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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Quarterly Report - Implementation Plan for Advocate Community Providers

Year and Quarter: DY3, Q3

Status By Section

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

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	In Process
<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	In Process
<u>2.b.iii</u>	ED care triage for at-risk populations	In Process
<u>2.b.iv</u>	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	In Process
<u>3.a.i</u>	Integration of primary care and behavioral health services	In Process
<u>3.b.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adult only)	In Process
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	In Process
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	In Process
<u>4.b.i</u>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	In Process
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer	In Process



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	53,821,025	57,360,447	92,754,665	82,136,400	53,821,025	339,893,561
Cost of Project Implementation & Administration	16,146,981	17,207,375	27,826,485	24,640,246	16,146,981	101,968,068
Implementation	12,917,269	13,249,679	20,313,334	16,262,562	10,011,128	72,753,972
Administration	3,229,712	3,957,696	7,513,151	8,377,684	6,135,853	29,214,096
Revenue Loss	6,458,793	6,882,950	11,130,594	9,856,098	6,458,793	40,787,228
Internal PPS Provider Bonus Payments	20,452,843	21,796,008	35,246,881	31,210,979	20,452,843	129,159,554
Cost of non-covered services	2,691,164	2,867,896	4,637,748	4,106,708	2,691,164	16,994,680
Other	8,073,491	8,603,688	13,913,243	12,320,123	8,073,490	50,984,035
Contingency Fund	5,382,327	5,735,792	9,275,495	8,213,415	5,382,327	33,989,356
Other	2,691,164	2,867,896	4,637,748	4,106,708	2,691,163	16,994,679
Total Expenditures	53,823,272	57,357,917	92,754,951	82,134,154	53,823,271	339,893,565
Undistributed Revenue	0	2,530	0	2,246	0	0

Current File Uploads

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

Narrative Text:

Budget above is consistent with the percentages and distribution dollars as described in the original application due December 2014. Percentages contemplated were discussed by members of ACP prior to submission of the original application. The numbers assumes earning 100% of 'Net Project Valuation' amount listed in the PPS Award Letter.



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Advocate Community Providers (PPS ID:25)

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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 DY3	Revenue	Revenue YTD	Revenue Total
92,754,665	339,893,561	87,355,062	297,269,387

Budget Items	DY3 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	31,376,897	22,426,882	80.60%	70,591,171	69.23%
Implementation	0					
Administration	0					
Revenue Loss	0	0	11,130,594	100.00%	40,787,228	100.00%
Internal PPS Provider Bonus Payments	0	11,247,277	35,246,881	100.00%	117,912,277	91.29%
Cost of non-covered services	0	0	4,637,748	100.00%	16,994,680	100.00%
Other	0	0	13,913,243	100.00%	50,984,035	100.00%
Contingency Fund	0					
Other	0					
Total Expenditures	0	42,624,174				

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.



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Advocate Community Providers (PPS ID:25)

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	53,821,025	57,360,447	92,754,665	82,136,400	53,821,025	339,893,561
Practitioner - Primary Care Provider (PCP)	11,841,119	12,618,742	20,406,089	18,069,514	11,841,120	74,776,584
Practitioner - Non-Primary Care Provider (PCP)	2,691,164	2,867,896	4,637,746	4,106,708	2,691,164	16,994,678
Hospital	7,363,001	7,846,539	12,688,838	11,235,918	7,363,001	46,497,297
Clinic	285,030	303,749	491,200	434,955	285,030	1,799,964
Case Management / Health Home	663,996	707,601	1,144,279	1,013,256	663,996	4,193,128
Mental Health	932,736	993,990	1,607,407	1,423,353	932,736	5,890,222
Substance Abuse	932,736	993,990	1,607,407	1,423,353	932,736	5,890,222
Nursing Home	526,731	561,323	907,729	803,791	526,731	3,326,305
Pharmacy	251,955	268,501	434,199	384,481	251,955	1,591,091
Hospice	187,457	199,767	323,049	286,059	187,457	1,183,789
Community Based Organizations	447,267	476,639	770,789	682,528	447,267	2,824,490
All Other	27,700,079	29,519,180	47,736,218	42,270,238	27,700,078	174,925,793
Uncategorized						0
Home and Community Based Services						0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	53,823,271	57,357,917	92,754,950	82,134,154	53,823,271	339,893,563
Undistributed Revenue	0	2,530	0	2,246	0	0

Current File Uploads

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	User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text:

Budget percentage allocations listed below is consistent with the funds flow model that was outlined in our original application due December 2014.

-22% to Primary Care Physicians



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Advocate Community Providers (PPS ID:25)

-5% to Specialists

- -11% to remaining providers (including Hospitals)
 - -Projection of involvement by project and level of effort of each project by each provider category determined that determine allocation
 - -Percent rolled up to PPS as a whole (all 10 projects)
 - -Overall percent applied to this category to determine allocation by provider type
 - -12% Revenue Loss included under Hospital category
- -62% under 'All Other' and includes: Cost of Project Implementation (30%), Costs of Services Not Covered (5%), Contingency Fund (10%), Other (5%).

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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 DY3	Revenue	Revenue YTD	Revenue Total
92,754,665.00	339,893,561.00	82,927,023.00	

		Percentage of Safety Net								Percent	Spent By	y Projec	t				
Funds Flow Items	DY3 Q3 Quarterly	Funds - DY3 Q3	Safety Net Funds	Safety Net Funds Percentage	Total Amount Disbursed to Date (DY1-				I	Projects	ects Selected By PPS		DY Adjusted	Cumulative Difference			
	Amount - Update	Quarterly Amount - Update	Flowed YTD	YTD	DY5)	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	7,872,187.37	0	0	0	0	0	0	0	0	0	0	20,406,089	66,904,396.63
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	1,217,767.82	0	0	0	0	0	0	0	0	0	0	4,637,746	15,776,910.18
Hospital	0	0.00%	0	0.00%	3,431,579	0	0	0	0	0	0	0	0	0	0	12,688,838	43,065,718
Clinic	0	0.00%	0	0.00%	471,537.92	0	0	0	0	0	0	0	0	0	0	491,200	1,328,426.08
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	1,144,279	4,193,128
Mental Health	0	0.00%	0	0.00%	200,495.14	0	0	0	0	0	0	0	0	0	0	1,607,407	5,689,726.86
Substance Abuse	0	0.00%	0	0.00%	300,559.55	0	0	0	0	0	0	0	0	0	0	1,607,407	5,589,662.45
Nursing Home	0	0.00%	0	0.00%	160,531.56	0	0	0	0	0	0	0	0	0	0	907,729	3,165,773.44
Pharmacy	0	0.00%	0	0.00%	7,176.14	0	0	0	0	0	0	0	0	0	0	434,199	1,583,914.86
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	323,049	1,183,789
Community Based Organizations	0	0.00%	0	0.00%	72,544.98	0	0	0	0	0	0	0	0	0	0	770,789	2,751,945.02
All Other	0	0.00%	0	0.00%	1,235,089.41	0	0	0	0	0	0	0	0	0	0	47,736,218	173,690,703.59
Uncategorized	0	0.00%	0	0.00%	485,820.45	0	0	0	0	0	0	0	0	0	0	0	0
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	0	0.00%	0	0.00%	0												
PPS PMO	4,428,039	100.00%	9,827,642	100.00%	19,403,650.75											0	0
Total	4,428,039	100.00%	9,827,642	100.00%	34,858,940.09												



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Current File Uploads

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

Narrative Text :

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

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green

Wai	iver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY3Q3
Practitioner - Pr	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 Mana	gement / Health Home	0
	Case Management / Health Home	0
M	lental Health	0
	Mental Health	0
Sub	ostance Abuse	0
	Substance Abuse	0
N	ursing Home	0
	Nursing Home	0
	Pharmacy	0
	Pharmacy	0
	Hospice	0
	Hospice	0
Community	Based Organizations	0
	Community Based Organizations	0
	All Other	0
	All Other	0
Uı	ncategorized	0
	Uncategorized	0
Home and Co	mmunity Based Services	0
	Home and Community Based Services	0



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Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider									
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY3Q3						
,	Additional Providers		0						
	0								



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

IPQR Module 1.5 - Prescribed Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES

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 Descriptio	u 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	

NYS Confidentiality – High



DSRIP Implementation Plan Project

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Null Date : 03/30/2

Advocate Community Providers (PPS ID:25)

IPQR Module 1.6 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

No Records Found



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	64,371,619.60	64,371,619.60	64,371,619.60	64,371,619.60	64,371,619.60	321,858,098
Cost of Project Implementation & Administration	17,480,440	17,480,440	17,480,440	17,480,440	17,480,436	87,402,196
Administration	5,244,132	5,244,132	5,244,132	5,244,132	5,244,131	26,220,659
Implementation	12,236,308	12,236,308	12,236,308	12,236,308	12,236,305	61,181,537
Revenue Loss	6,992,176	6,992,176	6,992,176	6,992,176	6,992,174	34,960,878
Internal PPS Provider Bonus Payments	22,141,890	22,141,890	22,141,890	22,141,890	22,141,888	110,709,448
Cost of non-covered services	2,913,407	2,913,407	2,913,407	2,913,407	2,913,405	14,567,033
Other	8,740,220	8,740,220	8,740,220	8,740,220	8,740,218	43,701,098
Contingency	5,826,813	5,826,813	5,826,813	5,826,813	5,826,813	29,134,065
Other	2,913,407	2,913,407	2,913,407	2,913,407	2,913,405	14,567,033
Total Expenditures	58,268,133	58,268,133	58,268,133	58,268,133	58,268,121	291,340,653
Undistributed Revenue	6,103,486.60	6,103,486.60	6,103,486.60	6,103,486.60	6,103,498.60	30,517,445

Current File Uploads

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No Records Found

Narrative Text:

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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 DY3 Total Non-Waiver Revenue 64.371.619.60 321.858.098		Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
	64,371,619.60	321,858,098	54,199,322.60	296,604,836

Budget Items	DY3 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	25,253,262	7,308,143	41.81%	62,148,934	71.11%
Administration	0					
Implementation	0					
Revenue Loss	0	0	6,992,176	100.00%	34,960,878	100.00%
Internal PPS Provider Bonus Payments	0	0	22,141,890	100.00%	110,709,448	100.00%
Cost of non-covered services	0	0	2,913,407	100.00%	14,567,033	100.00%
Other	0	0	8,740,220	100.00%	43,701,098	100.00%
Contingency	0					
Other	0					
Total Expenditures	0	25,253,262				

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Advocate Community Providers (PPS ID:25)

Review Status	IA Formal Comments
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Advocate Community Providers (PPS ID:25)

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	64,371,619.60	64,371,619.60	64,371,619.60	64,371,619.60	64,371,619.60	321,858,098
Practitioner - Primary Care Provider (PCP)	12,818,990	12,818,990	12,818,990	12,818,989	12,818,989	64,094,948
Practitioner - Non-Primary Care Provider (PCP)	2,913,407	2,913,407	2,913,407	2,913,407	2,913,407	14,567,035
Hospital	7,971,080	7,971,080	7,971,080	7,971,080	7,971,080	39,855,400
Clinic	640,949	640,949	640,949	640,949	640,949	3,204,745
Case Management / Health Home	58,268	58,268	58,268	58,268	58,268	291,340
Mental Health	582,681	582,681	582,681	582,681	582,681	2,913,405
Substance Abuse	582,681	582,681	582,681	582,681	582,681	2,913,405
Nursing Home	699,218	699,218	699,218	699,218	699,218	3,496,090
Pharmacy	116,536	116,536	116,536	116,536	116,536	582,680
Hospice	75,749	75,749	75,749	75,749	75,749	378,745
Community Based Organizations	798,273	798,273	798,273	798,273	798,273	3,991,365
All Other	850,715	850,715	850,715	850,715	850,715	4,253,575
Uncategorized	9,410,303	9,410,303	9,410,303	9,410,303	9,410,303	47,051,515
Home and Community Based Services	0	0	0	0	0	0
PPS PMO	20,749,281	20,749,281	20,749,281	20,749,281	20,749,281	103,746,405
Total Funds Distributed	58,268,131	58,268,131	58,268,131	58,268,130	58,268,130	291,340,653
Undistributed Non-Waiver Revenue	6,103,488.60	6,103,488.60	6,103,488.60	6,103,489.60	6,103,489.60	30,517,445

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Advocate Community Providers (PPS ID:25)

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 DY3	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
64,371,619.60	321,858,098.00	46,633,682.60	289,056,259.00

Funds Flow Items	DY3 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY3 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	12,818,990	64,094,948
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	2,913,407	14,567,035
Hospital	0	0.00%	0	0.00%	0	7,971,080	39,855,400
Clinic	0	0.00%	0	0.00%	0	640,949	3,204,745
Case Management / Health Home	0	0.00%	0	0.00%	0	58,268	291,340
Mental Health	0	0.00%	0	0.00%	0	582,681	2,913,405
Substance Abuse	0	0.00%	0	0.00%	0	582,681	2,913,405
Nursing Home	0	0.00%	0	0.00%	0	699,218	3,496,090
Pharmacy	0	0.00%	0	0.00%	0	116,536	582,680
Hospice	0	0.00%	0	0.00%	0	75,749	378,745
Community Based Organizations	0	0.00%	0	0.00%	0	798,273	3,991,365
All Other	0	0.00%	0	0.00%	0	850,715	4,253,575
Uncategorized	0	0.00%	0	0.00%	0	9,410,303	47,051,515
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0	_	



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Advocate Community Providers (PPS ID:25)

Funds Flow Items	DY3 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY3 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	7,565,640	100.00%	17,737,937	100.00%	32,801,839	3,011,344	70,944,566
Total	7,565,640	100.00%	17,737,937	100.00%	32,801,839		

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Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	DY3Q3	
Practitioner - Prin	nary Care Provider (PCP)	0	
	Practitioner - Primary Care Provider (PCP)	0	
Practitioner - Non-P	rimary Care Provider (PCP)	0	
	Practitioner - Non-Primary Care Provider (PCP)	0	
ŀ	Hospital	0	
	Hospital	0	
	Clinic	0	
	Clinic	0	
Case Manage	ement / Health Home	0	
	Case Management / Health Home	0	
Mer	ntal Health	0	
	Mental Health	0	
Subs	tance Abuse	0	
	Substance Abuse	0	
Nur	Nursing Home		
	Nursing Home	0	
Р	harmacy	0	
	Pharmacy	0	
-	Hospice	0	
	Hospice	0	
Community E	Based Organizations	0	
	Community Based Organizations	0	
A	All Other	0	
	All Other	0	
Und	ategorized	0	
	Uncategorized	0	
Home and Com	munity Based Services	0	
	Home and Community Based Services	0	



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Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider				
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY3Q3	
Additional Providers			0	
	Additional Providers		0	



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Advocate Community Providers (PPS ID:25)

IPQR Module 1.11 - IA Monitoring

Instructions:



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Advocate Community Providers (PPS ID:25)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions:

