Astrid Louis	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Hanna Z Adult Day Care	Uncategorized											
Ashley Stackpole	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Patricia Philipps	Uncategorized	~		~	~		~	~	~	~	~	
Stephane Ntemar	Uncategorized											
Monica Dobson-Shannon	Uncategorized											
Mclean, Leanne	Uncategorized											
Peace Obioha	Uncategorized											
Glenda Walker	Uncategorized											
Ratty, Caitlin	Uncategorized											
Cid Francisco Divinagracia	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Michael Arvystas	Uncategorized											
Marilyn J. White	Uncategorized											
Brittany Cohen	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Gloria Quintero	Uncategorized											
Restrepo, Isabel	Uncategorized											
Smh Case Management, Inc.	Uncategorized											
St. Ann'S Corner Of Harm Reduction (Sachr)	Uncategorized											
Maria Adragna	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Ross Fuller	Uncategorized											
Eac, Inc.	Uncategorized											
Robert Dzhurayev	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Crystal Jackson	Uncategorized	~	~	~	~	~	~	~	~	~	~	
_upe Gallegos	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Steven Safyer	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Brian Currie	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Christina St. Juste	Uncategorized											
Mary Tetteh	Uncategorized											
inney, Keisha	Uncategorized											



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	-	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Barbara Domond	Uncategorized										
Γri Center - Bronx	Uncategorized										
Elaine Ochoa	Uncategorized										
Patel, Pranav, Md	Uncategorized										
atoumata Juwara	Uncategorized										
Patricia Botet	Uncategorized	~	~	~	~	~	~	~	~	~	~
/lichela Catalano	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sharon Tsadik	Uncategorized	~	~	~	~	~	~	~	~	~	~
Rosado,William	Uncategorized	~	~								
Patrick Kwon	Uncategorized	~	~	~	~	~	~	~	~	~	~
fichelle Villanueva	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ponnala, Madhusudhan, Md	Uncategorized										
Crimi, Kelly R., Pa	Uncategorized										
Palton Beckford Jr.	Uncategorized										
laley Staudt	Uncategorized	~	~	~	~	~	~	~	~	~	~
Samuels John	Uncategorized										
Deborah Cidoine	Uncategorized										
odderick Morris, Casac-T	Uncategorized										
andette Carter	Uncategorized	~	~	~	~	~	~	~	~	~	~
Onyedika,Ifeanyi	Uncategorized	~	~								
Reynolds,Mable	Uncategorized	~	~								
Breen, Megan	Uncategorized										
Cho, Sung Min, Np	Uncategorized										
Claudean Wright	Uncategorized										
Inion Community Health Center, Inc.	Uncategorized										
lfieri, Stacy, Crna	Uncategorized										
shayna John	Uncategorized										
eanette Kobel	Uncategorized	~	~	~	~	~	~	~	~	~	~
lichael Lace	Uncategorized	~	~	~	~	~	~	~	~	~	~
isma Mirza	Uncategorized	~	~	~	~	~	~	~	~	~	~
lolowitz, Anya	Uncategorized										



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Erez Harari	Uncategorized											
Massane Kone	Uncategorized											
Christine Gordon-Sorrell	Uncategorized											
Dawn Horath	Uncategorized	~	~	~	~	~		~		~		
Esther Shogbanmu	Uncategorized											
Abosede Badmus	Uncategorized											
Gabrielle Pezzulo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
D'Alisera, Michael	Uncategorized											
Albina Ashurova	Uncategorized											
Daena Casey, Rn	Uncategorized											·
Alternate Staffing, Inc.	Uncategorized											
Montefiore Medical Center	Uncategorized											·
Mary Nugent	Uncategorized	~	~	~	~	~	~	~	~	~	~	·
Bangisan, Eunice	Uncategorized											
Gancayo Louie Chuidian	Uncategorized											·
Javier Santos-Cubina	Uncategorized											
Uloma Umeadi	Uncategorized											·
Juliet Davis	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Calvin Mcfarlane	Uncategorized	~	~	~	~	~	~	~	~	~	~	·
Ayalon, Omri	Uncategorized											·
Antoinette Jones	Uncategorized											
Rosa, Samery	Uncategorized											·
Catherine E. Berg	Uncategorized	~	~									·
Fayann Nugent	Uncategorized											
Reyes, Maria	Uncategorized											
Nathan Carmignani	Uncategorized											
Ricardo Riley	Uncategorized											
Eleftherion, Caitlin	Uncategorized											
Barbara Pichler	Uncategorized											
Rene Bouquet	Uncategorized	~		~	~		~	~	~	~	~	
Deanna Deluccia	Uncategorized	~	~	~	~	~	~	~	~	~	~	 I