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub- committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1 ACP Board Structure	Completed	1 Complete ACP Board Structure	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 ACP Committee Structure	Completed	2 Complete ACP Committee Structure	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3 ACP Board of Directors	Completed	3 Select and confirm ACP Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4 ACP Officers	Completed	4 Appoint ACP Officers	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 5 Approve Bylaws	Completed	5 Approve Bylaws	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6 Steering Committee	Completed	6 Establish Steering Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 7 Committee Chairs/Co-Chairs	Completed	7 Select Committee Chairs/Co-Chairs	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8 ACP Subcommittees	Completed	8 Finalize ACP subcommittees and membership	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 9 Meeting Schedules	Completed	9 Establish Board and Committee Meeting Schedules	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10 Operational Locations	Completed	10 Determine ACP operational locations	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	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
Task 1 Appoint CMO	Completed	1 Appoint Chief Medical Officer, Jackson Kuan, MD	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Clinical Quality Committees	Completed	2 Establish clinical quality committees for each project	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3 Evidence-Based Protocols	Completed	3 Establish and distribute evidence-based clinical protocols and processes	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4 Procedure Manual	Completed	4 Create and distribute process and procedure manuals for compliance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5 Physician Engagement Teams	Completed	5 Establish physician engagement teams to monitor adherence to protocols and workflow processes. The physician engagement teams include members from the communities in which the physicians serve. They are culturally and linguistically competent therefore understand the culture of the communities and can provide assistance and support to the physicians in the implementation of the projects in a way that is most efficient.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Performance Reporting Metrics	Completed	6 Create and adopt Performance reporting Metrics. These performance metrics are developed from industry and evidence based monitoring standards which reveal not only when a patient is engaged, but also the timeliness and effectiveness of the interventions. These metrics include such values a, Hgb a1c levels to demonstrate effectiveness of hypoglycemic therapy, Monitoring BP levels, Flow sheets demonstrating episodic treatments and exacerbations, Rates of hospital utilizations and trending of these values to show progression or control and enhanced performance and outcome.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7 PAC and Care Team Roles	Completed	7 Confirm PAC and Care Team members and establish defined roles for each. The PAC serves in ACP as a true advisory committee, reviewing processes and protocols and providing ACP's Project Management Office with input on efficacy of same. ACP's PAC represents and communicates the voice of its over 200 partners. The PAC is made up of ACP partners from all different provider types and they are part of the ACP Care Teams which they then serve to represent before the PMO. They bring the voice of the	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		partners as well as the feedback on processes, which they also assist in creating. The Care Teams are regional and are made up of all ACP partners of all provider types within a geographical area. The Care Teams are the "ground troops" of ACP. They are the partners committed to providing care to ACP's patients in accordance with the ACP established protocols and processes.							
Task 8 Meeting Schedules	Completed	8 Establish committee meeting schedules	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1 Approve bylaws	Completed	Board of Directors will approve bylaws which shall be adopted immediately	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Appoint Compliance Officer	Completed	2 Appoint Compliance Officer and Communicate Compliance Policies and Procedures	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3 Adopt Key Corporate Compliance Policies	Completed	3 Compliance Officer and committee will develop and Adopt Key Corporate Policies and Procedures including but not limited to: Code of ethics, Conflict of interest, compliance, document destruction and Retention, HR policies and procedures, HIPAA, whistleblower policy.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4 Dispute Resolution Policies	Completed	4 Board, compliance officer, and in-house attorney will draft and Adopt Dispute Resolution Policies and Procedures. If there is a conflict among partners, stakeholders or within any committees, the Board will make a determination after considering the facts and feedback from such partners and stakeholders. Depending on the nature of the issue, the issue may be submitted to one of the functional committees (i.e., clinical, finance, HIT, audit, and compliance committees) if the issue falls within the scope of any such committee, or a special subcommittee of the Steering Committee or the PAC.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5 Provider Performance Policies	Completed	5 Board, compliance officer and in-house attorney shall draft and Adopt Underperforming Provider Policies and Procedures and include them in the Provider Contracts	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Committee Guidelines	Completed	6 Develop Committee guidelines for each committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1 Analytics Team	Completed	Create Analytics team for pulling metrics, creating reports and providing analysis to present to clinical management	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Clinical Quality Team Roles	Completed	2 Define roles of Clinical Quality Committee in monitoring and reporting	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Identify Performance Metrics	Completed	Achievement/Engagement performance. These metrics will include analysis of patients achieving target goals and those not, number of patients engaged using internal reporting codes pulled from EMR and practice management systems, measurement of avoidable hospital utilizations based on PPS developed algorithms that use predictive measures such as length of hospital stay/ICD/number of episodes, and others. Performance of the governing committees will also be measured. These will be measured through committee meeting minute analysis, through review of committee reports on analyses done on reports received and reviewed. Results should be analyzed by the committees and reports provided to the PMO including General Project Manager and CMO, Reports from the committees whall be due periodically, sometimes monthly and sometimes quarterly depending on the committee and the data being analayzed. Some examples are the Clincial Quality Committee may receive and review reports on performance monthly, which it then mustanalyze and present findings to the PMO monthly. The Clinical Committee shall review and update evidence based protocols and processes at a minimum yearly which it will then present to the PMO for distribution to partners. All other committees and workgroups also have deliverables that will be measured consistently and evaluated for efficiency, accuracy and effectiveness.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Collecting and Reporting Data	Completed	4 Develop Tools for Collecting and Reporting Data from all Participating Providers and Communicating Results. These	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		tools will include homegrown reporting codes that are posted at encounters, use of registries, MCO reports, laboratory test result values, amongst others.							
Task 5 Reporting Schedule	Completed	5 Establish reporting periodicity. The PPS foresees a monthly reporting schedule	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Reporting Baselines and Thresholds	Completed	6 Establish baselines and thresholds to measure provider performance and implement corrective action plan implementation needs	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 7 Corrective Action Plan	Completed	7 Develop a provider corrective action plans and penalty/reward system to be implemented by provider quality control and communications committee	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8 Reporting Workflows	Completed	8 Establish upstream information workflow processes (information from providers to PPS)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9 Oversight Authority	Completed	9 Determine oversight authority for implementation of corrective action	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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
Task 1 Community Engagement	Completed	1 Establish community engagement unit/hire unit director and Manager of Community Health Worker Program.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Establish Communications Committee	Completed	2 Establish Communications committee and hire and engage a communications/public relations firm with experience in health care.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3 Messaging	Completed	3 Conduct messaging exercise	05/01/2015	07/31/2015	05/01/2015	07/31/2015	09/30/2015	DY1 Q2	
Task 4 Finalize Communications Plan	Completed	4 Finalize Communications Plan in accordance with DSRIP guidelines	05/01/2015	07/31/2015	05/01/2015	07/31/2015	09/30/2015	DY1 Q2	
Task 5 Communications Plan	Completed	5 Provide draft of community engagement plan. The plan includes the following components: definition of the role that neighborhood based medical practices will play within the overall community engagement plan; plan to conduct outreach to patients within the community that may not be in contact with primary care physicians; Identification of major/local engagement events to include engagement	08/01/2015	09/30/2015	08/01/2015	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
		through educational activities such as health fairs and Stanford Model educational meetings/seminars, amongst others; plans for media outreach (including local and ethnic Media); schedule of outreach efforts to key elected and appointed officials; CBO outreach and engagement plan and schedule; public and non-provider organizations engagement plan; Outreach to community and school boards and local health department offices; and Recruitment, training and deployment of CHWs as a major component of the overall plan to engage the community. This engagement will insure our ability to reach patients in their own culture and neighborhood, increase health literacy, and allow patients access to more efficient care and preventative services.							
Task 6 Finalize Schedule	Completed	6 Finalize monthly schedule of engagement activities/events	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7 Steering Committee Review	Completed	7 Submit final draft of the community engagement plan to Steering Committee for input and governance board for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1 Establish CBO Proposal	Completed	1 Working closely with partners and selected leaders of major CBOs, ACP staff under the division of Workforce, Community and Government Relations will develop a "Proposal to Establish the CBO Partnership Program" (CBOPP) for collaborating on outreach and organizing, patient engagement and education, community health workers, and cultural competence and health literacy training. Once proposal is approved by Senior Management, staff initiates implementation.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Expression of Interest Request	Completed	2 The partnership development process begins with the issuance of A request for An Expression of Interest (EI). The request for an EI is circulated amongst key CBOs throughout the target area on an invitational basis. A number of factors will be utilized to determine which CBOs will be invited to submit responses to the EI request. These may include:	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
		Affinity with ACP's goals and objectives; population health needs and capacity to provide needed services; CBOs whose major area of operations is within a "Hotspot;" relationship of the CBO to the community; experience of the CBO in the engagement and deployment of CHWs; cultural competence; and service offerings compatible with ACP needs and interests. Prior to the release of the solicitation, staff submits the proposed EI to the Compliance Officer and legal counsel for review and approval.							
Task 3 Review El Responses	Completed	3 ACP staff reviews responses to the EI and works with the pre-selected CBOs to draft contractual agreements delineating areas of collaboration. An Ad Hoc Committee composed of Board and Steering Committee members is created to review and finalize agreements with CBOs based on staff recommendations. The agreements clearly define project objectives and a plan to monitor and evaluate activities and outcomes.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Execute Agreement and Training	Completed	4 Contractual agreements with CBOs are executed and staff provide training, oversight and guidance.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1 Identify Local Support Agencies	Completed	1 Through the CNA process ACP identified several agencies including local neighborhood, state and city that can afford services to its patients to better help in the implementation of treatment plans and to improve patient's health and health literacy. These agencies include the New York City department of health and mental hygiene, NYC Department of Education, NY QUITS, and the NYC HRA among others. ACP also has relationships and partners that it is leveraging such as with Office of Mental Health, and organizations of people with disability such as Federation of Organizations for NYS Mentally Disabled Through its relationship with these	04/01/2015	07/31/2015	04/01/2015	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
		and other agencies ACP will coordinate patient care and education . Some of these agencies represented on the PAC, Clinical Quality Committees as well as the Care Teams. ACP will Identify and select all pertinent state and local public sector agencies that will assist in providing services to ACP patients including housing, tobacco cessation, in school treatment plans, etc.							
Task 2 Develop an ACP Public Agency Coordination Plan	Completed	2 Establish division for Workforce, Community and Government Relations; appoint Division Director.	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2	
Task 3 CBO Liaison	Completed	3 Identify staff (liaison) responsible for coordinating with public sector agencies; coordinate plan development activities with the PAC.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Review ACP Public Agency Coordination Plan	Completed	4 Draft report identifying public sector agencies that will assist in providing services to ACP patients. The report will include information about the services to be provided, the roles and responsibilities of key public sector agencies within DSRIP.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5 Finalize ACP Public Agency Coordination Plan	Completed	5 Finalize plan to execute collaborative agreements with public sector agencies. Such agreements will include process and procedures for the exchange of information including patient specific information in accordance with HIPPA regulations, process and procedures for client referrals, opportunities for joint planning including involvement in Advisory Committees whenever possible, collaboration around domain 4 initiatives, opportunities for training around a wide range of issues including cultural competency and health literacy, involvement in joint community engagement activities and events, and participation in public/community events.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6 Submit Agency Coordination Plan	Completed	6 Submit agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels to Steering Committee for input and governing board for review and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		g. workforce transformation committee).							
Task 1 Workforce Communication and Engagement Strategy	Completed	1 Establish a working group of the Workforce Committee to develop a comprehensive Workforce Communication and Engagement Strategy based on PPS Communication Plan; subcommittee includes labor representatives.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Workforce Communication and Engagement Plan	Completed	2 The subcommittee finalizes a draft of the Workforce Communication and Engagement Plan; the plan will: include strategies for communications about job requirements, training opportunities, and advancement opportunities to all pertinent staff; strategies for partners to communicate changes in the workforce at the partner level-training and retraining needs as well as new hires to Workforce Department for consistency in reporting, training and staff development; utilize a broad range of media from print to the internet and the ACP website, to text and emails as well as the media at large; the plan will communicate information regarding ACP, DSRIP, job training and growth opportunities, employment availability postings and other job and employment related issues; the plan will be interactive and include opportunities for two-way communication with the workforce.	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 3 Workforce Review	Completed	3 The plan is presented to and reviewed by selected members of the workforce for additional input.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Final Approval	Completed	4 Final draft of the plan is presented to the Steering Committee and the PPS Governance Board for final approval.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5 Review and Approve Communication Plan	Completed	5 Communication plan is reviewed and approved by Governing Board	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.		07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1 Identify CBOs	Completed	1 Identify CBOs in network, determine gaps in network (service-level and geographic level), determine capabilities for integration and review/execute PPS agreements with CBOs. Network CBOs, such as God's Love We Deliver, a meals	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		delivery organization; Catholic Charities which has several							
		branches providing housing and social services; local							
		YM/WHA, which provides services to seniors and children;							
		NY QUITS; City Department of health and mental hygiene;							
		Department of Education and many others will be part of the							
		milestone. However, there are still others that ACP will be							
		reaching out to further increase its reach to ACP's vast							
		network of patients, providers and geographical area.							
Task		2 Establish roles for each CBO. CBOs provide a wide variety							
2 Establish Roles	Completed	of services. Important to convey expected roles for each so	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
2 Establish Noies		that PPS service delivery is comprehensive.							
		3 Based on capabilities, establish plan to integrate CBOs.							
		Ideal state is CBO has robust system that can fully integrate							
Task 3 System Integration		with PPS HIE and/or care management system. If system will							
	Completed	not be compatible for integration (ie paper, limited	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
		technology), workflows will be developed to ensure effective							
		communication with feedback loop are present. Adequate							
		support will be evaluated at the individual CBO level.							

IA Instructions / Quarterly Update

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

No Records Found



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Ongoing	
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 1 Inclusion of CBOs	Completed	Working with existing CBO network partners (such as RAIN, East Harlem HELP, God's Love We Deliver, Samaritan Village, Narco Freedom, Catholic Charities, YM/WHA) and selected leaders of major CBOs (such as the Hispanic Federation, the Federation of Protestant and Welfare Agencies, The NY Immigration Coalition, the Association of Black Executive Directors and others) ACP staff under the division of Workforce, Community and Government Relations will develop a "Proposal to Establish the CBO Partnership Program" (CBOPP). CBOPP was designed in order to insure that CBOs play an important role in the development of ACP. The CBOPP program will carve out roles for CBOs within ACP to include but not be limited to: • Service delivery; • Outreach and organizing; • Patient engagement and education; • Deployment of community health workers; • Cultural competence and health literacy training; • Community organizing and mobilization Once solicitation instruments are approved by Senior Management, staff initiate implementation activities. A request for An Expression of Interest (EI) is circulated to key CBOs throughout the target area on an invitational basis. A sub-Committee of the Workforce Committee composed of Board and Steering Committee members is created to review and finalize agreements with CBOs based on staff recommendations.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
		The agreements clearly define project objectives and a plan to monitor and evaluate activities and outcomes.						
		Contractual agreements with CBOs are executed and staff provide oversight, training and guidance.						
		ACP expects to contract with 10-20 CBOs with a special emphasis on "Hotspots" by DY1, Q4.						
Milestone Mid-Point Assessment	Completed	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1 Inclusion of CBOs	
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.

Time Commitment: to be successful we need dedicated people who are knowledgeable and who will attend meetings regularly and provide their best advice and judgment. ACP has the unique identity of being a physician-led PPS. While ACP comprises many other types of providers including but not limited to significant hospital partners, it needs to have physicians, particularly PCPs, at the helm to stay true to its identity. Physician providers who have been selected to participate in governance are busy with their practices and/or other activities. We are asking them to make a significant commitment-- to volunteer substantial amount of time serving on the Board and/or Committees and Workgroups. There is a risk that they will burn out and lose their motivation over the five years of the program. We hope this is not the case but must be prepared by developing a backup set of community physician leaders, champions and influencers who are engaged and aligned to the PPS goals and objectives and who are willing to step into the seat of governance should they be needed. DSRIP is complex evolving program that requires significant study and knowledge for the Board and Committees to make appropriate decisions. There is a risk that physicians may not have the necessary knowledge about DSRIP goals and objectives to be effective decision-makers. They may also not be aware of their obligations as members of nonprofit governing structures. Notwithstanding these considerations we understand that medical practices across all PPSs will face similar challenges. To mitigate potential risk ACP will develop various educational and training programs. There is a risk that Board members become overwhelmed by information and the complexity of the DSRIP program workstreams and projects. To mitigate this we look to provide the board with concise and specific information in the form of a Dashboard for effective and efficient decision-making.

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.)

All of the work streams are Interdependent and dependent on governance. The Board and Committees have an overarching role to play in each of the work streams. The board, committees, PAC Leadership Council provide guidance with respect to all of the work flows. While the board and committees do not manage the work streams themselves, they have a role in overseeing management and the work stream processes and progress. They have a keen interest in the Workforce work stream and a direct fiduciary interest in the budget and funds flow work streams.



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IPQR Module 2.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead Applicant	Advocate Community Partners (CEO: Mario Paredes)	Governance, Staffing, Funding
Physician Organizations	NYCPP, FQHC, ACOs, IPAs	Board and Committee Representation, Develop and approve EBM protocols and provide service to Medicaid recipients
Major Hospital Partners	Medisys and Montefiore	Board and Committee Representation, Funding
Major CBOs	Several	Provide intervention services as necessary and education to ACP patients
Social Services Agencies	Several	Feedback, Representation, Patient engagement and intervention, providing necessary services
Key Advisors	Tom Hoering- Legal Counsel, Thomas Gimler -Compliance Officer	Create Governance Documents, compliance documents, provider agreements, policies and procedures



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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				
Advocate Community Providers Board of Directors	Governance	Finalized governance document, approved contractual agreements/PPS fiscal & programmatic oversight		
NYCPP	Governance	Funding, governance, operational staff		
Montefiore	Fiduciary	Timely disbursal of funds/internal controls		
Medisys	Key Hospital Partner, Non-voting Member of ACP	Provide critical input/participate in deliberations of governing body		
External Stakeholders				
PAC Leadership Council	Provide critical input to Project Management on implementation and performance of all projects	Review and advise on processes and procedures as related to project development and implementation		
Labor Unions (Helen Schaub)	Workforce	Participate Workforce issues, agreements and documents,		
Community Organizations	Engage patients and provide services within the community in culturally sensitive manner	Deliver services to ACP patients, liaise within community, provide patient education		
Religious Organizations	Contribute to community engagement, health literacy, patient outreach	Service delivery/Advice and advocacy. Site availability		
Elected Officials	Community outreach and advisory	Advice and advocacy		
NYS DOH, CMS, KPMG, IA	Key DSRIP Program Administrators	Funding; Timely responses to PPS queries and requests/Monitoring, Support, Technical assistance		
State and City organizations, NYC Dept of Health and Mental Hygiene, NY QUITS,	Learning Collaborative, collaborate in patient services	Share best practices, provide input on service efficacy, help coordinate collaboration amongst PPS'		
Other PPS Organizations	Learning Collaborative, collaborate in patient services	Provide services to common patients and report on treatment records, Share best practices		
TEF (Sandi Vito)	Workforce Training and Redeployment	Participate on Workforce Training and Redeployment issues, agreements and documents		



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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.

The development and implementation of ACP's IT Strategy including shared services and infrastructures will assist the Board of Directors with relevant data collected from all participating providers to support effective decision and formulation of operational strategies. The IT platform shall be upstream and downstream of information allowing for metric pulls and data analysis that will be used for performance evaluations using set baselines against DSRIP commitments and goals. The platform will include alerts and structure to ensure compliance and adherence to set processes as approved by the governing bodies.

Accurate information and data will provide for transparency and objective decisions making process and reports for the Board of Directors and other governance committees and sub-committees such as Financial, Clinical, IT, etc. Decisions based on relevant and timely data will form the bases for building and maintaining trusting relationships and credibility with stakeholders including participating providers, partners, the public at large and most importantly, the population that will be served by the PPS. We envision the development and launch of a Partner Portal/Intranet solution where all partners can track progress, and report activities against set milestones and goals. Furthermore, the provider portal/intranet will be an efficient communications channel for collaboration and ongoing discussion of issues and activities impacting governance of the ACP PPS and offers a direct communications channel from the participating partners to the Board of Directors, executive staff and other governance entities.

IPQR Module 2.8 - Progress Reporting

Instructions:

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

We look to create and adopt a dashboard with insightful data presented in an attractive format that informs and brings greater clarity to collective decision-making and reporting. While staff often track many metrics as part of a broader performance management system, Boards do not want to be overwhelmed with information. Therefore, the best governance dashboards use as few metrics as possible to communicate the organization's performance and progress against key initiatives. It can be as simple as indicating the targets and indicating whether or not ACP is meeting the targets. Nonprofit dashboards that use Green, Yellow and Red indicators demonstrate one simple way to let the board know if the organization is on track in terms of progress against key initiatives, including but not limited to, achieving the milestones laid out for ACP such as creating the governance structure, recruiting and filling the board and committee positions, developing and adopting bylaws, policies and procedures, contracting with CBOs and other key participants and others. The key is to get the board's attention on asking the right questions. The success of the board depends on its ability to make sound judgments in situations that involve balancing the competing interests of different stakeholders while delivering on key milestone results. Best practice governance embraces the 'CRAFTED' principles of governance: a culture and a climate of Consistency, Responsibility, Accountability, Fairness, Transparency, and Effectiveness that is deployed throughout the entire organization. Numerous governance rating models exist. We look to use or develop a model that not only looks at structural aspects of governance, such as the



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composition of the board and committees, but also aspects such as the decision-making process, the quality of information, and the results of oversight and guidance functions of the board of directors. ACP will build an organizational dashboard to standardize the tracking of ACP performance in terms of key measures of performance and outcomes. We will look to capture objectives, inputs, outputs, intermediate outcomes (benchmarks), final outcomes and performance indicators. The dashboard will show both current status (snapshot) and progress in terms of trends. Such reporting will include: attendees in meetings, meeting minutes, decision points suggested or made, and reporting to show approvals of outstanding committee or board meetings, etc. We will look to capture information to report on all of the work streams and projects. ACP has developed and is developing several reporting and monitoring metrics as well as clinical quality measures that will be used to monitor success of the clinical and related work streams. Appropriately engaging and systematically communicating with stakeholders is important to the successful design and implementation of the governance plan. The participation and acceptance of key stakeholder groups is crucial in developing a system that is supported by the larger community and likely to be sustained. Ongoing and targeted communication between project leaders and stakeholder groups is critical to ensure programmatic success. Implementing value-based, performance-pay and risk-based systems is a way of securing continued interest, buy-in and sustainability of transformation. Commitment to a new compensation system is essential to a program's success as well as its long-term sustainability.

IPQR Module 2.9 - IA Monitoring

Instructions:



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Section 03 - Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions:

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1 Identify Leadership	Completed	1 Identify and hire CFO	07/01/2015	07/31/2015	07/01/2015	07/31/2015	09/30/2015	DY1 Q2	
Task 2 Finance Charter	Completed	2 Define roles and responsibilities of Finance team (i.e. Charter), including reporting structure(completion of org chart).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Staffing Needs	Completed	3 Define staffing needs, roles and responsibilities	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Hire Staff	Completed	4 Identify and hire Finance Directors and other support staff	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5 Finalize Fiduciary Agreement	Completed	5 Define duties of fiduciary (NSLIJ) including policies, structure and fees	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Finance Committee	Completed	6 Identify members of the Finance Committee	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7 Establish Policies and Procedures	Completed	7 Establish policies and procedures regarding: -Funds flow -Accounting (selection of software, system) -Budget process, including orders and requests	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8 Board Approval	Completed	8 Obtain Board approval for proposed Finance functions.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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 1 DSRIP Reporting Requirements	Completed	Determine reporting requirements as defined by DSRIP guidelines regarding financial sustainability	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Create Financial Sustainability Survey	Completed	2 Create Financial Sustainability Survey to assess current state of PPS providers	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Determine Criteria	Completed	3 Determine criteria of what defines financially fragile providers and create policies and procedures that include support of these providers	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Assess Impact	Completed	4 Assess impact of projects in terms of implementation costs (training, in-servicing, etc.) and business impacts (reduction of inpatient services).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5 Develop Strategy	Completed	5 Develop financial stability strategies for those at risk partners	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6 Hire Support Staff	Completed	6 Hire staff (financial analyst) dedicated to collecting and monitoring providers and financial stability measures	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7 Complete Assessment	Completed	7 Complete assessment (analyze results, identify providers at risk, identify providers who are recipients of the IAAF). Determine next steps with at-risk providers including understanding of drivers of financial instability and assistance with revenue stream improvement. Propose potential PPS support including: - Centralized resource support - Training for additional billable services - Support for value-based services - Allocation of funds flow dollars	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8 Develop Schedule	Completed	8 Develop an annual schedule to monitor financial sustainability of providers (more frequently if provider is considered financially fragile)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	9 8 Obtain Board approval for proposed Financial	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
9 Board Approval		Sustainability strategy							
Task 9 Continue Monitoring	Completed	9 Continue with sustainability monitoring based on annual schedule, for financially fragile providers	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1 Draft Compliance Plan	Completed	1 Identify and retain proper counsel to draft compliance plan consistent with 363-d, including written policies and procedures that includes all required elements (code of conduct, training and education program, communication lines to Compliance Officer (Tom Hoering), disciplinary procedures, [routine] system of identifying risks and areas of non compliance, system to respond to identified issues, policy of non-retaliation) and applicable departments and workstreams. Ensure compliance program certification requirements are in place.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Approve Plan	Completed	2 Approve plan and execute on deliverables required by such plan	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Reporting Needs	Completed	3 Engage IT to configure system that meets compliance plan's reporting needs	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Plan for Non-Compliance	Completed	4 Develop process that addresses providers who do not meet compliance requirements, including Corrective Action Plans that will assist with meeting compliance.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5 Compliance Officer	Completed	5 Appoint Compliance Officer	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task 6 Compliance Meeting Schedule	Completed	6 Implement frequent meetings between Compliance Officer and Board to ensure plan is effective and maintained.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7 Training	Completed	7 Provide recurring training that satisfies requirements.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task 1 Leverage Existing Relationships w MCOs and Develop VBP Transition Plan	Completed	Leverage PPS relationships with MCOs already in place for value based payments. Present, educate and align PPS providers to value-based payment methodologies and partner with MCOs to develop value-based payment plans	07/01/2015	03/31/2016	07/01/2015	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
		 Introduce value-based concept and perform a survey to engage providers, including performance tiering and establish expectations Perform analysis of revenue as well as expense models (revenue: understand appropriate loss ratio targets based on Medicaid premium, potential admin and care management costs, and costs of other impacts such as workforce impact, and expense: expected expense thresholds in provider settings, expected expense targets for MCO's to determine revenue targets) Establish detailed baseline based on current utilization and model outcomes Establish roles and expectations for each participating provider Monitor funds flow Present transition timeline 							
Task 2 Establish Data Feeds	Completed	2 Establish appropriate and recurring data feeds from MCOs to monitor revenue and expense trends (cost and utilization). Establish value initiatives that improve or target highlighted trends.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3 Engage MCO for PPS Performance	Completed	3 Engage with MCOs to identify (timely) PPS performance at all levels, engage partners to ensure that plan is satisfactory and considers concerns that are raised. Performance includes medical expense trends and care gaps, amongst others.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4 Reporting	Completed	4 Create reporting from MCO data at appropriate detail levels (by provider, by region/county) for management review and distribution to providers	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5 Performance Grading	Completed	5 Develop methodology to 'grade' providers - establish guidelines for surplus sharing based on provider type. Conversely, establish mitigation plans if providers are in deficit.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6 Provide Support	Completed	6 Ensure adequate support for providers throughout entire process, including monthly meetings to discuss performance and mitigation steps if performance is negative. Support includes: Provider Engagement Outreach Team, education	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		and training, standard reporting definitions, etc.							
Task 7 Underperforming Provider Support	Completed	7 Develop action plan to support providers unable to perform under value-based system. At this point, providers have been educated about VBP plan and transition timeline (see step 1), provided reports, expectations and actionable steps, and presented a support structure.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8 Corrective Action Plans	Completed	8 Establish corrective action plan for treatment of providers unable to improve performance	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9 Board Approval	Completed	9 Appropriate Board approval of all proposed policies and procedures.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Completed	Submit VBP support implementation plan	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	YES
Task 1 VBP Plan	Completed	1 Develop VBP plan with input from MCO, providers, and key stakeholders and determine approach for PPS in its entirety (IPC vs bundles of care vs subpopulation risk) including rampup steps until Level III VBP is achieved. Plan includes milestones such as time frame for each value-based approach, ultimately achieving value-based payments that are 90% of total payments to providers. Plan includes: - Understanding of provider capabilities and knowledge of value based payments (FFS vs capitation with withholds vs upside and risk vs global cap arrangements) - Development of key performance indicators and reporting set that directly tie to value based reimbursement - Development of baseline for each provider/group and highlight actionable items to produce positive VBP, establish goals and targets for provider - Provide tools and support to assist providers with incorporating workflow improvements and efficiencies within each practice/provider setting (incorporate integrated delivery system tools within workflows, centralized care management, etc) - Provide monthly/quarterly progress reports and actionable items aligned with goals and targets	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		- transition timeline, cost/benefit analysis with each VBP level scenario							
Task 2 Engage MCOs	Completed	2 Engage MCOs with VBP plan to gauge feasibility of plan implementation within MCO system, establish appropriate data feeds, and reporting requirements. Leverage MCO expertise and resources (actuarial, contracting, provider outreach) to assist with transition include metric development and communication with providers.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3 Provider Engagement and Adoption	Completed	3 Establish roll-out plan for provider engagement and adoption. Introduce plan to providers in PPS, specifying roles of all provider types and those considered safety-net vs nonsafety net.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4 Establish Reporting Set	Completed	4 Develop robust reporting set so providers can monitor their performance at all levels (provider, group, county, etc.) and develop actionable items to positively impact trends, where necessary. Also develop plan to assist providers who are in 'deficit' or where performance doesn't allow for value-based payments.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5 Board Approval	Completed	5 Finalize and acquire Board approval for VBP plan for PPS. Plan to include scope, provider type at risk, expectations, metrics required and reporting requirements.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Completed	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	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	YES
Milestone #7 Support member IPAs in fulfilling VBP Roadmap requirements by creating VBP contracting entity (Somos IPA).	In Progress	Somos IPA will be the contracting entity that will be responsible for satisfying VBP roadmap requirements.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task 1 Network Support for Somos IPA	In Progress	1 Support Somos IPA in developing network and credentialing various provider types within entity and perform any readiness assessments, including CBOs to address Social Determinants of Health. Establish VBP taskforce to develop partners and providers and improve network readiness and performance.	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3	



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Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and Quarter	
Task 2 Operational Support for Somos IPA	In Progress	2 Support Somos IPA with MCO negotiations and contracting regarding VBP payment arrangements (all levels) - including Roadmap requirements including quality and performance baselines and targets, reporting timeframes, reporting criteria, analytics, data exchange, etc.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 3 Finance Support for Somos IPA	In Progress	3 Support Somos IPA with development of financial incentive rates and timelines for providers meeting performance goals.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 4 Patient Compliance Support for Somos IPA	In Progress	4 Support Somos IPA with development of patient incentives, timelines and outreach and education programs to improve compliance.	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	
Task 5 Credentialing Support for Somos IPA	In Progress	5 Support Somos IPA with development of credentialing processes and procedures, as per VBP Roadmap requirements for Level 3 VBP.	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	
Task 6 Population Health Support for Somos IPA	In Progress	6 Support Somos IPA with population health campaigns geared toward health improvement and health literacy.	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	
Task 7 VBP Level 3 Innovator Support for Somos IPA	In Progress	7 Support Somos IPA in pursuing Innovator Program (VBP Level 3) by contracting or developing the required functions needed as defined in the VBP Roadmap.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Milestone #8 Support VBP entity in VBP implementation for providers.	In Progress	Somos IPA, along with ACP support, will implement VBP models including development quality and cost thresholds, MCO engagement, provider reporting and support.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task 1 Network Readiness Support for Somos IPA	In Progress	1 Support Somos IPA in network analysis for readiness for all levels of VBP, including Innovator Program (VBP Level 3).	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 2 Network Credentialing Support for Somos IPA	In Progress	2 Support Somos IPA with development and credentialing of primary care and provider network for all levels of VBP.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 3 Operational Support for Somos IPA	In Progress	3 Support Somos IPA with MCO negotiations and contracting regarding VBP payment arrangements (all levels) that fulfills the VBP roadmap requirements.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 4 Network Development Support for Somos IPA	In Progress	4 Support Somos IPA with development of physician education and training materials to address quality and performance improvement, support with PCMH certification, scorecard development (including provider feedback loops to ensure performance consistency), claims submission guidelines, correct coding initiatives, corrective action plans, data exchange and connectivity. Support staff (network management, CHWs, etc) will be available to assist practices	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		with implementation, including population health initiatives.							
Task 5 Practice Support for Somos IPA	In Progress	5 Support Somos IPA with providing administrative functions that will help practices improve or maintain performance such as care coordination, patient outreach, EMR functionality maximization, etc.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 6 Patient Compliance Support for Somos IPA	In Progress	6 Support Somos IPA with development of patient compliance incentives.	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	
Task 7 Finance Support for Somos IPA	In Progress	7 Support Somos IPA with development of financial incentive rates and timelines for providers meeting performance goals.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 8 Provider Outreach Support for Somos IPA	In Progress	8 Support Somos IPA with regular IPA/physician meetings to provide updates and establish peer-to-peer forum.	07/01/2017	06/30/2018	07/01/2017	06/30/2018	06/30/2018	DY4 Q1	

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop an implementation plan geared towards addressing	
the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP	
education and training	
Support member IPAs in fulfilling VBP Roadmap requirements	
by creating VBP contracting entity (Somos IPA).	
Support VBP entity in VBP implementation for providers.	

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 & Ongoing	



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IPQR Module 3.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

Financial Instability: some providers may face financial instability throughout the DSRIP period from decreased operational revenue (reduced admissions) or increased administrative expenses through involved process changes. These could be mitigated by the PPS's proposed funds flow (in the case of decreased operational revenue) or centralized systems and support (care management, IT staff for PCMH and integration) that would assist providers achieve efficiency (in the case of increased administrative expenses).

Cash Flow: there could be cash flow issues due to wide seasonality in utilization with our population that we serve. There are often high expenses in certain time periods (flu season, back-to-school time) where expenses spike which could reduce payouts to physicians once VBP programs are in place. Reserve strategies or alternate contracting terms addressing seasonality could play a role in helping physicians.

Data and Analytics: Because VBP is heavily based on data and analytics, the accuracy and timely delivery and processing of data could pose additional dependency risks. Delays in data process and within reporting process could have set-backs in trying to achieve VBP. Also, providers who are driven toward FFS reimbursement methodologies could take some time with transition to VBP. Additionally, analytics should be completely actionable to drive behavior. This should be directly aligned with existing metrics (ie PCMH, QARR) so providers can leverage existing expertise to achieve goals.

Provider Behavior: Provider resistance to change is a factor that we may encounter, whether due to resource issues, workforce instability or inefficient processes. Sufficient training and support will be necessary to overcome this risk.

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.)

Financial Sustainability relies on funds flow (to ensure adequate cash flows to implement DSRIP within each provider's office), workforce (to ensure that adequate training and retraining continue to keep staff engaged and up-to-date with latest DSRIP processes) and practitioner engagement (similarly with staff training, practitioners from all provider types need to remain adequately engaged throughout the DSRIP process). Additionally, internal dependencies exist including governance (ensures appropriate management of provider and PPS financial sustainability and to develop tools to assist providers in need), IT and Performance Reporting (to incorporate all data for accurate reporting of performance).



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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		
CFO	Tracey Lin	Lead and provide financial function for DSRIP (bookkeeping, procurement, funds flow, etc.). Ensure all departments are compliant with not-for-profit law.		
Treasurer (Board Position)	Steve Meisinger	Present/Execute Finance Workstream goals to the Board.		
VP of Operations/Chief of Staff	Alex Damiron	Ensure Uptown operations functions efficiently and stays within budgeted targets. Develop initiatives as necessary in the event budgets are trending unfavorably.		
VP of Operations	Gloria Wong	Ensure Downtown operations functions efficiently and stays within budgeted targets. Develop initiatives as necessary in the event budgets are trending unfavorably.		
Compliance Officer	Thomas Gimler	Develop and ensure compliance of Compliance Plan (Social Services Law 363d)		
Fiduciary	Montefiore (Steve Meisinger)	Development of proper controls that follow non-profit rules as well as DSRIP required processes, AP, AR and other financial functions as required		



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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		
ACP Board (Chairman: Dr Ramon Tallaj, MD)	Approval/Rejection of key initiatives associated with DSRIP program.	Ensure appropriate approvals/rejections of initiatives that directly involve execution of DSRIP programs.
Network Providers	Ensure buy-in of DSRIP program to staff for program execution.	Ensure processes are implemented that follow PPS protocols.
ACP COO	Project Management to ensure sustainability of providers	Management of processes and proposals
CEO (Mario Paredes)	Oversight of overall financial decisions related to the projects and DSRIP in general.	Management of processes and proposals. Ensure adequate quarterly reporting to earn Achievement Values.
CFO (Tracey Lin)	Oversight of policies regarding financial sustainability	Management of processes and proposals. Ensure adequate quarterly reporting to earn Achievement Values.
External Stakeholders		
NY DOH and other state/city agencies	Oversight of DSRIP program, designation of Safety Net providers	Ensure Safety Net providers continue to operate to provide services to Medicaid patients. Ensure timely payments to prevent cash flow issues with PPS. Ensure reimbursement policies follow VBP roadmap guidelines that positively impact provider billing practices (ie FFS transition to Level III VBP). Ensure PCMH reimbursement program continues to assist physicians with upkeep of PCMH certifications.
NCQA/PCMH	Continuous improvement of PCMH (focus on developing evidence-based policy that increases patient satisfaction)	Ensure adequate evolution of policies that focuses on patient satisfaction (increase patient compliance) and preventive measures (early detection of potential chronic diseases).
MCOs (Affinity, Anthem, Fidelis, Healthfirst, United, WellCare, etc)	Data source for cost and utilization information	Provide data to track and measure physician performance. Allow for adequate support to providers for VBP.
CMS	Oversight of DSRIP program	Continued support in DSRIP program, allow for contingencies in the event unintended consequences arise. Align future initiatives with DSRIP goals (ie recent reimbursement policy changes to knee/hip replacement).
Policymakers	Continued sustainability of Medicaid program	Ensure policies continue to follow VBP and allow for reinvestment into Medicaid program.



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IPQR Module 3.7 - IT Expectations

Instructions:

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

Financial sustainability is very directly related to other key work streams such as funds flow and performance reporting. The strong dependency of funds flow and performance reporting on IT needs to be properly monitored so that providers remain financially sustainable throughout the DSRIP program. This reporting mechanism will help show providers current status and identify areas for improvement (key tools needed to support a provider's path toward high performance), including dashboard reports that may be provided by the DOH. Additionally, IT connectivity amongst providers is important for an effective integrated delivery system (with automatic and real-time data feeds and alerts) which is integral to achieving desired outcomes and measures with patient utilization and management - a major component for achieving financial sustainability for providers.

IPQR Module 3.8 - Progress Reporting

Instructions:

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

The PPS Finance department will be responsible for developing, monitoring and disseminating reports (with support from IT functions and other work streams) and ensure the financial stability of providers. These progress reports will identify areas of weakness that the Finance department will have to address and support to achieve long term financial sustainability. Progress reporting and mitigation plans will be presented to the Board and Finance Committee so that appropriate corrective action plans can be developed. Additionally, metrics, goals and targets will be established (similar to gap-to-goal targets) to measure performance. Performance metrics include: expense management (appropriate expenses by cost category, especially IP Admissions and Readmissions/ER visits), quality care gaps (ensure patients receive appropriate preventive care), appropriate documentation and establishment of care plans specific to disease categories (ensure patient care has adequate documentation), etc. Ensuring appropriate utilization, as measured by these metrics, will pave the way for a successful VBP environment. Lastly, engagement surveys and measures (1] Completion of Financial Sustainability surveys 2] Success or positive trends regarding overall patient engagement) will provide the PPS the ability to understand financial sustainability of the network providers.

IPQR Module 3.9 - IA Monitoring

Instructions:



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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	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.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1 Convene Advisory Group/Committee	Completed	1 Form a Cultural Competency and Health Literacy Advisory Committee of practitioners, advocates and SMEs to provide assistance and recommendations on the implementation of the cultural competency and health literacy strategy.	08/01/2015	08/30/2015	08/01/2015	08/30/2015	09/30/2015	DY1 Q2	
Task 2 Identify Target Areas ('Hotspots')	Completed	2 Identify and map the "hotspots" in the service area as it pertains to health disparities. The following methodology will be utilized to conduct the assessment: Review of DSRIP Program data on Health Data NY and other publicly available documents, including studies conducted by research institutes and advocacy groups in the field.	08/01/2015	08/30/2015	08/01/2015	08/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 3 Identify CBOs and Key Partners	Completed	3 Identify key CBOs and partner organizations that can deploy resources within the PPS to increase cultural competency and health literacy.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Understand Best Practices Regarding Patient Outcomes	Completed	implete compilation of best practices and methodologies in proving patient's health outcomes as it pertains to proving patient's health outcomes as it pertains to proving patient's health outcomes as it pertains to proving patient's health literacy. Itablish comprehensive inventory of all resources that can eployed and accessed to increase cultural competency health literacy across the network. In the proving patient's health outcomes as it pertains to proving patient's health literacy. Itablish comprehensive inventory of all resources that can eployed and accessed to increase cultural competency health literacy across the network. In the proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health outcomes as it pertains to proving patient's health literacy. Italian proving patient's health litera						DY1 Q2	
Task 5 Resource Inventory	Completed	5 Establish comprehensive inventory of all resources that can be deployed and accessed to increase cultural competency and health literacy across the network.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Educational Campaign	Completed	6 Launch fact-finding campaign to gauge the needs of the PPS on issues related to cultural competency and health literacy. Meetings to be held with key physicians and stakeholder organizations coordinated through clinical care teams and the PAC Leadership Council.	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 7 Financial Impact Report	Completed	7 Complete report on determining the costs associated with developing formal partnership agreements with other entities to help support the work of the PPS.	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 8 Complete Final Draft	Completed	8 Complete final draft of the comprehensive cultural competency/health literacy strategy, including descriptions of the instruments, processes and procedures for monitoring and evaluating feedback and outcomes across the four major sectors of the PPS. The strategy will also include recommendations for assigning the implementation plan to the ACP Management Team with guidelines as to expected phase-in and completion dates. The assigned management team will be required to prepare quarterly reports on the progress of the plan to the Steering Committee and the Board.	10/15/2015	11/30/2015	10/15/2015	11/30/2015	12/31/2015	DY1 Q3	
Task 9 Present/Approve Final Draft	Completed	9 Present final draft of the comprehensive cultural competency/health literacy strategy for review and input to the Steering Committee. The Steering Committee submits the final document to the governance body for approval.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate	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-	08/01/2015	06/30/2016	08/01/2015	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
material).		based research addressing health disparities for particular groups identified in your cultural competency strategy Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task 1 Convene Advisory Group/Committee	Completed	1 Convene Cultural Competency and Health Literacy Advisory Committee to provide input on the training strategy.	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 2 Identify Groups Experiencing Health Disparities Completed		2 Conduct Health Literacy Environment Review Survey to assess cultural competency levels, efforts to improve health literacy and training needs throughout the PPS.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Review Survey	Completed	3 Work with SMEs to review survey results and evaluate training approaches.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4 Draft Training Strategy Completed		4 Draft preliminary training strategy based on data gathered; formulate desired outcomes and evaluation criteria (i.e. performance metrics) based on assessment of training needs.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5 Training Strategy	Completed	5 Submit final draft of training strategy to the Steering Committee for review and input. The Steering Committee submits the final strategy document to the PPS Board of Directors for review and approval.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6 Implementation	Completed	6 Commence process of incorporating training into PPS workflow: build guiding coalition of PPS members, select target audiences, identify training vendors, establish training modes and locations, and determine length of training sessions.	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
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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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Advocate Community Providers (PPS ID:25)

IPQR Module 4.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



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Advocate Community Providers (PPS ID:25)

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.

Cultural competency: There is still debate about what constitutes as cultural competency, and this lack of consensus about the subject matter could potentially impede progress. ACP will mitigate this risk by engaging providers across all sectors in the development of the overall strategy and all related activities within the realm. We will go to our membership for their best ideas, resources and initiatives in order to develop ACP's strategic vision.

Health literacy: This strategy revolves around overcoming socio-economic barriers to quality healthcare. ACP will mitigate these barriers by deploying Community Health Workers that are from the community they serve. In addition, subject matter experts and key stakeholders from within the communities will assist in the development and evaluation of all materials for cultural appropriateness.

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.)

All other workstreams are related to cultural competency. For example, the workforce stream shares the primary goal of assembling a culturally and linguistically competent staff. In addition, the IT platform must facilitate clinical integration across cultures and languages, and report patient demographics including language and ethnicity. Furthermore, practitioner engagement places a high premium on providers that can deliver culturally sensitive care.



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Advocate Community Providers (PPS ID:25)

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
Lead, Work stream	Moisés Pérez, Director of Workforce, Community and Government Relations	Implementation Plan / lead development process
PPS Governance Body	Dr. Ramón Tallaj, MD, Chairman	Approve strategy / provide oversight
PPS Staff	Migna Taveras, Director, Cultural Competency and Health Literacy	Implementation Plan / Execute project activities
Subject Matter Experts	-Lourdes Rodríguez, Program Officer, New York State Health FoundationMarianela Núñez, MSW, Independent ConsultantFlorence Wong, Deputy Executive Director, 1199SEIU, -Christine Zarcadoolas, Professor, Hunter College, -Beverly Watkins, Professor, NYU,	Review results of Health Literacy Environment Review Survey in order to assess training needs; provide input into curriculum development, training approaches and evaluation criteria
Training Vendor	Various (Health People)	Conduct training sessions



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Advocate Community Providers (PPS ID:25)

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		
Physician	Dr. Juan Tapia, CEO and Founder, Pediatrics 2000	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
Physician	Dr. Adegboyega Adebayo, Independent Practitioner	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
Physician	Dr Henry Chen, Independent Practitioner	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
Hospital Group	Bill Lynch, Chief Operating Officer, Jamaica Hospital Medical Center	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
External Stakeholders		
Subject Matter Expert	Anthony Feliciano, Director of the Commission on the Public's Health System	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
Subject Matter Expert	Todd Bennett, Field Coordinator, 1199SEIU	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan
Medicaid Beneficiaries	Ramon Anibal Ramos	Participate in Advisory Committee / Provide assistance and recommendations on implementation of strategy and training plan



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Advocate Community Providers (PPS ID:25)

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.

ACP will develop IT capabilities to identify priority groups, evaluate survey results and build online inventory of resources. In addition, IT resources will be used to facilitate communication with healthcare providers, track training dates and report training program outcomes.

IPQR Module 4.8 - Progress Reporting

Instructions:

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

Success of the cultural competency and health literacy efforts will be measured using performance metrics linked to desired outcomes. Although the outcomes will be specified and developed throughout the implementation process, the measurements of success will fall into several categories, including healthcare navigation system (are patients able to access care?), print communication, oral exchange, use of technology, and policies and protocols. Additionally, patient satisfaction surveys will include questions regarding cultural competency and sensitivity of the providers (ie CAHPS survey). The PPS will look to these tools to understand overall cultural competency of practices and its impact on general patient population.