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	Participatin _t	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Cynthia Saglam	Uncategorized	~	~	~	~	~	~	~	~	~	~
Kevin Sattin	Uncategorized	~	~	~	~	~	~	~	~	~	~
Roten, Russell	Uncategorized										
Petr Nemirovskiy	Uncategorized										
Michelle Mormino	Uncategorized										
Aneesa Baptiste	Uncategorized										
Kaitlynn Messinger	Uncategorized	~	~	~	~	~	~	~	~	~	~
Carol Cohen-Romano	Uncategorized										
Belle, Troy	Uncategorized										
Terah Stiell	Uncategorized	~	~	~	~	~	~	~	~	~	~
Barbara Sobel	Uncategorized	~	~	~	~	~	~	~	~	~	~
Patrice Tyler	Uncategorized	~	~	~	~	~	~	~	~	~	~
Lott Assisted Living Operating Corp/Lott Assisted Living Residence	Uncategorized										
loan Glickman	Uncategorized										
Batson,Margaret K	Uncategorized	~	~								
Kelly Syracuse	Uncategorized	~	~	~	~	~	~	~	~	~	~
Hanson-Montgomery, Kim	Uncategorized										
Emanuel Yusupov	Uncategorized	~	~	~	~	~	~	~	~	~	~
Demetri Bartley	Uncategorized	~	~	~	~	~	~	~	~	~	~
Pressman, Mary	Uncategorized										
Starr-Graves,Dana M	Uncategorized	~	~								
Leena Brown	Uncategorized	~		~	~		~	~	~	~	~
Robert Burk	Uncategorized	~	~	~	~	~	~	~	~	~	~
Arturo Casadevall	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jennifer Persaud	Uncategorized	~	~	~	~	~	~	~	~	~	~
Summer Lofton	Uncategorized	~	~	~	~	~	~	~	~	~	~
Guerlande Thompson	Uncategorized										
Fogarty, Donna	Uncategorized										
remont Health Center	Uncategorized										
/icentia Badu	Uncategorized										
Marie Lo	Uncategorized										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
/ivian Ekenasi	Uncategorized										
Ayele Amedee	Uncategorized										
Sara Matsuzaka	Uncategorized										
Sarah Osmun	Uncategorized	~	~	~	~	~	~	~	~	~	~
Healthplus Amerigroup	Uncategorized										
Monegro,Francisco	Uncategorized	~	~								
Hirshbein, Hillel	Uncategorized										
Omorodion Okpeseyi	Uncategorized										
Gladys Bass	Uncategorized										
Villiams Rita	Uncategorized										
Mulder, Claire	Uncategorized										
Sulekha, Resmi, Md	Uncategorized										
Black, Jennifer	Uncategorized										
lice Lam	Uncategorized	~	~								
ohnathan Frazier	Uncategorized										
Nonica Nguyen, Od	Uncategorized	~	~	~	~		~	~	~		~
pstein Aviva	Uncategorized										
mber Court Of Brooklyn	Uncategorized										
Dianne Dowling	Uncategorized	~	~	~	~	~	~	~	~	~	~
oraida Torres	Uncategorized	~	~	~	~	~	~	~	~	~	~
ierney, Annmarie	Uncategorized										
Grullon, Ana R., Lcsw	Uncategorized										
yomide Babarinde	Uncategorized										
Stephen Rivera	Uncategorized										
Inion Community Health Center, Inc.	Uncategorized										
Gerron Gilford	Uncategorized	~	~	~	~	~	~	~	~	~	~
ayal Rabadi-Garcia	Uncategorized	~	~	~	~	~	~	~	~	~	~
laina Mascetti	Uncategorized	~	~	~	~	~	~	~	~	~	~
Susana Correia	Uncategorized										
/ip Health Care Services, Inc.	Uncategorized										
Aichael Fried	Uncategorized	~	~	~	~	~	~	~	~	~	~



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* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Patricia Penny	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Vernika Hess-Curry, Lmsw	Uncategorized											
Elena Pulver	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Shanley,Maribeth	Uncategorized	~	~									
Corinne Belloise	Uncategorized											
Myriame Osias-Louis	Uncategorized											
Michele Anderson	Uncategorized											
Dana Moore	Uncategorized											
Galluzzo, Jennifer L., Crna	Uncategorized											
Kristina Curry	Uncategorized											
Shaina Emmanuel	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Daniel Torrecilla	Uncategorized											
Seo, Yun Jeong	Uncategorized											
Chang, Alice W., Np	Uncategorized											
Musu Katairu	Uncategorized											
Mack, Shanequa	Uncategorized											
Michelle Jacobs	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kummel, Patricia	Uncategorized											
Bainbridge Adult Day Care Center I, Llc	Uncategorized											
Temitope Ayeni	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Joonsuk Jun	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Jillian Cullinane	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Angela Cheng	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Prudence Nwobi	Uncategorized											
Alexandrina Rolland	Uncategorized											
Ikponmwosa Uhunmwangho	Uncategorized											
Priscilla Garcia	Uncategorized											
Barber, Desiree	Uncategorized											
Yen Le	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Richard K. Adobor	Uncategorized											
Peter Wolstein	Uncategorized											
								•				



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Serafina Domanico	Uncategorized	*		~	~		~	~	~	~	~
Selfhelp Community Services, Inc.	Uncategorized										
Simon Rego	Uncategorized										
Michael Gleit	Uncategorized										
Good Shepherd Services	Uncategorized										
Union Community Health Center, Inc.	Uncategorized										
Geliebter, Mindey	Uncategorized										
Beth Taylor	Uncategorized										
Dulce Balcacer	Uncategorized	~	~	~	~	~	~	~	~	~	~
Augustus Aryee	Uncategorized	>	~	>	>	>	~	~	~	~	~
Kathleen Grant	Uncategorized	>		>	>		~	~	~	~	~
Mathieu, Judith E., Md	Uncategorized										
Reid, Gail	Uncategorized										
Jennifer Dimitriou	Uncategorized	~	~	~	~	~	~	~	~	~	~
Abdullahi,Umma A	Uncategorized	~	~								
Kathy Mccook	Uncategorized	~	~	~	~	~	~	~	~	~	~
Celia Salfarlie	Uncategorized										
Rudolph Moravek	Uncategorized										
Dillenbeck, Andrew	Uncategorized										
Jamie Cutrone	Uncategorized										
Esther Terebelo	Uncategorized	~	~	~	~	~	~	~	~	~	~
Kim, Elly	Uncategorized										
Lombardo, Amanda C., Pa	Uncategorized										
Henrietta Beyeemang	Uncategorized										
Saul Gomez	Uncategorized										
East Harlem Council For Community Improvement, Inc.	Uncategorized										
Leiana Richardson	Uncategorized	>	~	>	>	>	~	~	~	~	~
Georgette Goldson	Uncategorized	>	~	>	>	>	~	~	~	~	~
Tracy Gard	Uncategorized										
Homefirst Lhcsa, Inc. D/B/A Mjhs License Home Care Services Agency	Uncategorized										
Brian Lui	Uncategorized	>	~	>	>	>	~	~	~	~	~