IPQR Module 4.9 - IA Monitoring

Instructions :



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Advocate Community Providers (PPS ID:25)

Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1 Establish Governance Structure	Completed	1 Establish IT Governance Structure: identify Director of IT, workstream structure and HIT committee.	07/01/2015	08/30/2015	07/01/2015	08/30/2015	09/30/2015	DY1 Q2	
Task 2 Readiness Assessment	Completed	2 Conduct IT readiness assessment and analyze results - assessment to include readiness of data sharing at provider level, and mapping of the various systems in use throughout the PPS network and their potential interoperability including QE/HIE/RHIOs. Assessment results to be tracked and maintained for each partner within the PPS and gaps addressed to ensure full functionality of an interoperable platform.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Creation of Work Plan	Completed	3 Data from assessments will drive work plan. Plan expected to include: - Aggregate data to prioritize gaps - Establish workgroups to close gaps (expected gaps include: paper medical records, non-certified EHRs, datasharing/connectivity barriers, workforce and other resource gaps, provider stakeholder buy-in, required technical support, etc) - Assess budgetary requirements for workgroups - develop	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		timeline based on resource need - Acquire necessary approvals (board, committee) - Deploy workgroups to close gaps - Provide periodic progress reports - if necessary, develop contingency plans to address new issues							
Task 4 Final Report	Completed	4 Develop final report, including work plan to close gaps and impact to implementation of an interoperable IT platform, and present to leadership/Board.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5 Share/Review Results	Completed	5 Share results of IT readiness assessment and work plan with network partners and discuss implications at Provider IT workgroups and committee meetings.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6 Workgroup Feedback	Completed	6 Incorporate workgroup and committee suggestions into final plan regarding development of interoperable IT platform. Incorporate workgroup and committee suggestions into final plan.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7 Board Approval	Completed	7 Obtain Board approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: Your approach to governance of the change process; A communication plan to manage communication and involvement of all stakeholders, including users; An education and training plan; An impact / risk assessment for the entire IT change process; and Defined workflows for authorizing and implementing IT changes	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1 Key Stakeholder Support	Completed	1 Acquire support and buy-in from key stakeholders (Board, committees, PAC).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Current State Review	Completed	2 Understand current landscape based on assessment results.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Future State Review	Completed	3 Identify changes required to achieve future target state of delivery system integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Catalogue Results	Completed	4 Catalogue required changes into system-wide/PPS level, individual provider/partner level, or other and prioritize based on PPS goal of delivery system integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	5 Establish process to deploy system changes at various	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5 Change Management Process		levels (system-wide vs provider level). Process includes: - Bi-directional communication plan that addresses: 1) announces planned changes 2) determine business impact 3) determine process impact 4) forum for discussion regarding proposed change - Establish support structure and resource expectations and availability (establish roles - PPS responsibility vs partner/other party responsibility) - Create and distribute mitigation plans including temporary workarounds during change implementation and workflow changes, if any - Create training and educational materials of new processes and workflows - Conduct a post-implementation analysis ('regression testing', where applicable), to ensure changes were deployed correctly							
Task 6 Planned/Unplanned Changes	Completed	6 Establish protocols to respond to planned and unplanned changes. Previous steps can apply to both changes based on assessments from previous milestone and any future planned or unplanned changes.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7 Board or Other Approval	Completed	7 Formalize process (ie formalization of Change Management Policies and Procedures), obtain required approvals, and communicate change request process to internal staff and external partners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	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 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	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
		management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1 Establish Governance Structure	Completed	1 Establish governance structure. Director of IT (John Dionisio) will chamption development of roadmap. Acquire support and buy-in from key stakeholders including CEO (Mario Paredes), CMO (Dr Jackson Kuan), Director of Clinical Operations (Lidia Virgil), HIT Committee (Chair: John Dionisio), PAC, and Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Define Project Needs	Completed	2 Define needs of the ten projects regarding clinical data needs, connectivity and system requirements, and interoperability functionalities, including EHR interface, workflow development, clinical protocols to establish common clinical processes (which lead to common clinical data sets).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Compare Results	Completed	3 Compare needs against IT Assessments results. Leverage existing processes where possible.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Establish Guiding Principles	Completed	4 Establish key parameters and guiding principles including: -Respect physician/practicioner's time - minimize any additional steps and maximize automation ('Let Physicians be Physicians') - System shall integrate with existing EHRs if certified. Maximize utilization of existing certified EHRs where clinical data can be aggregated and shared so appropriate providers and care management staff has access to relevant clinical history to optimize care and establishment of care plans Ensure training and support is readily available Data security is a priority. Provide proper training to key staff, key stakeholders, network providers and ensure agreements (BAAs, subcontractor DEAAs, Participation Agreements, appropriate HIPAA/HIE consent forms) are in place Functionalities of integrated system must adhere to evidence-based clinical protocols (ie automation of care plans for all diabetics). Any updates to clinical protocols must be incorporated in a timely manner (as part of change management system).	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
		- Follow PCMH processes where applicable to allow for singular process requirements where possible.							
Task 5 Target Operating Model Findings	Completed	5 Leverage findings from Target Operating Model workshops (facilitated by KPMG) - including Context Operating Model (to ensure requirements are traced back to functionality) and Capability Reference Model (ensure processes are comprehensive and consider various use-case scenarios likely to face ACP's operations (while considering 80/20 rule - use cases covers 80% of probable future scenarios). Additionally, utilize Business Requirements Documents and System Requirement Specifications created as a result for TOM workshops to drive workflows and systematic processes during system design of interoperable system.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6 Engage Back Office Vendor	Completed	6 ACP is expected to use a key vendor partner to provide back-office functionalities such as cell center, HIE development, centralized care management operations (ACP is stil under negotiations with vendor as of this draft and is unable to name vendor). Vendor will plan an integral role in the development of interoperable system as well as workplans and timelines.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7 Utilize Partner IT Assessments	Completed	7 Utilize partner IT assessments to develop interoperable connectivity plan specific to each partner within ACP's network. If EHRs are certified, interface capabilities exist to connect and integrate data (HL7, CCD, CCDA, SIU, etc). Providers with non-certified EHRs or paper records will be strongly encouraged to convert to a certified EHR. As a stopgap measure, providers in this category will utilize portal access to securely exchange information. ACP will establish and provide secure portal access and templates to providers so engagement data and clinical information is tracked (templates will allow for common data sets).	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8 RHIO Connectivity	Completed	8 RHIO connectivity will be established to finalize interoperability and clinical data sharing.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9 Board or Other Approvals	Completed	9 Obtain necessary approvals to finalize roadmap.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4 Develop a specific plan for engaging attributed	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
members in Qualifying Entities		your approach to outreach into culturally and linguistically isolated communities.							
Task 1 Identify System Needs	Completed	1 Identify system needs, interfaces, and action plan for existing / new attributed members, ensuring culturally and linguistically appropriate needs are defined and included in plan, to engage members in QEs. Additionally, ensure outreach staff (with appropriate cultural competence and linguistic capabilities) is hired and trained. Language translation services can be used if necessary. Utilize DOH post-opt out attribution roster to determine target population.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2 Gap Analysis	Completed	2 Perform gap analysis of existing communication channels to engage with attributed members, establish strategies based on results of gap analysis. EHR demographic data as well as MCO demographic data can be leveraged and cross-referenced to ensure contact information is accurate. Any existing relationship with member will be key in physically reaching member. Outreach can be performed in various ways including direct telephonic, mailers and utilization of Community Health Worker model for hard to reach members.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Monitor Outreach Effectiveness	Completed	3 Monitor reach rates to determine if outreach channels need to be modified or new channels established. Emphasize use of Community Health Worker model where literature suggests high success rates over general telephonic or mailing outreach. Health fairs and presence in community health centers can assist with engaging patients who may not be reachable using traditional methods.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4 Ensure Continued Engagement	Completed	4 PPS needs to ensure engaged members continue to be engaged. Various outreach including smart-phone application technologies will be explored to maintain engagement levels.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5 Metrics	Completed	5 Incorporate patient engagement metrics into performance monitoring to understand remaining required Scale and Speed engagements and existing care gaps.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: Analysis of information security risks and design of controls to mitigate risks	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Plans for ongoing security testing and controls to be rolled out throughout network.							
Task 1 Understand DSRIP Requirements	Completed	1 Understand DSRIP requirements for data security and confidentiality at the PPS level regarding HIPAA, HITECH, telecom, internet and cloud-based securities, mobile/wireless devices (phone, laptop, mobile drives, usb and other mobile media), at-rest and during transmission and transfer encryption of data, physical security of server rooms and employee computers, laptops and other peripherals and employee roles and responsibilities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Creation of Policies and Procedures	Completed	2 Create policies and procedures to address security and confidentiality issues. Policies and procedures shall include specific sections regarding appropriate use of Mental Health, Substance Abuse and HIV data.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Define Access Rights	Completed	3 Establish roles and access rights to determine who can access patient records. Establish minimum necessary use and disclosure of PHI policies, including 'break the glass' policies. Policies regarding roles and access shall include proper identification and authentication of employee who is accessing records (additionally, HR policies shall include appropriate background checks of employees including review of any appropriate exclusion lists).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4 Data Security and Confidentiality at the Network Provider Level	Completed	4 Policies and procedures shall also include provider-level data security and confidentiality plan including adequate compliance and HIPAA training for network providers, partners and appropriate staff.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5 Contingency and Emergency Planning Completed weenergency Planning		5 Contingency and emergency planning policies and procedures will be developd to ensure proper protocols are in place in the event of disasters or emergency events. Policies will include: data backup plans, disaster recovery plan, emergency mode operation plan, testing and revision procedures and applications and data criticality analysis.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6 Training Policy and Timeframes	Completed	6 Appropriate training/education (as well as annual/as needed re-training and re-education) policies and scheduling will be developed to ensure all employees are aware of latest data security and confidentiality policies and to understand regular and anonymous reporting mechanisms (contact information	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		for Compliance Officer and Privacy Officer will be distributed to all employees) in order to appropriately report issues or potential breaches.							
Task 7 RHIO/SHIN-NY Policy	Completed	7 Policies regarding RHIO and SHIN-NY connectivity will be developed that incorporates internal policies and procedures as well as RHIO and SHIN-NY policies and procedures.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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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
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	



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Milestone Review Status

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



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Advocate Community Providers (PPS ID:25)

IPQR Module 5.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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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.

IT Adoption: our preliminary current state assessment found a wide variety of IT readiness among participating providers. Some providers may be reluctant to adopt EHRs within tight timeframes to achieve MU 1/2, PCMH Level 3, and be linked into the clinically interoperable system within the tight timeframe. Our IT Transformation Group has discuss possible risk mitigating strategies. 1) For network partners who are still on paper-based records, we have negotiated special pricing package with two of the more frequently used EHRs within our network, some of our hospital partners are also offering EHRs subsidy programs, there is also the option of free EMRs such as Practice Fusion which is 2014 certified, and there is also a short-term option of online care planning through "lite" versions of EHRs. A capital loan for EHR purchase and PCMH 2014 Level 3 certification adjusted towards DSRIP based savings may also be an option. In addition, we plan to create a trained EHR-MU support team to assist the practice to adopt EHRs, from installation, training through MU attestations. For those who are on EHRs, we plan to assemble a trained PCMH 2014 Level 3 support team to assist the practice to achieve certification by DY3. We are also assembling a data analysis team who will be skilled in Salient tool and analytic reporting to support custom programming of performance reports to support education, monitoring, and rapid cycle evaluation among network providers. The State is working out the patient consent policy, procedures, and provision of patient level data which will help finalize the patient engagement plan. With respect to connectivity to the State's Health Home platform or RHIO / SHNY-NY, we are awaiting the State's guidance document. State working out patient consent policy, procedures and provision of patient level data.

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 Committee will not be able to drive the technological infrastructure transformation and development program without working closely with the PPS Finance Committee to review available capital and DSRIP funding sources. We also need to work closely with the PPS Workforce Committee because additional IT staff is also required for adding new technologies, interfaces, reporting and monitoring solutions, and providing assistance and support to our over 4,000 partners within our PPS network. In addition, training of the workforce to use new and expanded systems effectively will also be crucial. The success of the IT Committee's development and transformation work streams have direct impact on the success of many of the other PPS work streams, including, in particular, clinical integration, population health management, performance reporting, and development of an integrate delivery system.



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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
VP Business Intelligence	John Dionisio	Data analytics and reporting development
Data infrastructure and Security Lead	Rong Zhao	Data security and confidentiality plan, data exchange plan and other operational requirements, both internal and external to the PPS
HIE Application Lead	Tonguc Yaman	Application strategy and data architecture
HIE Application Support	Third-party Vendor	Application strategy and data architecture
VP PCMH Initaitives	Misael Guerra	Ensure proper controls and protocols are in place for effective day- to-day operational activities including monitoring
CIO	Tonguc Yaman	IT Governance, Change Management, IT operations
СТО	Corey Maher	IT Architecture, RHIO connectivity, EHR integration



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Advocate Community Providers (PPS ID:25)

☑ 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		
ACP Board (Chairman: Dr Ramon Tallaj, MD)	Approval/Rejection of key initiatives associated with DSRIP program.	Ensure appropriate approvals/rejections of initiatives that directly involve execution of DSRIP programs.
ACP Directors of Operations (Alexander Damiron, Gloria Wong)	Project Management to ensure sustainability of plan	Management of processes and proposals
CIO (Tonguc Yaman)	Oversight of policies, work groups and deliverables regarding IT	Management of processes and proposals. Ensure adequate quarterly reporting to earn Achievement Values.
IT Committee Chair (Tonguc Yaman)	Interface between IT Committee and front line end users	Input into system design, testing, and training strategies
PCMH / EHRs-MU Certification Lead (Misael Guerra)	Support and assist PPS network providers to achieve PCMH- EHRs-MU certification by DY3	PCMH 2014 Level 3 certification of all PPS safety net providers by DY3
Chief Compliance Officer (Tom Gimler)	Approver	Data security plan
Privacy and Security Officer (Melodye Harvey)	Policy and standards maintenance and enforcement	Data security
External Stakeholders		
EHRs vendors	Partner in EHRs and HIE solutions	EHRs and HIE solutions that meets DSRIP requirements for integrated delivery system, connectivity and interoperability
RHIOs/QEs	Global-level data sharing	DSRIP requirements for integrated delivery system, connectivity and interoperability
NCQA/PCMH	Continuous improvement of PCMH (focus on developing evidence-based policy that increases patient satisfaction)	Ensure adequate evolution of policies that focuses on patient satisfaction (increase patient compliance) and preventive measures (early detection of potential chronic diseases).
MCOs	Source of data	Ensure interface compatibility and consistency of data feeds



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Advocate Community Providers (PPS ID:25)

IPQR Module 5.7 - Progress Reporting

Instructions:

Instructions:

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

Our IT Governance Committee has established expectation with all partners to provide monthly updated reports on key performance metrics. We will monitor these performance metrics across the network to ensure continuous progress towards our IT transformation management strategy. Following is a preliminary list of the key performance measures that will be reported monthly:

- Annual gap assessment adoption of IT infrastructure, enablement of clinical workflow, application of population analytics
- Annual update of IT strategic plan
- Annual data security audit findings and mitigation plan
- Monthly workforce training compliance report
- Monthly project portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
- Weekly shared services performance report that includes specific performance metrics (connectivity levels, adoption and continued appropriate use of protocols and templates, PCMH roll-out plan (if provider is a PCP), project engagement requirements, medical expense performance [provider type specific, ie loss ratios, expense PMPMs for various categories within appropriate levels], quality care gap rates). Most performance metrics are binary (Yes/No, Achieved/Not Achieved) but others will need comparative data (medical expense performance, quality care gap rates)
- Weekly performance report on each IT vendor's service level agreement

IPQR Module 5.8 - IA Monitoring



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Advocate Community Providers (PPS ID:25)

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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1 ACP Reporting Dashboard Model	Completed	1 Develop for ACP a model of the State's PPS-specific dashboard with all the measures, metrics and milestones for PPS-wide and specific to each of the 10 selected project with target completion dates and reporting unit. Discuss with relevant Project Leadership Team, workgroups, subcommittees, committees to strategize, verify processes, reporting structures, identify gaps, needs, possible solutions, including interim solutions before State's roll out of its resources.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2 Communications Process	Completed	2 Establish process for regular two-way communications with each level of reporting participants. Discuss with relevant Project Leadership Team and PPS committees to strategize, verify processes, identify gaps, needs, possible solutions.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Rapid Cycle Evaluation Comple		3 Establish rapid cycle evaluation process and workflow: identify key individuals and key data values that will inform the designated person (s) in a timely fashion of issue, processes and resources to handle the issue, escalation points, and next steps. Review and obtain feedback with Project Leadership Teams, participant champions, PPS committees, especially	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name Status		Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		the Compliance Committee.							
Task 4 Finalize Reporting Strategy		4 Finalize the layered PPS-wide reporting structure: from individual providers through their associated projects' metrics and the Project Leadership Teams, up to the Advocate PPS PMO. Performance information made available by the State through MAPP and Salient will be maximally integrated into this reporting structure. We will also incorporate additional items so as to achieve the type of information needed to manage the network towards value-based payment as our PPS evolves. The final performance reporting strategy (including Rapid Cycle Evaluation process) will be signed off by the PPS Board and incorporated into the provider participation agreement. Chief Medical Officer Dr Jackson Kuan, MD and CFO Wallace Lau will be the responsible parties to ensure that clinical and financial outcomes of patient pathways are trending appropriately.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5 Education Plan	Completed	5 Establish process and schedule for communicating / educating all participating providers and staff their respective performance metrics and reporting structure, and the relation to PPS-wide performance metrics, reporting structure, and rapid cycle evaluation.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6 Reporting Schedule	Completed	6 Develop interim regularly scheduled performance reports to supplement the State's roll-out, tailored for each reporting layers, from individual providers through their associated projects, Project Leadership Team, PMO, Clinical Quality Committee, Finance Committee, and PPS executive body.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7 Board Approval	Completed	7 Finalize performance reporting and communication plan signed off by PPS Board.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8 Establish Baseline Parameters	performers.		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.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1 Develop Analytics Training and Support Group	Completed	1 The Analytics Training and Support Group to train PCMH / EHR-MU support team staff on integrating new reporting	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		processes and clinical metric monitoring workflow. There will be an initial one-time training with subsequent periodic refresher training for the trainers. The PCMH / EHR-MU support team staff will be the front-line hands-on educators for on-going assistance and support to participating providers in correct and accurate data input for data collection and reporting and reviewing the reports for timely actionable items.							
Task 2 Implementation and Training	Completed	2 In collaboration with the Clinical Quality Committee, develop provider and staff training on clinical protocol implementation, performance reporting, rapid cycle evaluation, and communications, leveraging on existing provider organization group meetings. Monthly group meetings began in DY0 and will continue throughout the DSRIP term. Training covers provider and staff roles and responsibilities. Training will include the full range of providers in addition to physicians and their staff; hospital triage / ED staff, home health providers, long term care, behavior health providers, community-based service providers, etc.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Training Schedule	Completed	3 Schedule and roll out training to all network providers, leveraging on their respective existing meeting of peer groups and hubs for more efficient training schedules and venues. These will include physician offices, as well as hospital triage / ED staff, home health, long term care, behavioral health, community-based services, etc. ACP will start with monthly meetings in DY1 and then transition to quarterly meetings when appropriate.	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 4 Metrics Reporting Training Effectiveness	Completed	4 Establish feedback loop to guage training effectiveness. Providers will be periodically surveyes to check understanding of new policies and procedures established to improve clinical quality. Providers will be provided with monthly/quarterly performance reporting, but as important, follow up items at actionable levels (often at the member level). As with milestones listed under Financial Sustainability, adequate support such as a provider engagement team and formal/informal education and training, will be available to ensure providers meet the requirements of DSRIP.	10/31/2015	03/31/2016	10/31/2015	03/31/2016	03/31/2016	DY1 Q4	



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Advocate Community Providers (PPS ID:25)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Additionally, continual review of performance reporting will highlight providers who require additional training (ex. low							
		care gap completions rates, low patient engagement rates).							
Task 5 Identifying Performance Champions	Completed	5 In collaboration with leadership staff (Officers and Directors), the training team to identify primary contact at each site and encourage to become performance champions to help cultivate performance reporting culture and ongoing fine tuning of performance reporting, communication plan, rapid cycle evaluation process.	10/31/2015	03/31/2016	10/31/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

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

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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.

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	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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Advocate Community Providers (PPS ID:25)

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.

Provider and Staff Culture: providers and staff may have been accustomed to a certain culture and now may have to adjust to new ways of documentation. We plan to mitigate this risk thorough dedicated teams for specific communication, education, hands-on training, on-going support, and engagement of all PPS providers and staff on adopted protocols, procedures and metrics. In addition, the IT analytics group and dashboard group will work closely with the user groups, practitioner champions, performance management champions, project leadership teams to design user-friendly, concise, and meaningful and actionable tools and reports to improve accurate reporting, timely and easy access and meaningful interpretation of reports for immediate actionable items, rapid cycle evaluation, including self-evaluation, and feedback to reinforce and cultivate a positive performance reporting experience and culture going forward. Certainly, we will depend on IT systems and processes to address all technical issues properly such as data integration and normalization from different source, dashboard views and security assignments for different users, 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.)