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Lathrop, Meghan	Uncategorized										
Mojica, Venicio Baldeo	Uncategorized										
Amir Cekic	Uncategorized										
Migaul Smith	Uncategorized										
Marguerita C. Guthrie-Demunn	Uncategorized										
Jae Andrews	Uncategorized										
Leake And Watts Services Inc.	Uncategorized										
Kameria Ahmed	Uncategorized	~	~	~	~	~	~	~	~	~	~
Isabella Leviyev	Uncategorized	~	~	~	~	~	~	~	~	~	~
Yuliya Dekhtyar	Uncategorized	~	~	~	~	~	~	~	~	~	~
nna Gedzberg	Uncategorized	~	~	~	~	~	~	~	~	~	~
Best Choice Home Health Care	Uncategorized										
Marcelle Benoit	Uncategorized										
Joyce Gyamfi	Uncategorized										
Michael Li	Uncategorized	~	~	~	~	~	~	~	~	~	~
Mary Fedor	Uncategorized										
Nabila Al-Barghouthy	Uncategorized	~	~	~	~	~	~	~	~	~	~
Mario Montoni	Uncategorized										
Alma Villegas-Schwalbenbe	Uncategorized										
James Faix	Uncategorized	~	~	~	~	~	~	~	~	~	~
Odette Davis	Uncategorized	~	~	~	~	~	~	~	~	~	~
Pikoulas,Gabrielle	Uncategorized	~	~								
Renaissance Home Health Care Services	Uncategorized										
Webster, Melissa A	Uncategorized										
Erica Elkin	Uncategorized	~	~	~	~	~	~	~	~	~	~
Kossi Acolitse	Uncategorized	~	~	~	~	~	~	~	~	~	~
Marie Jean-Baptiste	Uncategorized										
City Medical Of Upper East Side	Uncategorized										
⁄aacoub, Ayman, Pa	Uncategorized										
Andrea C Castillo	Uncategorized										
Roselyn Benitez-Curtis	Uncategorized										



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	Participating in Pro	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Jessica Fonzi	Uncategorized	~	~	~	~	~		~		~		
Lata Mcginn	Uncategorized											
Yvette Zevon	Uncategorized											
Theresa Jones	Uncategorized											
Clark, Amara	Uncategorized											
Eunice Aguda	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Lucy Panicker	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Mejia, Johan	Uncategorized											
Tasha Rogers	Uncategorized											
Niakan, Nahal Talal, Np	Uncategorized											
James Fleck	Uncategorized											
Qiana Butler	Uncategorized											
Joseph Kubalak	Uncategorized											
Bola Omolaja	Uncategorized											
Rodriguez, Sonia	Uncategorized											
Ariane Aubourg	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Gendron, Matthew J., Pa	Uncategorized											
Maria Loverde	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Lopane,Colette	Uncategorized	~	~									
Bronx Jewish Community Council Home Attendant Services, Inc.	Uncategorized											
Shumaila Rangoonwala	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kirstin Jones	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Polu, Sravankumar	Uncategorized											
Faith Cohen	Uncategorized											
Tahirah Lett	Uncategorized											
Aisha Samory	Uncategorized											
Denise Ramos	Uncategorized	~	~	~	~	~		~		~		
Nadesha Maitland	Uncategorized											
Baltic Street Aeh, Inc.	Uncategorized											
Winsome King	Uncategorized											
Audrey Walker	Uncategorized											