Departments with major dependencies include Workforce (with IT and Clinical Integration being a key dependency) and Financial Sustainability. IT and Clinical integration allows for the PPS to understand performance at the clinic level in more real time than using claims or other process flows with inherent time lags. Similarly, the PPS can also send data to the providers efficiently that provides feedback on current initiatives. Integration at all levels will allow providers to review performance and develop steps to improve. Additionally, financial sustainability plays a major role in the prioritization of initiatives in a physician office. The provider has to be financially sustainable in order to be effective in deployment of initiatives based on the information from performance reporting.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
CIO	Tonguc Yaman	Develop ACP performance reporting module with underlying layered reporting structure with all measures, metrics, milestones for required reporting, rapid cycle evaluation, manage network evolution to value-based payment.
10 Clinical Quality Committees	Various	Criteria, input, feedback as to data elements, decision-making algorithms, data values, technical specifications, user interface specifications. Oversight and review of reports with measurements of performance, provide feedback to providers.
IT Support Team (including PCMH)	Optimus Health Analytics	Communication, education and continuing education, hand-on assistance, on-going support, cultivation
IT Committee (Chair: Tonguc Yaman)	IT Committee Members	Establish guidelines for IT platform development to meet reporting metrics in a usable format
Provider Engagement Team	Luis Ramirez	Educate and support ACP participating providers on project metrics and reporting
VP of Clinical Initiatives	Lidia Virgil	Together with IT Director establish parameters for reporting, metrics and deliverables. Ensure All ACP providers are engaged and trained on all aspects of project implementation.
СТО	Corey Maher	IT Architecture, systems development
VP of Business Intelligence	John Dionisio	Data analytics and reporting



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Advocate Community Providers (PPS ID:25)

IPQR Module 6.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Vendors of EHRs and HIEs (various Points of Contact)	Provide required technical capabilities	Access to accurate and timely data required
Back Office Vendor	Provide required technical capabilities and reporting best practices	Reporting templates, Data and Analytics functionalities
ACP VP of Operations (Alexander Damiron, Gloria Wong)	Project Management to ensure sustainability of providers	Management of processes and proposals
CIO (Tonguc Yaman)	Oversight of policies, work groups and deliverables regarding IT	Management of processes and proposals. Ensure adequate quarterly reporting to earn Achievement Values. Overall IT process development
PCMH / EHRs-MU Certification Lead (Misael Guerra)	Support and assist PPS network providers to achieve PCMH- EHRs-MU certification by DY3	PCMH 2014 Level 3 certification of all PPS safety net providers by DY3
PAC	Advise and assist by providing feedback from PPS network and community at large	Advise on reporting metrics, clarity and frequency of distribution
CTO (Corey Maher)	Technology development	IT Architecture, systems development
External Stakeholders		
Data consumers	Use data to gauge performance for their own network, or other network providers, individually or collectively	Comparative score cards
MCOs (various Points of Contact)	Provide supplemental data	Supplemental data for performance reporting, managing network and its evolution to value-based payment
RHIO/SHIN-NY (Healthix)	Global-level data sharing	DSRIP requirements for integrated delivery system, connectivity and interoperability and common data sets



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Advocate Community Providers (PPS ID:25)

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.

Having IT infrastructure across the PPS will facilitate the performance reporting process, in a more efficient, comprehensible manner with less effort and time compared to manual reporting. All information will be gathered centrally in a secure HIPAA compliant data warehouse, normalized, integrated, longitudinal, from which all metrics may be gathered, organized, analyzed, presented. Data provided by different sources, such as from State, MCOs, EHRs, hospitals, etc. will be reconciled and clearly identified so that all analyses, projections, and presentations are accurate.

IPQR Module 6.8 - Progress Reporting

Instructions:

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

ACP will create a performance reporting platform for the PPS which will integrate measurable activities performed by each partner, physician, non-physician, organizational, community based, etc. to allow for reporting and monitoring of all services provided to attributed patients and the overall community population. The platform is to be accurate, timely, easily accessible, meaningful and actionable for all levels of participants involved, so that all are informed / educated, motivated to contribute to constructive decision-making and actions to drive improvements, deploy resources, and work towards achieving DSRIP program goals. Data gathered will be used to monitor performance, but also to enhance services provided to the communites ACP serves. Specifically, data that measures the requirements of engagement and gap-to-goal care gap hit rates, as well as performance data (admissions, re-admissions within 30 days and ED cost and utilization rates [admits/1000, days/1000], acuity scores, preventive medicine such as immunizations and screenings, etc). ACP will also measure care plan compliance which will include both provider and member compliance (compliance with approved care plans are key to the success of ACP) and achieving target states (ie controlled blood pressure and appropriate A1C levels). Additionally, reports on effectiveness of training programs that focus impacting utilization metrics will be created to identify provider understanding of reports, actionable steps and overall engagement with DSRIP requirements. Metrics will include: Participation - providers are open to training and subsequent retraining if necessary, Follow-thru - measuring follow thru of provider with set goals (ie close specific care gaps in agreed-upon time frame) and positive trending of engagement membership.

IPQR Module 6.9 - IA Monitoring

Instructions:



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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	professional groupsThe identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee		09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task 1 Create Practitioner Engagement Team	Completed	Create practitioner engagement team and practitioner engagement plan led Lidia Virgil, Director of Programs	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Recruit Practitioner Champions	te Practitioner Engagement Team engagement plan led Lidia Virgil, Director of Programs 2 Recruit Practitioner champions and influencers from among the key professional practitioner groups such as physicians, nurses, behavioral health and substance abuse practitioners, community health workers, navigators and others throughout the care continuum within the ACP service area. Organize these individuals as a representative body that will represent		04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 Develop a Communication Campaign Strategy	Completed	3 Develop a communication campaign leveraging existing professional groups to gather and stimulate practitioners for	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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Milestone/Task Name	Milestone/Task Name Status Description		Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		participation in physician engagement meetings.							
Task 4 Develop Physician Engagement Teams	Completed	4 Develop physician engagement teams which will provide on site support and guidance to practitioners. These teams will periodically visit the practitioners and maintain active contact with them to encourage compliance and serve to liase between the individual practitioner and the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 5 Develop Physician Engagement Plan	Completed	5 Develop a practitioner engagement meeting plan with established PPS wide practitioner meetings to provide updates on implementation and performance and provide the practitioner a platform for actively providing feedback and discussing any issues.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6 Develop DSRIP Protocol Manual	Completed	6 Develop user friendly materials for distribution to physicians on DSRIP processes and procedures including reporting metrics, Evidence based protocols, procedure manuals for support.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 7 Develop Reporting Metrics and Benchmarks	Completed	7 Develop reporting metrics and benchmarks to be used to monitor compliance with DSRIP measures and provide training to practitioners on each measure. Metrics include patient engagement, care gap close rates, care plan compliance, etc.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1 Develop Education Campaign	Completed	1 Develop educational campaign and training venue for practitioner that provides information on Key Goals and Objective of the DSRIP program by Lidia Virgil, Director of Programs.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2 Develop Evidence-Based Protocols	Completed	2 Develop and disseminate evidence-based protocols for project implementation and performance.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3 Develop Procedure Manual and How-to's	Completed	3 Develop procedure manuals and how-to workflow tools for documenting procedures.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4 Develop Performance Reporting	Completed	4 Develop downstream reporting to present to individual practitioners regarding individual performance and corrective action plans for quality improvement.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5 Hold Practitioner Engagement Meetings	Completed	5 Hold PPS wide practitioner engagement meetings to educate on DSRIP goals and requirements.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6 Develop ACP Website Repository	Completed	6 Develop ACP website and include all DSRIP support information, ACP procedures, processes, protocols and reporting structure.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description	Milestone Name	IA Instructions	
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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
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement	
agenda.	

Milestone Review Status

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



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IPQR Module 7.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

Practitioner engagement is the initial and ongoing initiative with active and committed practitioners. A substantial portion of the ACP practitioner community currently has a significant interest in the DSRIP program since the program affects their clients, the Medicaid recipients. Lack of Practitioner Champions and Influencers: The first major risk is that we don't find a sufficient number of practitioners who are willing and able to take time away from their day job to become significantly involved with ACP in this critical stewardship role. To mitigate this we look to attract those practitioners who are currently leaders in the clinical community and who have shown a strong interest in DSRIP. We also intend to find back-up leaders who are willing and able to step in should the first set of champions and influencers have to step out for whatever reasons. Physician Behavior Change: Practitioners are in the business of healthcare and therefore the required core behavior changes vital to DSRIP transformation are likely to affect their practice styles and their practice financial situations. This will make it difficult for practitioner champions and influencers to get the average practitioner's buy-in. To mitigate this risk we will establish a value based payment program that rewards practitioners for changing their behavior. Community practitioners are likely to show a resistance to "cookbook medicine" including the adoption and adherence to EBM, clinical protocols and paths. To mitigate this practitioner leaders must be willing and able to model the behavior change required and educate their peers on the necessity to change in order to survive in the future health care system. The development of financial incentives for short run behavior modification and value-based payment in the long run behavior change is a key component of practitioner engagement. Administrative Support: A majority of the activities surround provider engagement are at the grassroots level. Engagement teams must be very efficient, properly trained, develop lasting relationships and have the ability to cover large territories (ie borough-wide) to ensure provider engagement, training and re-training are adequate. This group will be the main point of contact with the PPS network.

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.)

All of the work streams are interrelated. They all depend on an effective and efficient governance structure and process. Our plans for practitioner engagement depend on an HIT infrastructure that allows for reliable communication across the care continuum. We look to make sure that every PCP has an EMR and proficiently uses it. We intend to have our champions practitioners evangelize clinical integration and the use of EBM among independent practitioners. The dual role and responsibilities of practitioner champions extends beyond advocating on behalf of the ACP DSRIP program to practitioners to advocating on behalf of the practitioner communities they represent and communicating information back to the ACP governance. Clinical quality committees and medical directors will have a major impact on the practitioner engagement. The Clinical Quality Committees and the Medical Director will have direct oversight and monitor metrics providing invaluable feedback to each provider, encouraging them to achieve higher performance and working to ensure the highest quality of care is given to each patient the PPS serves. IT shall provide the infrastructure to achieve meaningful reporting of performance and continued efficient HIE. Workforce dependencies are a primary source,



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Practitioners will need much support and a well trained staff in order to provide the best and most efficient, cost effective care, which in turn shall produce success in all DSRIP goals.



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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			
VP of Innovation	Lidia Virgil	Manage the development and implementation of the practitioner engagement communication strategy and report progress to the ACP Board. Provide outreach and support to practitioners in the implementation of DSRIP projects. Be a consistent point of contact for practitioners.			
Physician Champions	Dr Cheng Gonjon, MD, Dr Jose Goris, MD, Dr Juan Tapia, MD, Dr Henry Chen, MD, and others	Motivate physicians in ACP to make necessary behavior changes required by DSRIP, serve on the Clinical Quality Committee; responsible for ACP clinical care project initiatives			
Behavioral Health and Substance Abuse Practitioners	Dr Fernando Taveras, MD, Dr Rodney Campos, MD	Motivate behavioral health and substance abuse practitioners in ACP to make necessary behavior changes required by DSRIP, serve on the Clinical Quality Committee; responsible for ACP clinical care project initiatives			
Other Key Service Type Practitioner Champions	Members of PAC leadership council	Motivate other key practitioner types in ACP to make necessary behavior changes required by DSRIP, serve on the Clinical Quality Committee; responsible for ACP clinical care project initiatives			
Patient representative	Ramon Anibal Ramos	Represent the interest of Medicaid recipients and uninsured to practitioner champions with respect to patient centered care.			
New York City Department of Health & Mental Hygiene	Rosemary Martinez	Ensure development disease population policies are current. Provide support to PPS specific to initiatives and engagement activities to developmental disease populations.			
Life Adjustment Center, Inc	Yuri Feynberg, PHD	Provide support to PPS specific to initiatives and engagement activities to developmental disease populations.			
Intellectual and Deelopmental Disabilities Services	Various	Provide support to PPS specific to initiatives and engagement activities to developmentally disabled populations.			



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IPQR Module 7.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		,
Practitioners throughout the network	Target engagement activities	Attend training sessions, specific patient engagement activities, report to relevant Practitioner Champions
Lidia Virgil, VP of Innovation	Oversight of all training strategies, including practitioner education / training.	Create practitioner engagement, education / training plan
Clinical Quality Committee	ACP Board committee	Review and advise on practitioner engagement plan and changes to the plan
Corinthian/Balance IPA Lead (Dr Ramon Tallaj, MD)	Engage and encourage physicians to participate in DSRIP	Liaise with practitioners, assist in planning meetings and engaging practitioners, distribute communications and updates, leverage experience in at risk contracting and value based payments
ECAP IPA Lead (Dr Henry Chen, MD)	Engage and encourage physicians to participate in DSRIP	Liaise with practitioners, assist in planning meetings and engaging practitioners, distribute communications and updates, leverage experience in at risk contracting and valuee based payments
Excelsior IPA Lead (Dr Emilio Villegas, MD)	Engage and encourage physicians to participate in DSRIP	Liaise with practitioners, assist in planning meetings and engaging practitioners, distribute communications and updates, leverage experience in at risk contracting and valuee based payments
Dr. Angelo Canedo, Medisys Health System	Engage and encourage Medisys physicians to participate in DSRIP	Liaise with practitioners, assist in planning meetings and engaging practitioners, distribute communications and updates, leverage experience in at risk contracting and value based payments
External Stakeholders		
DOH (PCMH)	Provide incentive payments for PCMH status	Ensure PCMH incentives continue to be a part of the program. Physicians rely on these additional incentives to maintain PCMH status.
ECW, MD Land	EMR Vendors	Provide training and efficient processes within EMR to create smooth DSRIP compliant workstreams to assist providers in care



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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.

Within the evolving New York health care landscape there is an increasing demand for coordination, new organizational structures, greater transparency, greater patient-centered care and value-based payment models. Building strong practitioner engagement and alignment to DSRIP goals and objectives is pivotal to achieving success. Strong practitioner engagement and alignment to the mission, vision and values of ACP is needed to obtain voluntary behavior change. The goal is to meaningfully engage with practitioners in order for them to collaborate and deliver exceptional care and outcomes to the Medicaid and uninsured population. Communication across the continuum of care is fundamental to meeting ACP Goals and Objectives. Stated otherwise, without a newly designed and implemented HIT infrastructure whereby practitioners can share clinical information in an integrated fashion nothing much will change. Therefore, the development of an HIT infrastructure that connects all practitioners large and small in an easy to use platform is a critical necessity for success. We look to create a HIT infrastructure through the use of established vendors. We look to involve practitioner champions in review of the design of the HIT system. Over time we look to make improvements that will heighten the ability of individual practitioners to share clinical information and become part of a clinically integrated whole. An HIT infrastructure that will meet the needs of DSRIP healthcare transformation will also be critical for the success of practitioner engagement.

IPQR Module 7.8 - Progress Reporting

Instructions:

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

Being able to attract a sufficient number of dedicated practitioner champions and influencers for our practitioner education and training programs is a first indicator of our ability to be successful in rolling out this work stream. The number of practitioners who enroll and turn out for the engagement programs is a further indicator of success. We look to deliver education and training by using various venues such as face to face, Webinars, conference calls, learning collaboratives and web-based/online training. We look to establish target metrics for success as well as develop various assessment methods and tools such as testing (pre and post), interviews, discussion forums, town halls as well as questionnaires. These metrics include: attendance (report on attendance logs), patient engagement rates (report on volume of patients w project-specific engagement requirements), care gap hit rates, performance data (admissions, re-admissions and ED cost and utilization rates [admits/1000, days/1000, acuity score), also gauged for performance will be achievement of disease specific target goals and disease progression or detention rates. ACP will also measure care plan compliance, an indicator that providers are engaged and following established care plans (while considering the potential for member non-compliance).

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.	Completed	Population health roadmap, signed off by PPS Board, including: The IT infrastructure required to support a population health management approach Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizationsDefined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1 Identify Hotspots	Completed	1 Based on the CNA results, identify population hotspots, both in the PPS area and in specific geographic areas, to target those with greatest needs within each of the chosen projects. Solicit participating providers' feedback before finalization.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2 Distribute Protocols	Completed	2 Distribute protocols/ care guidelines for providers on engaging and treating target population. Establish metrics for each clinical area to monitor progress in managing population health.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3 Create Reporting Dashboard	Completed	3 Create a dashboard that can be easily accessed by all participating providers to monitor population health outreach and patient engagement and compliance.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4 Create Workgroup	Completed	4 Create Clinical Operations/IT Workgroup to establish		03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5 Data Inventory	5 Inventory available data sets with individual demographic, health, and community status information, to supplement our use of the data available through available state tools such as		10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name Status Description		Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV	
		MAPP tool, etc.							
Task 6 Database Development	Completed	6 Develop a relational database for individual care management. Perform data analyses to identify target population through algorithms and registries; identify priority practice groups to have access to registries	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7 Workforce Assessment	Completed	7 Complete workforce assessment for priority practice groups' care management capabilities, including staff skills and resources required to manage priority at risk populations in each geographic area. Develop workforce training / retraining / support staff assignment to mitigate workforce gaps.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 8 PCMH	Completed	8 Establish PCMH / EHR-MU Certification Team and vendor support to identify key gaps and develop plan to achieve Level 3 certification by DY3.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 9 Support Staff Deployment	Completed	9 Deploy staff support at provider level to train providers to use and apply information learned from registries; how to implement established care guidelines; develop disease pathways; inform on metrics for monitoring progress in managing population health; implement plan to achieve PCMH Level 3 certification by DY3.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 10 Promotional Education Materials	Completed	10 Create promotional educational materials and distribution plan for population wide health campaigns	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11 CBO Engagement	Completed	11 Work with CBOs and other PPS's in reaching target populations, disseminating materials in a culturally sensitive manner in the promotion of population health and specifically those projects chosen by ACP PPS.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 12 Finalize CBO Agreements	ask 2		10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 13 Finalize Roadmap	Completed	13 Clinical Quality Committee to finalize population health management roadmap	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	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.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1 Establish Service Utilization Monitoring Team	Completed	1 1. Establish Service Utilization Monitoring Team (SUMT) with partner hospitals and behavioral health units / facilities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		This team will report to the PMO and Clinical Quality Committee and will be responsible for monitoring and reporting on reductions in avoidable hospital use and modeling the impact of all DSRIP projects on inpatient activities. Team will collect and produce utilization reports based on bed type (BH, Med/Surg, OB/Maternity) and utilization in the ED to ensure appropriate metrics are							
Task 2 Data Analysis	Completed	developed for each bed type and department. 2 SUMT to analyze and model the impact of all DSRIP projects on avoidable hospital use and utilization of hospital services (inpatient and outpatient) and demand for community-based services. Model can be updated regularly (monthly or quarterly)	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 3 Data Forecasting Completed		3 Based on the modeling and in consultation with provider network, establish a high level forecast of: - Reduced avoidable hospital use over time - Changes in inpatient capacity (including BH, Med/Surge, OB/Maternity and others) - Resulting changes in community / outpatient / ED capacity (non-psych/MH/SUD ED and psych/MH/SUD-ED)	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4 Draft Capacity Plan	Completed	4 SUMT to lead consultation on first draft capacity change plans	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5 Finalize and publish final ca		5 Finalize and publish final capacity change / bed reduction plan and schedule updates of capacity changes across the network	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	

IA Instructions / Quarterly Update

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

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



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

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



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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.

Provider and Staff Culture: Changing the culture of how services are delivered represents a true challenge in the area of population health. At present, the healthcare system is set up in a way that care is delivered on a one on one basis and is delivered in the face of specific conditions, to address those specific conditions. In the population health projects, the PPS will need to address conditions that a patient and/or member of the target population may not have yet. The culture of all of the practices must be changed to a more predictive and proactive method. This will be difficult as it represents additional expenses at little or no reimbursement since at present, there is little to no reimbursement on the part of payers for preventive services. The PPS aims to mitigate this risk by negatiating with payers, MCOs to provide reimbursement for educational visits, and other preventive care services. The PPS will also mitigate this risk through the training and retraining of its providers in the provision of preventive care services. Another way to mitigate this risk is through population wide campaigns through several methods, achievable with the help of Commmunity partners.

Patient Engagement: Another risk is in effectively reaching out to and engaging the at risk populations. ACP plans to mitigate this risk with the use of Community Health Workers/Health Advocates who have direct connections with the community and share cultures and language with the patients.

Population Health Analytics: Another risk is that population health data analyses are time consuming and expensive and it takes a long time for organizations to develop new services or interventions. To mitigate this risk, we plan to start with available high level data at hand from our CNA, refine them and apply them at actionable levels first and then supplement them with the more detailed data analyses.

Continue population health management approach: To facilitate continued education and cultivation of the population health management approach, we will improve on our communications and workforce training strategies to ensure meaningful education on population health management.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

Successful implementation of multiple workstreams will contribute significantly to the development of effective population health management across ACP PPS.

- 1. Effective and rapid communication and data sharing will be used to ascertain defined target and outreach methodology for implementation of population health initiatives Thus, a robust and functional set of data gathering and monitoring tools surveys, CNA, registries shall be implemented with the IT platform functionality.
- 2. Population Health will also be highly dependent on workforce as it will require staff re-training as well as new staff deployment including community health workers/health advocates, etc.



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- 3. Finance has an integral role in population health management since all campaigns and new systems and processes will require a financial commitment from the PPS to cover high costs of same.
- 4. Governance in all of its forms will play a key role since agreements with CBOs, community leaders, other PPS' will have to be in place for shared information and outreach. The PMO will have direct intervention in since it will distribute and implement protocols and processes for patient engagement and intervention.
- 5. Another major dependency is the Provider Engagement team, who will have to provide the providers with information, training materials and achieve provider buy in and support. Training or re-training of care managers, care coordinators, and other care team support staff would also be a key dependency for our network providers. In addition, an integrated delivery system where information technology are leveraged for clinical care would help to round out the tool set for the population health management care team.
- 6. Cultural competency is also important in educating and engaging patients in taking appropriate action and changing health behaviors in the PPS' population health projects of tobacco cessation and prevention of chronic diseases.