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Navina Charles	Uncategorized										
Igel, Catherine M., Md	Uncategorized										
Karla Miller	Uncategorized										
Renee Semenick	Uncategorized	~	~	~	~	~	~	~	~	~	~
Gan Huo	Uncategorized	~	~	~	~	~	~	~	~	~	~
Toksoz Karasu	Uncategorized										
Judith Gautier	Uncategorized										
Marilyn L. Taylor	Uncategorized										
Henriquez-Pons, Loida	Uncategorized										
Veraanong Srakhao	Uncategorized										
Campbell-Ledgister, Shellyann	Uncategorized										
Julienne Merisma	Uncategorized										
Yasmin, Lubna, Pa	Uncategorized										
King, Shane D.	Uncategorized										
Rosario, Clara Z.	Uncategorized										
Joycelyn Ocran	Uncategorized										
Saeed Nighat F	Uncategorized										
Snagg,Jacinta	Uncategorized	~	~								
Albert Einstein Coll Of Med (Early Childhood)	Uncategorized										
Michael Brownlee	Uncategorized										
Laura Altman	Uncategorized										
Israel Goldman	Uncategorized	~	~	~	~	~	~	~	~	~	~
John Bosworth	Uncategorized	~	~	~	~	~	~	~	~	~	~
Edison Home Health Care	Uncategorized										
Schiraldi,Michael	Uncategorized	~	~								
Edith Odukwe	Uncategorized										
Wasef, Ayman	Uncategorized										
Sarah Duckett	Uncategorized										
Stanislav Lando	Uncategorized	~	~	~	~	~	~	~	~	~	~
Elderplan, Inc.	Uncategorized										
Anna Letton	Uncategorized	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Olcha, Meir, Md	Uncategorized										
larmon, Beverly	Uncategorized										
olajoko Oshodi	Uncategorized										
ndrew,Sarah	Uncategorized	~	~								
Itagracia Taveras, Rn	Uncategorized										
Stromes, Deborah	Uncategorized										
ingh, Ashdeep, Pa	Uncategorized										
Selamawit Yohannes	Uncategorized	~	~	~	~	~	~	~	~	~	~
ea Marbe	Uncategorized	~	~	~	~	~	~	~	~	~	~
Scola, Stephen	Uncategorized	~	~	~	~	~	~	~	~	~	~
larris Goldstein	Uncategorized	~	~	~	~	~	~	~	~	~	~
Danny Naifeh	Uncategorized										
obinson, Annette C	Uncategorized										
colleen Lawe	Uncategorized	~	~	~	~	~	~	~	~	~	~
anaira De Las Nueces	Uncategorized	~	~	~	~	~	~	~	~	~	~
rin Anthony	Uncategorized	~	~	~	~	~	~	~	~	~	~
eanine Bowen	Uncategorized	~	~	~	~	~	~	~	~	~	~
piro, Ari J., Md	Uncategorized										
adilla, Elizabeth	Uncategorized										
meteagbon Egbonoje	Uncategorized										
Salvatore Lomonaco	Uncategorized										
osh Bazell	Uncategorized										
loyd Snead, Casac	Uncategorized										
loro, Barbara	Uncategorized										
atherine Borkacki	Uncategorized	~	~	~	~	~	~	~	~	~	~
auren Grant	Uncategorized										
enaissance Adult Day Care Services -Bedford Llc	Uncategorized										
oceline Jeudy	Uncategorized										
hyllis A Sarkodie-Addo	Uncategorized										
. John Gallagher	Uncategorized	~	~	~	~	~	~	~	~	~	~
icole Ferrara	Uncategorized	~	~	~	~	~	~	~	~	~	~



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SBH Health System (PPS ID:36)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Deborah Osborne-Levy	Uncategorized										
Abubaker, Syeda	Uncategorized										
Stephanie Delille	Uncategorized										
Francis Kwofie	Uncategorized										
Ryan Davis	Uncategorized										
Melissa Firstenberg	Uncategorized	~	~	~	~	~	~	~	~	~	~
Vip Health Care Services, Inc.	Uncategorized										
Carolyn Zimmermann	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nicole Noveck	Uncategorized	~	~	~	~	~	~	~	~	~	~
Sasheen Ferguson	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nkechi Enyinna	Uncategorized										
Donald Simms	Uncategorized										
Archita Patel	Uncategorized	~	~	~	~	~	~	~	~	~	~
Aditi Verma	Uncategorized										
Moran, Cindy M., Pa	Uncategorized										
Eileen Lubars	Uncategorized										
People Care, Inc.	Uncategorized										
Angelo Illuzzi	Uncategorized										
Cardinal Mccloskey Community Services	Uncategorized										
lames Paw	Uncategorized	~	~	~	~	~	~	~	~	~	~
Judith Bock	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nina Louran	Uncategorized										
loyd Bowers	Uncategorized										
Suzanne Grady	Uncategorized	~		~	~		~	~	~	~	~
ris Tuitt	Uncategorized	~	~	~	~	~	~	~	~	~	~
Milana Badalov	Uncategorized	~	~	~	~	~	~	~	~	~	~
Ratner, Ross M., Md	Uncategorized										
Amy Acaba	Uncategorized										
Constellation Home Care	Uncategorized										
Oouglas Jones	Uncategorized										
Jbaida Shuaibu	Uncategorized										



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Sandra F. Nortey	Uncategorized											
Sannette Forrester	Uncategorized											
Nico, Robert C.	Uncategorized											
Dione Ndiaye	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Karyn Williams	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Vera Stein	Uncategorized											
Julie Thomas	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Deborah Greene Msw, Casac	Uncategorized											
Celia Sasson	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Butler, Jacqueline, P.A.	Uncategorized											
Peguero, Lynette, Pa	Uncategorized											
Keisha Hamilton	Uncategorized											
Stephania St. Jean	Uncategorized											
Hiwot Girma	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Tatyana Zharkovsky	Uncategorized											
Gene Pitt	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Jasmine Vigo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Suneetha Potluri	Uncategorized											
Medalliance Medical Health Services	Uncategorized											
Olatoyosi Ajala	Uncategorized											
Adina Freud	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Keith Rayson	Uncategorized											
Leonard Fraser	Uncategorized											
Yvette Smith-Maldonado	Uncategorized											
Montefiore Medical Center	Uncategorized											
Hemlal, Diana, Pa	Uncategorized											
Marquez, Timothy F., Crna	Uncategorized											
Yhan Cho, Msw	Uncategorized											
Quraishi, Mohammed	Uncategorized											
Richard Kleefield	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Erlinda Beltran	Uncategorized											



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Cheray Small	Uncategorized											
Eve Katz	Uncategorized											
Osborn, Jesse	Uncategorized											
Justyna Zapolska	Uncategorized											
Berson, Ellice	Uncategorized											
Grinfeld, Lisa	Uncategorized											
Foster, Joslet	Uncategorized	~	~									
Carlton Tanis	Uncategorized											
Dinally, Eric, Crna	Uncategorized											
Joel Harris	Uncategorized											
Robert Cooney	Uncategorized	~		~	~		~	~	~	~	~	
Beverly Zabriskie	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Alexandra Archer	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rudorwashe Nurse	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Salen, Ruth	Uncategorized											
Cooper, Sonata	Uncategorized											
Herbst,Jessica	Uncategorized	~	~									
Leong,Heidi	Uncategorized	~	~									
Robert Schlesak	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kathleen Marty	Uncategorized	~	~	~	~	~	~	~	~	~	~	
William Sczewzcuk, Casac	Uncategorized											
Waltuch, Temima, Md	Uncategorized											
Dorcas Asamoah	Uncategorized											
Tamika Clemetson	Uncategorized											
Andrew Sicklick	Uncategorized											
Peterson Exil	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Denise Foulkes	Uncategorized											
Charles Ford	Uncategorized											
Deidra Sekulic	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Karen Mikala	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Listy Joseph	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