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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
VP of Innovation	Lidia Virgil	Structure and Oversee the implementation of the population health management strategy; Prepare provider engagement plan and Oversee population Health campaigns
Project Manager	Katherine Morillo	Oversee the implementation of the population health management strategy; reports to the Program Director, Clinical Quality Committee and PPS executive body.
Medical Director	Dr Diego Ponieman, MD	Provide guidance on protocols and provider and patient engagement strategies. Enusre clinical quality.
Clinical Quality Committee	Chair: Dr Diego Ponieman, MD	Monitor the impact of DSRIP projects on avoidable hospitalization reduction, changes in inpatient, outpatient, and community capacities; oversee the modeling and implementation of capacity change improvements.
VP Business Intelligence	John Dionisio	Lead the development and implementation of the PPS-wide work plan for all relevant providers to achieve PCMH 2014 Level 3 by DY3. Work in coordination with PPS central IT team to ensure population health management IT needs are procured and developed.
IT Committee	Chair: Tonguc Yaman	Assist in procuring / Devloping a robust and functional set of data gathering and monitoring tools and expert analysts
Provider Engagement	Luis Ramirez	Educate and communicate population health management approach. Communication of strategies on population health management implementation



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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		
ACP CEO (Mario Paredes)	Oversight of DSRIP projects	Jointly responsible for population health initiative implementation and Bed Reduction Plan
Hospital partners in Advocate PPS Bed Reduction plan (Medisys - Jamaica and Flushing Hospitals)	Participate in bed reduction plan and analysis	Represent the Bed Reduction Working Group; will review and advise on any bed reduction goals
Nursing Homes (eviCore, Various)	Stakeholder to bed reduction plan	Represent the Bed Reduction Working Group; will review and advise on any bed reduction goals
Behavioral health units / facilities	Stakeholder to bed reduction plan	Represent the Bed Reduction Working Group; will review and advise on any bed reduction goals
ACP Providers	Adoption of population health management practices	Active engagement of patients and deployment of training and education materials
CBOs, including organizations focused on social determinants of health	Vital components to ensure success of the population health management strategy – the "glue" services	Work with care management teams to address social determinants of health issues which may be major obstacles for improved health care and health in target population.
External Stakeholders		
MCOs	Key partner in payment reform	Provide insight and partner with Advocate PPS on population health management approach to be implemented across the PPS. They are collaborators in PPS payment reform in line with NYS value based payment (VBP) roadmap.
Community Leaders	Assist in identifying and achieving target patient outreach and engagement	Assist in providing culturally appropriate and linguistically correct information to the community served by the PPS for population wide campaigns



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Advocate Community Providers (PPS ID:25)

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.

Our data and analytics team will be responsible for ensuring practitioners will have timely and useful data and tools readily available to allow them to help develop interventions and services that will address population health issues for their patient population. These will include MAPP, Salient, EHRs, and other platforms to be developed with providers' input. Our participation agreement will require all relevant providers to adopt and use EHRs and achieve MU and PCMH 2014 Level 3 by DY3. Our PCMH / EHR-MU Certification Workgroup will assist providers and systematically implement the plan to achieve MU and PCMH 2014 Level 3 by DY3.ACP's IT integration will also include patient interactive portal for patient engagement and communication, educational ,materials and referral tracking and appointment assistance. ACP's platform will include data analytics and predictive modeling module that will allow for early intervention and prevention based on aggregate data with standard deviations, algorithmic values and risk assessment. The data obtained will align with patient engagement strategies for each of ACP's DSRIP projects as well as go beyond the projects into a preventive, preemptive, value based practice. ACP's website will contain materials on ACP's population Health projects together with links to community services both state and local through which patients may obtain services including educational and anonymous services.

IPQR Module 8.8 - Progress Reporting

Instructions:

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

We will monitor the progress and impact of our population health management works stream through a combination of DSRIP outcome measures and specific population health metrics. These will be identified in the Advocate PPS population health roadmap and will be monitored by the Advocate PPS PMO and Clinical Quality Committee. ACP will also use internal and nationally recognized performance measures such as CPTs, claims data, referral tracking and evidence based screenings to monitor engagement, compliance and progress. ACP will also use meaningful use dashboards, EHR and state immunization registries and ERx records to monitor and report progress. Metrics, specific to the two Domain 4 projects that have been selected, will include established rates (smoking rates/100,000, preventive medicine prevalence rates, care gap rates) that are widely available, as well as from internal PPS data derived from physician EHRs. Reporting metrics will be sliced in various ways to create effective population health education plans and outreach campaigns (smoking prevention approach will vary depending on age group, culture, etc). We will build continuous quality improvement into our population health roadmap; establish timeframes for re-evaluation and update of data sets, functionality of registries, and priority issues for population health management. We will certainly identify provider champions and share the knowledge and best practices throughout the PPS network.

IPQR Module 8.9 - IA Monitoring



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Instructions :		



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Advocate Community Providers (PPS ID:25)

Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1 Perform IT Assessment of Network	Completed	1 Survey of all providers to determine electronic record, connectivity, and data sharing capabilities, leverage existing systems where applicable, identify gaps in readiness, staffing, workflows. Create assessment tool to determine readiness and capabilities of providers within the network. Director of IT, John Dionisio, with support from clinical operations team (lead: Lidia Virgil) will be responsible for the conducting of the survey (however potential vendor assistance may be an option). Survey questions are aimed to gather information on partner IT structure (centralized, independent, outsourced), operating system compatibility, EHR type, experience with electronic data feeds, MU/PCMH certification, Care Coordination processes and workflows, patient engagement and communication and information exchange capabilities.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2 Review Assessment Results	Completed	2 Use survey and assessment tool results to determine capabilities of each individual provider's electronic system for	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
		integration; gauge individual provider level of preparedness for EMR and level 3 PCMH certification.							
Task 3 Determine Provider Preparedness Level	Completed	3 Determine individual provider level of preparedness for practice workflow restructuring based on current staff and future staff needs, as well as staff educational status and need for retraining. Establish acceptable transition plan with provider if necessary that includes re-training of staff and introducing potential centralized functions that ACP will retain.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 4 Document Results	Completed	4 Document results and compare against future state. Determine final roll out plan. Gather Board approvals where necessary.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5 Ensure Provider Readiness for Integrations	Completed	5 Develop and roll out process to ensure provider readiness for integration, where gaps exist.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: Clinical and other info for sharing Data sharing systems and interoperability 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	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1 Define Project Target State for Clinical Integration	Completed	1 For each DSRIP project: define with the project group what the target clinical integrated state should look like from a people, process, technology and data perspective (including assessment and care protocols and specific attention to care transitions). Identify the main functional barriers to achieving this from the perspective of both provider organizations and individual clinicians. Currently ACP has been a participating PPS with KPMG in the creation of the TOM system, which has provided a basis for integration.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 Determine Gaps Between Current and Target	Completed	Based on this target state and the gaps identified in the integrated care needs assessment, define and prioritize the	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
State		steps required to close the gaps between current state and desired end state (in terms of the needs for people, process, technology and data).							
Task 3 Transition Paper-based Providers and Non-Certified EHR-based to Certified EHR	Completed	3 Contact providers without EHRs or those with non-certified EHRs as identified in gap analysis and provide contracts for EHR implementation. ACP will support providers and provide assistance and support with implementation of EHR.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 Develop PCMH Implementation Plan	Completed	4 Contact providers identified in gap analysis and implement plan as in project 2.a.i regarding achievement of PCMH level 3 certification.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 5 Establish Referral Pathways	Completed	5 Establish referral pathways of integration in which referrals flow between partners in an efficient electronic fashion that can be monitored and in accordance with implemented evidence based protocols and best practices.	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 6 Identify Common Processes for Each Project	Completed	6 Identify the common steps required for each project. For example: the need for supportive IT infrastructure to enable data sharing.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7 Identify Key Clinical Data Required	Completed	7 Conduct engagement exercise with practitioners and other stakeholders, focused on identifying the key clinical (and other) data that will be required to support effective information exchange at transitions of care	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8 Create Care Coordination and Provider Education Program	Completed	8 Create care coordination and provider education program and schedule including training and strategies to use based on provider	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9 Define Incentives	Completed	9 Define incentives to encourage the behaviors and practices that underpin the target state (e.g. multi-disciplinary care planning). These incentives might include financial / personnel support to providers looking to improve the efficiency of their operations in order to create more time for coordinated care practices; or the creation of shared back office service functions to improve the efficiency of provider organizations.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 10 Clinical Integration Stakeholder Input	Completed	10 Consult internal and external stakeholders (including patients) on draft clinical integration and transformation strategy.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 11 Finalize Strategy	Completed	11 Finalize PPS strategy and roadmap document on clinical integration across all projects.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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IA Instructions / Quarterly Update

_			
	Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

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

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 9.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

IT/EHR Adoption: One of the risks is that some providers may be reluctant to adopt EHRs within tight timeframe to achieve MU 1/2, PCMH Level 3, and to be linked into the clinically interoperable system within the tight timeframe. ACP will provide the providers with support and training through its support center, "hub", in order to help alleviate anxiety and provide efficiency of implementation. Strong provider engagement and buy in is key to this process, therefore the provider engagement team will schedule and run training meetings as well as do individual outreach and surveying of provider status, providing the support teams and governance with readiness and specific action plans.

Referral and Patient Tracking: Another risk is in tracking patient compliance with referrals as coordinated by PCP or specialist providers with such a vast network of providers and such a low health literacy rate we understand that patients tend to seek care through word of mouth in the communities more than through standard evidence based channels. The PPS will mitigate this risk by fostering strong relationships within the community with PCPs, CBOs and providing patient educational campaigns and one on one coaching by the PCP, Care Coordinators and Case managers. The support center, "Hub" care coordination staff will maintain open lines of communication with the patients and provide follow up with them to ensure fulfillment of the referrals and the flow of information to and from PCP and specialty services. The PPS also will use its strength of having such a vast network to ensure that all partners are clinically integrated and have open lines of communication via electronic platform with the ability to share all pertinent patient information so as to track our patients wherever they may receive care. All PPS partners will communicate with central office, (Hub) regarding patient services.

System Integration: Another risk is related to the inadequacy of certain provider's systems for integration. The PPS will mitigate this by creating a platform that is interconnected to many types of systems as well as partnerships with EMR and systems vendors that will provide lower cost systems with stronger support to our partners. The PPS' support center/hub will provide the providers with support, training and assistance. IT policies and process must account for this dependency and create potential workarounds.

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.)

Major dependencies for Clinical Integration are mostly all other aspects of the full implementation plan.

- 1. Adoption of EHR by all providers is in it's own rite a major dependency since HIE must be timely, efficient and up to the moment.
- 2. Adoption of PPS clinical protocols and processes by all providers throughout PPS must happen for a successful integration.
- 3. Governance model must be operational for clear and consistent communication of all providers and follow through, monitoring, incentives for compliance.
- 4. Clinical integration has a major dependency on workforce strategy. The workforce will need to supply the additional staff needed for implementation of clinical integration, provider engagement and support center staff as well as current staff retraining.



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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				
CIO	Tonguc Yaman	IT Governance, Change Management, IT architecture, data security and confidentiality, data exchange				
сто	Corey Maher	Data security and confidentiality plan, data exchange plan and other operational requirements, both internal and external to the PPS				
HIE Application Lead	Tonguc Yaman	Application strategy and data architecture				
IT Operations Proj Manage and PCMH	Misael Guerra	Ensure proper controls and protocols are in place for effective day- to-day operational activities including monitoring				
CMO Dr Diego Poniman, MD		Ensure proper controls and protocols are in place for effective day- to-day operational activities including monitoring				
VP of Innovation	Lidia Virgil	Structure and Oversee clinical integration requirements from a clinical perspective; Prepare provider engagement plan				



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☑ IPQR Module 9.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities			
Internal Stakeholders					
ACP Board (Chairman: Dr Ramon Tallaj, MD)	Approval/Rejection of key initiatives associated with DSRIP program.	Ensure appropriate approvals/rejections of initiatives that directly involve execution of DSRIP programs.			
ACP VP of Operations (Alexander Damiron, Gloria Wong)	Project Management to ensure sustainability of providers	Management of processes and proposals			
CIO (Tonguc Yaman)	Oversight of policies, work groups and deliverables regarding IT	Management of processes and proposals. Ensure clinical project requirements are incorporated into IT solution.			
IT Committee Chair (Tonguc Yaman)	Interface between IT Committee and front line end users	Input into system design, testing, and training strategies			
Director of Workforce (Moises Perez)	Oversight of all training strategies, including practitioner/staff education	Input into practitioner / staff training plan			
VP of Innovation	Lidia Virgil	Ensure clinical protocols are part of business requirements document that will drive IT development			
External Stakeholders					
Patients (Patient Rep: Ramon Anibal Ramos)	Care improved upon by the clinical integration of the PPS	Response to consultation on clinical integration strategy			
Patient Family members and Caregivers	Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity	Response to consultation on clinical integration strategy			
EHRs vendors	Partner in EHRs and HIE solutions	EHRs and HIE solutions that meets DSRIP requirements for integrated delivery system, connectivity and interoperability			



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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.

Key elements of the IT infrastructure include the adoption of EHRs by all participating providers, and the achievement of PCMH Level 3, as well as the development of interconnectivity platform for HIE. Full EHR connectivity will enable electronic linkage and sharing of pertinent data on a common platform. ACP will also connect to RHIO / SHIN-NY for more effective HIE and reporting throughout and across all PPS'. Untill full EHR / HIE connectivity is achieved, ACP has developed alternate internal HIE systems and processes and will utilize State platforms such as MAPP and Salient to share milestone and metric progress and analytics PPS wide. This will be supplemented with our own performance metrics and analytics. ACP will use its support center, which includes IT support teams, to provide support to all of our providers to report on all clinical and quality measures. The IT teams will provide support with EHR, PCMH, interconnectivity and data exchange. While our platform is being finalized, we will use a mix of manual and electronic methods, such as HIEs that are available from our EMR vendors. We will adhere to the DSRIP's requirements and protocls for data sharing and confidentiality. We have had successful pilots with three of our partner hospitals in secure messaging and alerts for ED and hospital admission / discharge / transfer (ADT) and will be able to deploy this for all of our network providers. While we await the availability of the State's Health Home platform and RHIO platforms, we will use patient and physician portals that are associated with our current major EHR vendors used by our network providers.

IPQR Module 9.8 - Progress Reporting

Instructions:

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

ACP will develop monitoring metrics which will be run periodically to measure success of the processes. Process success will be measured based on patient information exchange and efficiency of providing services to patient as referred by all ACP providers. Measures will include effective communication between providers as well as HIE.Performance monitoring will include completion and receipt of referral reports as well as the turnaround time for these. Success and the integrity of the process will also be measured based on MU dashboard data which will show proper use of the EMR, also via Care Coordination platform measuring patient outreach and compliance also being used for PCMH certification. Metrics to be measured and tracked include: referral close rates ('referral aging schedule' to measure response time and actual close rate percentages), patient engagement rates, care plan compliance, etc. for all providers and especially for CBOs (CBO role in entire process is crucial to ensure patients receive adequate social supports). Other typical metrics will include admission, re-admission and ED utilization rates to ensure that those who do have high utilization are outreached to and provide care management.

IPQR Module 9.9 - IA Monitoring:



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Instructions:		



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Section 10 – General Project Reporting

☑ IPQR Module 10.1 - Overall approach to implementation

Instructions:

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

ACP's network requires alignment of a range of providers to ensure the PPS's performance meets milestones, goals of the projects and overall goals of DSRIP. Each project will have its own leadership with clinical and operational leads, representative of the service providers involved and will be responsible for project management, tracking and monitoring progress toward milestones and metrics at all levels, ensuring compliance with project requirements, speed and scale, and reporting the progress on these to the workstream directors and Clinical Quality Committee. The project team will also oversee the development of provider/staff/patient education, training and support, and ensuring adherence to Clinical Committee guidelines. Medical Directors will be reponsible for providing support to providers and their patients by providing care coordination, care management, education, training, and outreach. The staff for care coordinators, care managers, outreach staff are consistent with workforce strreams.

ACP will use internal and State platforms for continuous education and communication. In addition, all leadership and participating providers will be encouraged to participate in workgroups and collaborative learning groups. We will build on our existing IPA/ACO regional physician engagement teams and meet monthly/quarterly. Experience has found that peer education is a key component for maintaining meaningful engagement among physicians.

We will use a platform for data sharing to empower providers with information for clinical decision making, behavior change, and performance achievement. This platform is being put together in Project 2.a.i and will have connectivity and real-time exchange in addition to connectivity with RHIO/SHINY and other state reporting sites such as Salient.

In addition to the general framework for DSRIP, ACP intends to approach project implementation in several ways. All projects will follow:

- 1. Creation and implementation of evidence-based protocols. ACP has developed and drafted evidence-based and process manuals to support quality treatment of its patients and a consistent approach to care. Each protocol also has been condensed into shorter summaries for easier approach and understanding by providers.
- 2. Creation of a support center who will provide ongoing support to all of ACP's providers. This will consist of IT Support, Outreach, Care Coordination/Management, and Reporting/Analytics staff.
- 3. ACP has Physician Engagement teams who shall be the first line of communication with providers and staff to provide ongoing outreach and training. The Physician Engagement teams will be comprised of staff of the same culture and regional area as the providers. The processes will provide the tools that providers will need to be successful without implementing new workflows on their own. Many times the providers treat all of the conditions addressed in the DSRIP projects in a vacuum and without support, causing them to not being able to provide close monitoring and follow up. ACP's implementation plan takes the providers current workflows and promotes higher rates of compliance and quality care.
- 4. The project implementation process will be guided and overseen by Directors and the clinical quality committee. Progress will be monitored through metrics developed bymACP for reporting which will include MU and PCMH quality reporting as well as claims data, CDSS alerts and other ACP quality metrics.
- 5. Throughout all of ACP's projects, ACP will work collaboratively with all other PPS' and will include joint campaigns for population health, health



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literacy and community engagement and project specific initiatives including patients receiving services for care transitions and ED triage.

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

Instructions:

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

Many interdependencies exist between ACP's DSRIP projects. These interdependencies live in the major IT infrastructure that ACP is developing with an interconnected IT platform that will allow for real-time data sharing between providers and fostering of exquisite care coordination. A care coordinator and PCP staff will be able to follow a patient from the point of initial contact through the referral and consult back process, never losing site of the patient status and care. All PCPs will attain PCMH level 3 status thus improving the quality of care and care coordination of their patients. ACP's protocols are comprehensive and extensive and cover many often-missed elements of disease care which involve and intertwine with care for comorbid conditions also addressed in other of ACP's DSRIP projects. Several of the projects being implemented by ACP have several synergies in their treatment plans and approaches to care and many patients have comorbidities corresponding with the disease specific projects being implemented. ACP plans to capitalize on these synergies to avoid duplications and create more efficient treatment of patients and increased patient engagement. ACP will have staff that is trained in several aspects of care and not just one project, to address those patients with comorbidities, or more than one condition pertaining to more than one of our projects. For example a Diabetic who also has Hypertension and who will receive Lifestyle coaching and disease management techniques for both diseases will receive care from one PCP and be followed by the same care coordination and case manager. This alignment creates a greater rapport between the patient and the practice/staff and translate into increased compliance.

With respect to overlapping project requirements, we have mapped these out in a matrix format showing the cross-cutting of requirements. For those project requirements that are most pervasive, we have set up specific work teams tasked with ensuring consistent and coordinated implementation. The achievement of PCMH 2014 Level 3 certification is one example - we have a dedicated PCMH / EHR-Meaningful Use (MU) team that will be responsible for assisting all relevant providers to meet this project requirement according to the timetable set out in speed and scale commitments. This work team will be responsible for the overlapping requirements of using EHRs to track all patients engaged in projects and ensure all EHR systems used by participating safety-net providers meet MU and PCMH Level 3 by the end of DY3.

The Clinical Quality Committee will also work collaboratively with other work stream committees to ensure activities are complementary and supplementary to their activities as there are dependencies among them. We will depend on IT systems and processes for our data sharing communications strategies, clinical integration, and timely performance reporting for rapid cycle evaluation. Access and understanding analytics will help in more accurate population health management.