	Participating Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii
Samina R. Hassan, Pa	Uncategorized										
Sejal Singh	Uncategorized	~	~	~	~	~	~	~	~	~	~
Fariha Khatun	Uncategorized	~	~	~	~	~	~	~	~	~	~
Allyson Volek	Uncategorized	~		~	~		~	~	~	~	~
Maryann Popiel	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jeya Balasubramanian	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jaime Franco	Uncategorized										
Mark Finn	Uncategorized										
Darlene Desantis	Uncategorized	~	~	~	~	~	~	~	~	~	~
Leonard Schulman	Uncategorized	~	~	~	~	~	~	~	~	~	~
Richard Kitsis	Uncategorized	~	~	~	~	~	~	~	~	~	~
Felecia Slade	Uncategorized										
Anne Marie Reynolds	Uncategorized	~	~	~	~	~	~	~	~	~	~
Eugene Lekhner	Uncategorized	~	~	~	~	~	~	~	~	~	~
Massiel Grullon	Uncategorized	~		~	~		~	~	~	~	~
Jacquline Mullakary	Uncategorized										
Antoine Bruno	Uncategorized										
Aislinn Rooney	Uncategorized										
De Los Santos, Isaura	Uncategorized										
Intergen Home Health	Uncategorized										
Paulina Swietlik	Uncategorized	~	~	~	~	~	~	~	~	~	~
Jagun, Olayinka	Uncategorized	~				~		~			~
Shari Steele	Uncategorized										
Shaneika Robinson	Uncategorized										
Derrick Smith	Uncategorized	~	~	~	~	~	~	~	~	~	~
Nathaly Palacios	Uncategorized	~		~	~		~	~	~	~	~
Franca Martino-Starvaggi	Uncategorized										
Centerlight Healthcare Inc	Uncategorized										
Gale Scavin	Uncategorized	~	~	~	~	~	~	~	~	~	~
Eric Wasp	Uncategorized	~	~	~	~	~	~	~	~	~	~
Walker, Maria	Uncategorized										



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DSRIP Implementation Plan Project

SBH Health System (PPS ID:36)

	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Kamilah Dowling	Uncategorized	~	~	~	~	~	~	~	~	~	~	1
Jennifer Brutus	Uncategorized	~	~	~	~	~	~	~	~	~	~	1
Lisa Martin	Uncategorized											
Jacqueline Mckayle, Casac-T	Uncategorized											1
Tiffany Joy Vaglica	Uncategorized											
Nayak, Aditi, Md	Uncategorized											
Roni, Mirza M., Pa	Uncategorized											1
Palacio, Natalia F., Pa	Uncategorized											1
Cai Yu Fong	Uncategorized											
Nereida Cooperman	Uncategorized	~	~	~	~	~	~	~	~	~	~	
auren Carter	Uncategorized	~	~	~	~	~	~	~	~	~	~	1
Gargi Mehta	Uncategorized	~	~	~	~	~	~	~	~	~	~	1
udith Godwin	Uncategorized											1
loseph Tamagna	Uncategorized											1
Beasley, Shawna J.	Uncategorized											1
Forest, Stephen J., Md	Uncategorized											
Gifty Baidoe	Uncategorized											
Khikmatova, Nargiza, Pa	Uncategorized											
Cynthia Hernandez	Uncategorized											
acialee Waite	Uncategorized											
Guskova, Olga, Pa	Uncategorized											1
Heather Dawson	Uncategorized											
Mabry, Sheilah	Uncategorized											
Robert Vigil	Uncategorized											
Carolyn Fratto	Uncategorized											
Ryan Donlon	Uncategorized	~	~	~	~	~	~	~	~	~	~	
vette Cancyrn	Uncategorized											
indsey Rice	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Fernando Harrington	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Davis,Jibrail	Uncategorized	~	~									
Rachel Dyball	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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SBH Health System (PPS ID:36)