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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)		e) Key deliverables / responsibilities
New York State Department of Health	Peggy Chan	Provide guidance for project implementation, metrics and reporting
New Fork State Department of Health	Peggy Chan	Funds - payments for goal attainment
Board of Directors	Chairman: Dr Ramon Tallaj MD	Oversight and performance evaluation feedback
Board of Directors	Chairman. Di Kamon Taliaj MD	Provide necessary funds for project implementation
ACP CEO	Mario Paredes	Oversee all management functions, Staffing
ACF CEO	Mailo Faleues	Organizational functions Assist in funds distribution
		Provide oversight and advise on clinical elements of project
Clinical Committee	Chair: Dr Diego Ponieman, MD	implementation Advisory on clinical protocols, process and
		procedure manuals
		Provide oversight and guidance on clinical integration for project
IT Committee	Chair: Tonguc Yaman	implementation Review IT proposals, vendors and IT security
		Provide advisory on selections
		Provide guidance on clinical protocols and oversight in all clinical
CMO	Chair: Dr Diego Ponieman, MD	projects, evaluate performance and provide feedback and
		implement corrective action plan for low performers.
		Assist in creation of HIE platform, attainment of PCMH level 3
CIO	Tonguc Yaman	certification for all PCPs and EMR implementation for all
CIO	Tongue Taman	practitioners Plan for successful implementation of EMR, PCMH
		certification and HIE interconnectivity platform.
		Analyze staffing necessary for implementation of each project and
Workforce Director	Moises Perez	success. Provide oversight and guidance on staffing needs
		Identify retraining and new staff needs.
Community Based Organizations	Several, God's Love we Deliver, Association of People with	Assist in providing necessary services to patients including social
Community based Organizations	Developmental Disabilities	services and community engagement
Patient / User Groups	Ramon Anibal Ramos	Ensure the patient view and insight drive project strategy and
Patient / Oser Groups	Ramon Ambai Ramos	implementation.
		Participate on Workforce Training and Redeployment issues,
TEF (Sandi Vito)	Workforce Training and Redeployment	agreements and
		documents,
NYS DOHMH & Divisions	Cary Polkin	Provide resources and insights into project implementation and
INTO DOMINIA DIVISIONS	Gary Belkin	standards of care and best practices.
Labor Union (Helen Schaub)	Labor representation	Participate on Workforce issues, agreements and



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		documents,



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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						
ACP Primary Care Providers	Primary Care Providers	Implementation of clinical protocols Implementation of EHR Attainment of PCMH level 3 certification				
Hospital partners	Medisys (Bruce Flanz)	Participate interconnectivity for efficient HIE Implement hospital based projects Work closely with PCPs and Health Homes to foster greater PCP/patient interaction and loyalty to achieve DSRIP goals				
VP of Innovation	Lidia Virgil	Written process and procedure manuals for implementation, periodic metrics reports analysis				
CIO Tonguc Yaman		Contact all providers with EMR implementation proposal Assist in PCP PCMH certification implementation plan Develop IT platform for integration and interconnectivity				
Clinical Quality Committee Chair: Dr Diego Ponieman, MD		Provide oversight and guidance on all project implementation protocols and metrics. Evaluate provider performance toward achievement of goals.				
Finance Committee	Chair: Bruce Flanz	Provide financial analysis and plan to fully support project implementation with proper staffing levels, well designed incentives and access to funds for infrastructure				
Workforce Director	Moises Perez	Provide workforce roadmap to achieve a competent and efficient workforce that provides support andd needed services to achieve successful project implementation				
External Stakeholders						
MCOs	Data source	Ensure interface compatibility and consistency of data feeds				
EHRs vendors	Partner in EHRs and HIE solutions	EHRs and HIE solutions that meets DSRIP requirements for integrated delivery system, connectivity and interoperability				
NY DOH and other state/city agencies	Oversight of Safety Net providers	Ensure Safety Net providers continue to operate to provide services to Medicaid patients. Ensure timely payments to prevent cash flow issues with PPS. Ensure reimbursement policies follow VBP roadmap guidelines that positively impact provider billing practices (ie FFS transition to Level III VBP). Ensure PCMH				



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		reimbursement program continues to assist physicians with upkeep of PCMH certifications.



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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.

After the conclusion of the IT Target Operating Model discussions with KPMG, several documents were created to capture the requirements for the two projects that were highlighted (2ai Integrated Delivery Service and 3ai Integration of Primary Care and Behavioral Health):

- -Business Requirements Document this document highlighted the processes and systems needed to accommodate the workflow discussed during the use case scenarios presented, specific to ACP's needs. Tremendous focus was placed on coordination, given ACP's network of independent community-based providers, so that care is delivered to the patient appropriately, timely and efficiently. ACP's vast network of safety net providers provides care to patients with various clinical and socio-economic needs. As part of the discovery process, many use cases, aside from the three that were scrutinized, would require the support and services of Community Based Organizations (CBOs). Additionally, culturally competent support is required to navigate the overall healthcare system at the community level, or after an event has occurred at the institutional setting (ie inpatient admission).
- -Systems Requirement Specifications this document identified the key systems and processes required to be able to streamline workflows and accommodate information from a variety of sources. System interfaces such as HL7, CCDs, amongst others, will be used to connect various providers together. ADT feeds will also be a key interface to bring real time alerts to physicians so that they are aware of patients who are receiving services in institutional settings.

These two documents will be used to create ACP's Integrated Delivery System that will support all projects. Key framework components will include:

- -Care Management/Care Coordination system which will be the source of outreach for ACP to patients, providers and other organizations to assist with patient navigation and coordination.
- -Analytics platform which will identify patients with care gaps, those with chronic conditions or those who seek care in inappropriate settings (ie repeat visits to the ED).
- -Health Information Exchange will be developed leveraging the capabilities of existing EHRs. Centralization of data will be key so information can be consolidated for population health activities and other data-driven reporting. Analytics functions will provide support.
- -RHIO connectivity is also part of the plan in order to satisfy DSRIP requirements.

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.

Data captured from a variety of sources, such as the state, MCOs, provider EHRs, will provide the Analytics function to be able to create performance reporting as it relates to DSRIP. ACP will develop a robust Analytics function as part of the general Integrated Delivery Service framework. General benchmark data ('Attribution Benchmark' and 'Panel Benchmark') will be used to provide providers with knowledge of their level of patient engagement as defined by the DSRIP projects. Attribution Benchmark is defined as patient engagement counts relative to DSRIP



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attribution. Panel Benchmark is defined as patient engagement counts relative to a provider's Medicaid and Medicaid Managed Care rosters.

Additionally, quality, expense, utilization and clinical data reporting will be provided as tools to assist providers to target areas of opportunities with their panel, as well as immediate surrounding population. Quality reports will identify preventive care gaps that continue to exist. Expense and utilization reporting will give a provider insight into the expense patterns of his/her patients and the community. Clinical data will be used to ensure patients are receiving the right services based on health history of the patient.

As the transition to value-based payments occurs, these reporting sets will evolve to give providers a better understanding of actionable next steps to ensure success in the value-based settings. MCOs will play a strong part in providing some operational support to ensure data is accurate and complete. ACP will leverage MCO expertise to ensure that all areas of opportunities are identified and initiatives deployed to further the success of provider's role in a value-based setting.

Overall, ACP will encourage providers to review reporting and take the next actionable steps in order to improve on areas of opportunity. ACP will provide tools (such as the care management and care coordination functions) to assist providers achieve initiative goals.



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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.

General Approach

ACP approach recognizes that the success and sustainability of DSRIP in the years to come will largely ride on our ability to creatively align and re-engineer community resources. A successful re-engineering entails the creation of new and more vibrant lines of communications and relations among providers, governmental entities and a diverse patient population. Institutional reforms, the introduction of evidence-based protocols and population health management interventions will create the foundation for the financial sustainability of the PPS. However, the successful engagement, involvement and active participation of the community will ensure sustainability. In this regard ACP envisions Medicaid recipients as active agents in the management of their healthcare and the most critical element of success. By success we refer to the overall goal of making the community healthier.

ACPs concern for community involvement drove the creation of the PPS. ACPs providers are community grounded. The medical practices are neighborhood based and some of our hospital partners even bear the name of the main community within their target area: Jamaica Hospital, Flushing hospital, etc. The CBOs in our network are also firmly based in community. The staff of the medical practices are largely from the surrounding communities and form part of the larger landscape.

Risks

Poor provider integration

Ineffective CHW integration into PPS delivery structure

Increased demand for service falling behind the supply

Major Elements of the Plan

- 1. Using the Medical Practice as the "Organizing Principle" for Community Engagement
- 2. The Community Health Worker Program
- 3. Communication Strategy
- 4. Cultural Competency Vision and Initiative

Major Initiatives

- 1. The Community Based Organizations Partnership Program (CBOPP)
- 2. The Waiting Room Project
- 3. Community Resource Mapping Exercise
- 4. "Health Week" Engaging the Health Business Industry
- 5. Get Focused on Reading and Exercising" Campaign Targeting Children and parents in afterschool Programs
- 6. Public agency Coordination Plan

ACP will establish the Community Based Organizations Partnership Program (CBOPP) as the main vehicle for contracting with CBOs. As the



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health system for Medicaid recipients moves from hospitals to ambulatory settings and from episodic to care management and coordination; prevention, outreach and community engagement have taken a more prominent role in the delivery of health care. With over 650,000 patients in every community in the Bronx, Brooklyn, Manhattan and Queens, ACP is looking for community-based partners to more effectively engage and serve its patient base. Overall goals include: Integration of CBOs into the work of ACP within target areas and establishment of a base of community support for ACP projects and activities.

ACP will achieve the stated goals and objective through:

- 1. Development of written partnership agreements
- 2. Establishment of the "Advocate Fund" to engage CBOs
- 3. Involvement of CBOs in a wide range of activities that include but are not limited to:
- a. Health promotion and education,
- b. Cultural competency,
- c. Health literacy,
- d. Disease management education, others.

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	283,609.00	2,869,039.00	3,676,045.00	3,676,045.00	3,457,890.00	3,457,890.00	3,203,704.00	3,203,704.00	3,231,279.00	3,231,279.00	30,290,484.00
Redeployment	0.00	0.00	316,900.00	316,900.00	303,324.00	303,324.00	525,197.00	525,197.00	692,417.00	692,417.00	3,675,676.00
New Hires	1,306,026.00	2,809,013.00	1,267,602.00	1,267,602.00	1,213,295.00	1,213,295.00	525,197.00	525,197.00	230,806.00	230,806.00	10,588,839.00
Other	653,675.00	754,555.00	1,077,461.00	1,077,461.00	1,091,964.00	1,091,964.00	997,876.00	997,876.00	461,611.00	461,612.00	8,666,055.00
Total Expenditures	2,243,310.00	6,432,607.00	6,338,008.00	6,338,008.00	6,066,473.00	6,066,473.00	5,251,974.00	5,251,974.00	4,616,113.00	4,616,114.00	53,221,054.00

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.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1 Workforce Committee	Completed	Formation of ACP Workforce Committee (WC) who will review workforce strategies and provide feedback, monitoring and advice. The committee includes members from labor as well as PPS Project Managers/Directors, providers and staff. The committee utilizes stakeholders and subject matters experts to inform its work.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2 Project Requirements Analysis	Completed	Conduct an in-depth analysis of the requirements of each project in order to determine any changes to the a new service delivery structure of the PPS	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3 Organizational Impact Assessment	Completed	Complete Organizational Impact Assessment, determine the project by project impact on the workforce of each of the four sectors: hospitals, physicians, cbo partners, and PPS. The assessment information will be utilized to make projections about the potential impact on the workforce and to make decisions about the need for re-training and re-deployment of staff. The WC to identify/develop instruments (surveys and forms) to conduct the assessment. The assessment is specific and includes the impact on mission, organizational structure, staff lines, talent, organizational culture, budgets, and strategic plans.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4 Creation of Workforce Portal	Completed	The WC works with the IT Director to implement a web based monitoring mechanism to track training effectiveness and impact. The system will send alerts and brief questionnaires to each traininee after completion of initial training and to key administrative personnel to gather information about the level of job related knowedge and skill, job efficiency and	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	S		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		effectiveness of newly trained personnel. The data will be obtained and reviewed again in 6 month interval after completion of training with implementation of corrective action plans to follow if needed. Every corrective plan of action is monitored consistently an d more formally reviewed after a 6 month interval.							
Task 5 Workforce Strategy	Completed	Complete Future State Workforce strategy analysis and needs assessment. These reports will note the wide range of knowledge, skills, and attitudes required to support the DSRIP projects across all sectors and suggest the level of support that each sector of the PPS will require in order to successfully implement each project.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6 Current State Analysis	Completed	Workforce current state analysis report presented to PPS Governing Body for review. Analysis to include current state and impact on DSRIP project implementation and achievement of goals.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7 Analysis Approval	Completed	PPS Governing Body reviews and approves Target Workforce state analysis and approves considering budget, impact analysis.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1 Develop Recommendation Process	Completed	Establish a process for making recommendations to the governing body regarding the allocation of workforce resources; identify key players and "decision-makers;" the decision making body to be fully representative of the PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2 Draft Roadmap Development	Completed	The Workforce Committee hires a SME to provide a preliminary draft of the "roadmap" that is based on the current state of the workforce and the desired future state. The roadmap includes the components, elements, steps and timeline for each sector of the workforce. The WC reviews the report and submits to the PAC and then the Steering Committee for additional input.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3 Roadmap Approval	Completed	Finalize the transition roadmap and present to the PPS Governing body for review and approval.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO



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Milestone/Task Name	Status	Description S		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
state assessment of workforce and projected future state.									
Task 1 Future State Gap Analysis	Completed	Conduct gap analysis of current state versus future state based on a detailed comparison of positions and competencies across each of the four sectors. The report is thorough and specific to all projects and staff positions, and identifies gaps in the staff structure of the overall PPS, and need/opportunities for re-training and re-deployment maximizing the overall talent pool and ensuring readiness.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2 Workforce Budget	Completed	Complete preliminary draft of 5 year Workforce budget based on the gap analysis and other Workforce Implementation Plan deliverables.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3 Complete Analysis	Completed	Review and complete gap analysis report.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4 Finalize Budget	Completed	Complete final workforce budget based on gap analysis results	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5 Approve Analysis Report and Budget	Completed	Gap analysis report and final workforce budget approved by the PPS Governing body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 6 Comp Plan Approvals	Completed	Compensation and benefit report and package reviewed and approved by PPS Governing body	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5 Policy for Staff Declining Retraining	Completed	Develop policy recommendations for staff partially placed and/or who refuse new re-training and deployment.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1 Identification of Staff to Retrain	Completed	Identify all staff lines to be retrained/redeployed across all sectors utilizing Current State Analysis.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2 Compensation and Benefit Analysis	Completed	Complete the compensation and benefit analysis/assessment engaging all partners; HR Departments fully engaged. The analysis will contain current salaries and benefits allowing for comparison analysis between current and future to determine how staff hiring and redeployment will be impacted.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3 Complete Report	Completed	Complete report about changes to the compensation and benefit structure and its impact on DSRIP implementation;	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		report noted changes to job roles, functions and locations across all projects to workforce committee, and PPS governance							
Task 4 Compensation and Benefit Package	Completed	Develop compensation and benefit package for retrained, redeployed staff impacted by DSRIP project implementation and for new hires whose services and skills will be instrumental in achieving DSRIP goals.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1 Identify Training Needs	Completed	Complete itemized description of Current State training needs; the needs are specific, delineating the skills, knowledge and attitudes that staff will require to be successful in the implementation of the DSRIP projects.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2 Create Inventory of Skills	Completed	Complete itemized inventory of the skills and competencies of the current workforce in eah sector and compare to the skills and competencies required of the future worksforce. Draft a training strategy to bridge the gaps. Identify training materials, champions and/or vendor(s) to provide staff retraining and training.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3 Training Strategy	Completed	Complete comprehensive training strategy; the strategy will include philosophical underpinnings, goals and objectives, measurable outcomes, methodology and deployment plan, activities, evaluation, and program process and procedures. The strategy will also include: plan to identify/collect/create/test and evaluate training materials that are culturally competent and language specific; and a Communications Strategy to disseminate information about changes to the workforce, training opportunities and the overall initiative.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4 Approve Strategy	Completed	Acquire approvals for training strategy by PPS governing body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description	
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No Records Found



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 11.3 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

1. Staff reaction to change:

Fear of job loss and security,

Resistance to-new roles

Resistance to new processes and procedures

Resistance to training offerings

Nurses in particular have expressed through the public comment process that some of their functions may be delegated to new staff; leading to dissatisfaction in nursing ranks and loss of positions to less trained, income and motivation. Unaddressed, fear and resistance to new changes can have a negative impact on implementation of DSRIP and the timely completion of milestones.

The major strategy to mitigate this factor is the development and implementation of a comprehensive Communication Plan that includes sections specifically targeting the workforce in conjunction with other partners. The communication Plan will call for the creation of forums including members of the Workforce, to provide information and voice concerns about DSRIP, its philosophical underpinnings and practices.

- 2. Workforce shortages and recruitment challenges: (especially for some of the more specialized positions) may represent important challenges to the PPS. The successful recruitment and hiring of critical members of the talent pool is critical to a successful project implementation. In order to mitigate this factor the WC will carefully analyze and advise on the final workforce budget to insure that it includes adequate funding for recruitment.
- 3. New hires: the major challenge consists in putting together a mission conscious, driven, culturally competent, effective team, in a relatively short period of time. Lack of team cohesion can have a negative impact on the work of the PPS. The PPSs commitment to hire from within the community is a positive mitigating factor for this challenge.
- 4. Systems change: change tends to transpire over a longer period of time than that prescribed for DSRIP implementation much is being asked of all partners in a PPS at an accelerated pace. This impacts workforce as it impacts employees at all levels and may require the hiring of new, and re-training and/or redeployment of staff thus creating some difficulties and variations in the workflows and dynamics of practices. Clearly PPS success depends on high levels of cooperation and performance from all partners. The fact that all of the physicians in the network are organized through IPAs and ACOs and are familiar with operations within a capitated environment is a very favorable and mitigating factor.
- 5. Overall risks: the implementation of the DSRIP projects will most definitely require change in the workflows and dynamics of the primary care practices. This may require hiring of new staff since these offices are already functioning at staff capacity. This presents a dual challenge because the offices may also be operating at capacity in their physical space and they have no budget for new staff salaries and benefits. The PPS plans to mitigate this challenge by streamlining as many processes as possible and creating incentives that help the providers and provide support with the hiring process.



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IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions:

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

The PPS understands that in order to launch a functional and effective Integrated Delivery System, it must recruit, train, re-train, and deploy a workforce that can perform and deliver on program goals and objectives. In this manner all Work streams are interdependent on the Workforce Work stream. More specifically:

- The workforce strategy will incorporate input from the CBOs and PAC for cultural competency to ensure training materials are prepared and seminars are conducted in a culturally competent and linguistically sensitive manner.
- The workforce strategy will work closely with the clinical integration workgroups of each project to ensure appropriate staffing levels are maintained and in the appropriate categories to efficiently complete the project goals, i.e. employing sufficient care managers to manage high risk patients to minimize hospital readmissions.
- The workforce transformation will rely heavily on the success of an efficient IT system throughout the PPS to maintain current health records, to streamline the workload and efforts of the workforce, utilizing the information to manage Medicaid beneficiary health. In return the Workforce Work stream will work with the IT Work stream to insure that IT has sufficient staffing to build and manage new systems and that the IT staff is properly trained to insure efficiency and compliance.
- To achieve the workforce transformation, the Governance, Finance and Workforce must work closely together to ensure adequate financial resources to execute key workforce activities.



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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		
PPS Governing body	Ramon Tallaj, MD, Chairman	Review and approval of all reports, training strategy, budget, consultants and vendors/oversight and approval		
Workforce lead	Moises Perez-Martinez, VP, Workforce, Community and Government Relations	Complete workstream milestones/manage workflow		
Member Workforce Committee	Liz Webb, VP of HR, ACP	Current/Future Status Report for physicians and PPS sectors/ Fully populated template Execution of implementation plan		
Member Workforce Committee	Gloria Wong/Alex Damiron, VP of Operations, PPS Representative	Current/Future Status Report for physicians and PPS sectors/ Fully populated template Execution of implementation plan		
Member Workforce Committee	Joanne King, East Harlem HELP, CBO Representative	Current/Future Status Report for CBOs/ Fully populated template Execution of implementation plan		
Labor representative	Florence Wong, Deputy Director of the 1199 Training and Employment Funds	Workforce training Strategy/provide administrative services in execution of strategy		
Workforce Budget/staff analyst	Tracey Lin, CFO, ACP	Workforce budget/Provide data and report on staffing pattern and Workforce budget		
Staff support to workstream	Manager, Workforce Workstream	Complete workstream milestones/assist in workflow task completion, coordinate training		
Director of Data and Analytics/Project Lead	John Dionisio, VP Business Intelligence, ACP	System and process to track and evaluate workforce workstream activities and outcomes/Oversight of the development and implementation of IT systems to monitor DSRIP impact on workforce		



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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		
Liz Webb	ACP HR Lead	Assemble workforce/HR functions
Sheila Garvey, Vice President Human Resources at Jamaica Hospital Medical Center/Medisys	HR Lead	Assemble workforce/HR functions
Oscar Fukilman, MD	Corinthian and Balance Medical IPAs	Support data collection/oversight
Joanne King, Director EH HELP	CBO Representative	Support data collection/oversight
External Stakeholders		
Sen. Gustavo Rivera, Member Health Committee	Legislative oversight in NYS Senate	PPS support/legislator
Helen Schaub, Director of Policy and Government Affairs, 1199 SEIU	Labor representative	Advise on workstream development and implementation/participate on Steering Committee
Faith Based Organizations	Assist in engaging community resources for cultural competency	Provide input/streamline communication with community workforce
Marianela Nunez, MA, and Sobeira Guillen, MSW training consultants	Training consultant	Provide training curriculum



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IPQR Module 11.8 - IT Expectations

Instructions:

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

A shared IT infrastructure will have a transformative impact on the workforce by making fundamental changes to patterns of communication and the basic manner in which the PPS partners approach the work. Specifically, the development of an IT infrastructure is essential to the development and implementation of the Integrated Delivery System. In turn, the effective interaction of the workforce through the system represents a major transformation of the workforce.

A robust HIE platform will increase the PPS' analytics capabilities. The HIE platform will provide a wide range of information streams related to the workforce. Some of these may include but not be limited to:

Expansion/reduction of workforce
Number of displaced workers
Number of new hires
Number of workers re-trained and re-deployed
Retention efforts
Geographic distribution of the workforce

The IT infrastructure will make it possible for the PPS to more efficiently focus on "hotspots" and facilitate staff deployment.

Succession planning and staff development will also be enhanced through the deployment of a shared IT infrastructure.