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Christopher Murphy	Uncategorized											
Shante Gordon	Uncategorized											
Families On The Move Of Nyc Inc	Uncategorized											
Alice Manu	Uncategorized											
Jeffrey Moskovic	Uncategorized											
Ali, Fayez	Uncategorized											
Roy Goldberg	Uncategorized											
East Harlem Council For Community Improvement, Inc.	Uncategorized											
Bujar Xhafa	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Abigail Torres	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Longkat Kesmen	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Angelica Pancrudo	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Feizal Fakier	Uncategorized											
Episcopal Social Services Of New York Inc.	Uncategorized											
Morounkeji Oladeinde	Uncategorized											
Blecher Paz, Karin, Md	Uncategorized											
Clarke, Dexter	Uncategorized											
Villiams, Eulalee	Uncategorized											
Mujda Hachil	Uncategorized	~	~	~	~	*	~	~	~	~	~	
Krombel, Hilary F., Pa	Uncategorized											
Aquila Mambuliya	Uncategorized											
Michael Ferreira	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Naemi Stilman	Uncategorized											
Nana Fofana	Uncategorized	~	~	~	>	>	~	~	~	~	~	
Patricia Powell	Uncategorized	~	~	~	>	>	~	~	~	~	~	
Manjju Pulickal	Uncategorized											
⁄uliana Toderika	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Sheila Tanenbaum	Uncategorized											
Episcopal Social Services Of New York Inc.	Uncategorized											
Dwight Christian	Uncategorized											
Pamela Lagman	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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* Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.iii	4.c.ii	
Melissa Guzman	Uncategorized											
Blocker, Andrea	Uncategorized											
Herrera, Lissette, Lmsw	Uncategorized											
Candace Mcgarrell-Duval	Uncategorized											
Walker-Mainor, April	Uncategorized											
Burdette, David	Uncategorized											
All Med Medical & Rehabilitation Of New York, Inc.	Uncategorized											
Jose Mansueto	Uncategorized	~	~									
Catholic Guardian Services	Uncategorized											
Evelyn Hartman	Uncategorized											
Lawrence Lee	Uncategorized	~	~	~	~	~	~	~	~	~	>	
Nixzaliz Rojas	Uncategorized											
Charles Osei-Totu	Uncategorized	~	~	~	~	~	~	~	~	~	>	
Silvera, Opal	Uncategorized											
Daggett, William J	Uncategorized											
Ravenell, Ericka, Pa	Uncategorized											
Sarit Krau	Uncategorized											
Pazos, Sophia	Uncategorized	~				~		~			>	
George Rivera	Uncategorized											
First Care Of New York Inc.	Uncategorized											
Davidson, Jessica	Uncategorized	~	~									
Jose Ecal	Uncategorized	~	~									
Vladimir Kvetan	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Kimberly Defatta	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Lucille Trocher	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Nessette Falu	Uncategorized	~	~	~	~	~	~	~	~	~	~	
Rosa Cifre	Uncategorized											
Marie M Leonidas	Uncategorized											
Douglas Carney	Uncategorized	~	~	~	~	~	~	~	~	~	~	



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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
sgjevuka	Templates	36_DY2Q4_PPP_TRAIN_DY2Q4PIT_Replacement_Template_SBH_updated_15030.xlsx	Updated DY2Q4 PIT	06/14/2017 02:05 PM
sgjevuka	Templates	36_DY2Q4_PPP_TRAIN_DY2Q4PIT_Replacement_Template_SBH_updated_10929.xlsx	PIT Replacement Template	04/19/2017 03:04 PM

Narrative Text:

We detected an error in the query which generated provider engagement lists for DY2Q4. The error only affected 3.b.i's milestones with milestones associated with projects 2.a.iii, 2.b.iv and 3.c.i unaffected. The total number of engaged providers for 3.b.i milestones is reduced from 6,707 to 5,880. Milestone 3.b.i.18 is measured by primary care providers (PCP), non-primary care providers (non-PCP) and behavioral health (BH) provider engagement. Of those, non-PCP is the only category affected and is reduced from 4,475 to 4,227 engaged providers. Our commitment was 1,721 engaged providers. Milestone 3.b.i.20 is measured by PCP engagement and that number remains unchanged.