IPQR Module 11.9 - Progress Reporting

Instructions:

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

The overall success of the Workforce organizational work stream will be measured on the basis of the following 3 criteria:

1. Documented ability to mitigate negative impacts on the workforce as a result of DSRIP

Maintaining the integrity of the labor force is a high priority for the PPS. Careful assessment and planning related to workforce will be critical to achieving this goal. The PPS will maintain complete records of number of employees displaced, re-trained and re-deployed in "real time" through enhanced analytics capabilities. Once a common IT infrastructure is established, the PPS will be able to analyze and report on progress on demand.

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2. Successful recruitment, hire, training and deployment of new staff

The task of assembling a new staff will be critical to the success of the PPS. While the process of skills training can take place over a longer time frame, it is absolutely essential that the newly hired workforce fully understand and accept the mission, vision and philosophical underpinnings of DSRIP and the PPS. The PPS will administer surveys and questionnaires to measure the level of understanding and acceptance of the PPS' vision and mission and report on the outcome of these interventions.

3. Increased readiness to engage in value based contracting Increased readiness to engage in value based contracting is an important goal of the PPS. The PPS and WC will draft a roadmap to meet this goal and report regularly on its implementation.

Reporting on progress against PPS targets will be systematic and continuous. The following steps will be followed in order to insure timely and accurate reporting on progress against targets:

Targets set across all PPS sectors

PPS Workforce Lead meets with key staff to review targets/anticipate challenges

Supervisory staff responsible for specific target area is responsible for developing a schedule of activities aimed at successful attainment of desired targets

Staff report on activities against targets bi-monthly

Corrective plan of action is drafted for targets determined to be behind schedule

Review of progress on corrective plan of action is conducted weekly

Monthly reports are generated and shared across the PPS with members of the WC and other pertinent members

Timely reports are prepared and presented to NYSDOH within the specified schedule. Progress reports will track: the number of employees trained, the number of employees retrained and redeployed, and the number of new hires.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
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No Records Found

Narrative Text:

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions:

Please include details on workforce spending. 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" section is calculated based on the total yearly commitments.

Benchmarks	
Year	Amount(\$)
Total Cumulative Spending Commitment through Current DSRIP Year(DY3)	33,484,879.00

	Workforce Spe	ending Actuals	Cumulative Spending to Date	Cumulative Percent of Commitments
Funding Type	DY3(Q1/Q2)(\$)	DY3(Q3/Q4)(\$)	(DY1-DY5)(\$)	Expended through Current DSRIP Year (DY3)
Retraining	9,233,488.00	0.00	27,476,101.00	157.72%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	240,351.00	0.00	6,112,161.00	67.34%
Other	1,561,100.00	0.00	7,714,581.00	134.23%
Total Expenditures	11,034,939.00	0.00	41,302,843.00	123.35%

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Narrative Text:

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



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Advocate Community Providers (PPS ID:25)

Module Review Status

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IPQR Module 11.12 - IA Monitoring:
Instructions:



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Advocate Community Providers (PPS ID:25)

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

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

Instructions:

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

- 1. IDS: ACP providers have been independent and the change to an IDS (IDS) might be a risk. We intend to educate a shared vision at all levels, from the Board down to participating providers and their staff. Provider buy-in will be developed through communication and education and ongoing support to will be available. Sufficient budget dollars and workforce are critical to support the IT plans for and IDS. Funds flow will also motivate providers to change practice and workflow behaviors. Additionally, while many use cases have been projected, there could be scenarios that may not have been considered. The PPS will have back-up processes in place in case of a gap in the system, including manual work-arounds and web-based portals to securely send information with providers and care managers.
- 2. Budget: the wide scope requires a budget that can accomodate project implementation. Funds flow allocated toward building an IDS needs to be sufficient to cover the 'must-have' items. The PPS has a contingency line item in the budget that can acommodate potential costs not currently specifically budgeted.
- 3. Patient compliance and engagement: the PPS will need to find creative ways to ensure patient compliance and engagement. Current efforts by the providers and health plans have some impact, but still find that many patients do not seek care in clinically appropriate settings. The PPS has to work closely with all providers to ensure proper identification and engagement of patients are effective. Literature suggests that high levels of patient satisfaction leads to improved patient engagement. The PPS can assess and identify barriers that prevent patient satisfaction to assist with improvement of patient engagement.
- 4. Provider Culture: providers' ability and time to document a disease-specific, personalized care plan for each patient with an at-risk chronic illness could be a potential risk. This will require additional time with the patients to provide, not only, a written care plan and sufficient documentation, but also educating the patient on the importance of plan compliance. ACP plans to mitigate by providing support at the provider level. This support includes care teams that are culturally competent, which include other practitioners, BH providers, pharmacists, nurse educators and care managers. In addition, ACP has developed electronic versions of disease specific care plans that can be personalized within the EMR to provide trackable documentation. This will assist providers in billing for complex care management services for their additional time and effort per patient. Also, given the unique structure of our PPS that spans more than 2,000 physicians and community based providers, communication and information sharing could be a challenge. ACP is reaching out and discussing possible collaborations with all of the hospitals in ACP's catchment area and those which any ACP attributed patient may receive services.
- 5. PCMH Certification Requirement: an additional risk is PCP compliance with level 3 PCMH certification. As referenced in the second risk, ACP has developed templates within the EMR minimizing the time that it will take providers to complete.
- 6. Physician/Patient Relationship: many cultures are biased towards going to the emergency department (ED) for care, as it is seen as more convenient and immediately responsive than a PCP visit. Our PPS will provide education and awareness to emphasize connecting to a PCP and working with community organization partners to expand outreach into the ethnic groups represented in the population. Additionally, the ED triage process will include a team of Patient Navigators available to every patient to satisfy project requirements such as ensuring appointments prior to ED discharge, with the intent of connecting to a PCP and reduce avoidable ED visits.



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Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Develop participation agreement language for each provider type requiring mandatory participation in the ACP Integrated Delivery System. Assess feasibility of developing borough-level organization regarding communication and large-scale implementation, such as integrated delivery system or the population health projects. ACP PPS is community-based and community-physician led. A majority of our community partners have been included because the Medicaid patients assigned to our physicians use the physicians within the network. Thus, these providers have been included in large scale within ACP's network and will continue to assist the providers and the patients in providing appropriate medical care and social support. Additionally, most community-based provider types (including Mental Health, Substance Abuse and Social Supports) will be included in the PPS network.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2 Establish a Project 2.a.i. Leadership Team with roles and responsibilities to take a leadership role on this project. Project will be co-led by the Director of Clinical Operations, Lidia Virgil and Director of IT, John Dionisio. Team will include expertise from all areas (IT and IT security, Clinical Operations, Workforce		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
[Moises Perez], Compliance (Tom Hoering), amongst others) and will require support from providers and staff. Additionally, because of the heavy dependencies on IT, support from physician EHR vendors will also be key in the success of the creation of an integrated delivery system.										
Task 3 Develop Project 2.a.i. Roadmap with timeline which would include flexibility to be reviewed and updated at least annually and ability to explore adding potential partners (including social service organizations/CBOs). The roadmap will incorporate any IT assessments derived from the IT milestones, determine future state and propose solutions to achieve the target state. The roadmap will consider the connectivity needs of all provider types (including Mental Health, Substance Abuse and Social Supports) to create an integrated solution.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Finalize (including ACP Board approval) Project 2.a.i. Roadmap with timeline, including timeline for provider contracting with partners within the organization.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Identify key Health Homes and ACO partners to create workgroup (include discussions with relevant committees, for example, IT Committee on integrating IT capabilities)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Develop matrix of core capabilities of partnering Health Homes and ACOs, including provider services, IT assessments, etc. Matrix, as part of roadmap, should identify strengths and weaknesses of existing systems and processes. IT integration		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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solution shall incorporate existing system strengths (strong network, structured communication processes, referral tracking, care management capabilities, strategies regarding patient compliance) and complement weaknesses (manual workarounds, workflow gaps, resource gaps, IT shortfalls).										
Task 3. Develop strategy for partnering with Health Home and ACO population management systems and capabilities that incorporates roadmap and matrix developments. Leverage existing effective processes and understand components that are needed to scale processes to broader network. Introduce centralized processes that the PPS will manage to assist with expanding scale.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Finalize strategy and incorporate into Project 2.a.i Roadmap with timeline, with flexibility to be reviewed and updated at least annually. Flexibility of design will allow for continuous system improvement that will maximize impact within network.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
PPS trains staff on IDS protocols and processes.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1 ACP needs to understand the population it serves in order to ensure appropriate care is provided. Categorize ACP attributed beneficiaries into stratified risk groups using a common model (e. g., HCC, John Hopkins, 3M) and identify priority disease conditions for each category (based on State provided data on		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
ACP's attributed beneficiaries, claims data from MAPP, Salient, IPAs' / ACOs' data from MCOs and Medicare, and providers' EHRs / medical record data). The data can come from variety of sources, including State, MCO and physician EHR. Stratification then allows PPS to understand and develop specific interventions that can positively impact patients (High-risk patients will require extensive, coordinated care. Moderate-risk patients will require some care, but as important, should received proper care that keeps the patient at moderate-risk status or potentially drop to low-risk status if possible [goal is to prevent patient from entering high-risk status]. Low-risk patients will need to receive preventive care to ensure that this cohort remain low-risk and does not move up to moderate or high-risk status.). Stratification algorithm based on common models can be developed/formalized in concert with PPS analytics team that is being assembled.										
Task 2 Review and adopt clinical protocols from PPS's selected Domain 2,3 and 4 projects for priority disease conditions among ACP attributed members. Protocols outline care steps that will guide physicians to ensure appropriate health care is provided. If required, appropriate community and social supports will be included in care plans to ensure member receives holistic (or whole-person) care. ACP's leadership and network safety-net community partners understands the population that it serves often require more than medical care. Supports from CBOs, Mental Health/Substance Abuse organizations, post-acute care such as Skilled Nursing Facilities and some Nursing Homes, long-term care providers and public health services are key to ensuring care is provided and maintained in between physician visits.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3 Develop a directory of available resources (includes typical and atypical providers types). Typical providers types are those who provide medical care such as physicians, clinics, hospitals, behavioral health, substance abuse, etc. Atypical providers are those who address socio-economic factors such as housing agencies, community-based organizations and social services. These resources can provide services based on the clinical protocols for care coordination needs and address gaps that are delivered in appropriate settings.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4 Identify additional provider type gaps based on resource directory and take necessary action to fill those gaps looking at all provider types, such as reaching out to CBOs and providers for participation in ACP. Network will continue to evolve as ACP's members' needs change. It is important to ensure patients needs are continually monitored to ensure appropriate care is given. Stratification step (step 1) will be completed periodically to ensure that the appropriate provider types are available.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5 Develop system to engage patients with PPS using variety of methods such as patient navigators, community health workers, or access to patient portals that allow for a systematic way of communication between PPS, its partners and the patient requiring care. Currently, many agencies conduct patient outreach, however there is opportunity to improve patient engagement. ACP will assess creative yet practical ways to engage with patients including electronic outreach (smart phone apps, telephonic/text reminders) and community-based outreach (outreach to caregivers). PPS will also utilize patient satisfaction survey tools to assess ways to improve patient satisfaction (high levels of patient satisfaction has shown high levels of compliance) to improve patient compliance.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6 Finalize ACP care coordination strategy to include structure, roles, responsibilities, services, policies and procedures, with linkages to other work streams as detailed in the ACP projects implementation plan. ACP plans to centralize its care coordination function (while leveraging existing effective care coordination processes within its network) where referral management and patient engagement strategies are key roles. Care coordination is a core function within an integrated delivery system - sufficient resources, tools and support, workflows and strategies will be included in the final roadmap. Support from other workstreams such as IT (ensure technology enables communication and the coordination), clinical operations (ensure protocols provide appropriate evidence-based care pathways for physicians to follow), workforce (appropriate training and retraining is provided so that the process is followed), and practitioner engagement (ensure physicians understand their		Project		Completed	01/01/2016	09/30/2016	01/01/2016	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
roles with the provision of care) will assist with effective care coordination.										
Task 7 Develop tracking and monitoring capabilities (audit function) to ensure that services are delivered timely to patients. Processes will be developed to track progress, including providing feedback that allow for process improvement. Metrics to assist with measuring timely delivery of services include: Referral close times and rates, monitor global outreach rates, general patient visit rates (ie reduce non-utilizing patient rates), quality care gap hit rates, patient satisfaction, etc.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8 Begin implementation of ACP projects implementation plan which includes tracking that patients receive appropriate support and care. This can be performed in various ways, such as understanding care gaps and outreaching to patients to close. PCMH, a major component of this project, specifically outlines various clinical care process improvement requirements involving immunization, preventive care and chronic or acute care measures.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Establish work plans with eClinical Works, MDLand and other major EHR vendors to establish bi-directional EHX platform to share information among PPS safety net partners who use eClinical Works EHR.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2 Establish work plans with hospital partners to develop Admission / Discharge / Transfer (ADT) feed into HIE.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Establish work plans with eClinical Works, MDLand and other major EHR vendors among ACP participating safety net providers for data feed into HIE platform.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4 Develop other interim solutions for sharing health information among clinical partners using direct exchange, alerts, and patient record lookup. Determine other needs or enhancements based on IT/integration gap analyses.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Connect with RHIO/QE and develop plan on sharing health information as the State makes the information available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6 Obtain and understand DSRIP policies, procedures and processes with respect to RHIO/SHIN-NY requirements as the information becomes available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task7 Develop final plan for sharing health information among clinical partners by DY3.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8 Ensure compliance with data sharing and confidentiality rules are followed with every data sharing event. This includes appropriate securities and encryption methodologies are in place to comply with HIPAA and other state and federal guidelines regarding PHI.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note:		Project		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
any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Survey and group all participating safety net providers into level of readiness.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of readiness. This includes PPS-defined readiness levels with strategies that will vary based the different levels (ie those who are technologically integrated will have a different approach than providers who are still utilizing paper medical records).		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Establish communications / marketing plan and outreach to all ACP safety net providers that also identifies support resources.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Start to implement plan to ensure safety net providers achieve MU/PCMH Level 3 by end of DY3. Implementation plan includes support from resources including PCMH CCEs. Support may include internal or external resources.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Refine priority of clinical issues from CNAs to include specific priorities by geographic areas and ensure alignment between projects undertaken.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Create a database for program planning (expand on data collected as part of our CNA)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Review adopted clinical protocols, care guidelines, established performance measures and metrics for each clinical area with participating safety net providers to monitor progress in managing		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
population health.										
Task 4 Develop a population health database that is able to drill down at all levels using data from various sources, such as EHRs (with bi-directionally capable HIE)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 Perform data analyses to identify priority clinical issues and establish registries.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6 Develop process to access individual provider EHRs and use registries to understand disease-specific drivers that will lead to population health initiatives.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 7 Complete workforce assessment for care management capabilities among all participating safety net providers, including staff skills and resources required to manage priority at risk populations in each geographic area.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8 Develop workforce training / re-training / support staff assignment to mitigate workforce gaps.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9 Deploy staff support at provider level to train providers and staff on how to use and apply information learned from registries; how to establish care guidelines, develop disease pathways and inform on metrics for monitoring progress in managing population health.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

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
into the assessment criteria.)										
Task 1 Survey and group all participating providers (safety net and non safety net) into level of readiness.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of readiness.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Clinical governance committee approves partner assessment results and PCMH roadmap.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Develop education program and schedule for each provider readiness category that includes support from PPS (internal) or with potential PCMH vendors (external).		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 Implement plan.		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 6 Monitor weekly, monthly, quarterly progress against PCMH / EHR-MU work plan goals.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	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	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 Identify MCOs.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Establish committee.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop committee charter, goals, meeting schedules, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Conduct monthly meeting with MCOs to discuss utilization trends, performance issues, and payment reform issues.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5 Initiate VBP transition plan including interim steps and complete by DSRIP timelines.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 ⚠ Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 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
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task A Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 1 Establish committee (committee will include expertise from other workstreams such as Clinical Programs (Lidia Virgil), Compliance (Tom Hoering), Finance (Wallace Lau), IT (John Dionisio). The IPA leadership (Ramon Tallaj, MD, Henry Chen, MD, Emilio VIllegas, MD) will play a role with physician engagement. Other providers such as hospitals (NSLIJ and Medisys Hospital System) will also represent. The PAC will also be engaged as they represent the overall network (including postacute care providers, CBOs, BH and SUD, etc). Lastly, the MCOs will need to be part of this committee or play an advisory role to ensure the VBP levels and options are operationally feasible and to establish appropriate timelines based on DSRIP commitments.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2 Develop committee charter, goals, meeting schedules, work plan, deliverables and timelines.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3 Approve a roadmap for transition towards value-based payment by aligning provider compensation to patient outcomes. Performance reporting is a major component to VBP. MCOs will need to provide adequate data and reporting to tie practitioner performance to patient outcomes.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4 Conduct meeting(s) with safety net providers to obtain comments, ideas, suggestions, obstacles, issues, possible solutions. VBP approach is key with a large network with a wide spectrum of provider types. MCO contracting will need to ensure VBP approach is appropriate.		Project		Completed	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5 Conduct meeting(s) with MCOs to ensure needs are addressed, such as appropriate contracting language, data exchange and benchmark info that will determine goals.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6 Develop potential models that adhere to roadmap guidelines		Project		Completed	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1



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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
that are appropriate to cost categories (total population care vs sub-population care vs bundling, etc). The various physician groups within ACP has familiarity with risk contracting and capitation models that could help facilitate the transition to VBP.										
Task 7Present models to Board and acquire approval. Ensure stakeholder buy-in where appropriate and finalize contracting points and terms with MCOs.		Project		Completed	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 8 Implement plan and establish monthly/quarterly meetings to ensure VBP models are successful and understand the drivers of success. If VBP models are unsuccessful, develop targeted initiatives that impact cost drivers, taking both unit cost and utilization metrics of the various cost categories into consideration.		Project		In Progress	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1 Establish patient engagement committee.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Establish committee charter, work plan, milestones, timelines.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop an IDS patient engagement plan that is culturally appropriate. Plan should also include assessment of health literacy of patients so initiatives can be developed to address potential health literacy barriers. Socio-economic factors should be considered so that medical needs become a priority for patients. Use of community health workers, peers, advocacy groups, families and caregivers can supplement traditional outreach methods (such as mailers or telephonic outreach). These groups are typically from the same community, culturally competent and can be trained to have high levels or health literacy to convey messages effectively. In addition, community-based organizations have grassroots level reach to members and can assist with engagement with the providers within the PPS.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 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
Lastly, plan should include assessment of patient satisfaction. As previously mentioned, high levels of patient satisfaction can lead to higher levels of patient engagement.										
Task 4 Develop potential models and design, including development of workforce requirements, such as training or re-training community health workers, peers, advocacy groups and CBOs. Because ACP is a physician-led, community-based PPS, it has wide array of provider types that it can leverage to engage patients in very culturally appropriate ways. Aligning these resources will assist with effective outreach and patient engagement.		Project		Completed	01/01/2016	03/01/2017	01/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task 5 Develop tracking and monitoring capabilities (audit function) to ensure that services are delivered timely and patients remain engaged. Processes and reporting will be developed to track progress, including providing feedback that allow for process improvement, referral close times and rates, monitor global outreach rates, general patient visit rates (ie reduce non-utilizing patient rates), quality care gap hit rates, patient satisfaction, etc.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6 Implement pilot programs that target high-risk neighborhoods or areas with high concentrations of attributed patients. High-risk areas would focus on the conditions related to ACP's selected projects. Culturally competent Community Health Workers and other staff as well as Community Based Organization partners would work in tandem to ensure use of resources are efficient and effective. Pilot programs would include education, patient engagement and navigation of healthcare delivery system.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7 Present models to Board and acquire approval. Ensure stakeholder buy-in where appropriate and deploy resources to target areas.		Project		Completed	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8 Develop tool to track activities and establish key performance indicators and success metrics that tie to overall goals of the projects.		Project		Completed	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2



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Advocate Community Providers (PPS ID:25)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
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.	
additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems	Ì
and capabilities to implement the PPS' strategy towards evolving into an	Į.
IDS.	
Ensure patients receive appropriate health care and community support,	
including medical and behavioral health, post-acute care, long term care	
and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including directed	
exchange (secure messaging), alerts and patient record look up, by the	
end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	
Demonstration Year 3.	
Perform population health management by actively using EHRs and other	
IT platforms, including use of targeted patient registries, for all	
participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-	
determined criteria for Advanced Primary Care Models for all eligible	
participating PCPs, expand access to primary care providers, and meet	
EHR Meaningful Use standards by the end of DY 3.	
Establish monthly meetings with Medicaid MCOs to discuss utilization	
trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by	
aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and	ļ
navigation activities, leveraging community health workers, peers, and	
culturally competent community-based organizations, as appropriate.	



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Advocate Community Providers (PPS ID:25)

Milestone Review Status

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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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.a.i.4 - IA Monitoring	
nstructions:	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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.

Major risks to this project revolve around patient compliance. Patient compliance with plan of care can be heavily compromised by the low health literacy rate of the population served by ACP. The majority of the patients served by the ACP providers are immigrants who either do not speak English or speak very little English. Many of these patients have a low educational level and their overall literacy rate is low. This issue creates a population who relies more on word of mouth than on written plans making it difficult to evaluate the patient's comprehension and follow through on the plan of care. ACP plans to mitigate this risk through its strength in having culturally aligned providers who are of the same community and speak the same language as the patients that it serves. ACP will provide to the patient pans of care in the language that they speak and moreover will have staff who are also of the same culture and language as the patients follow up with the patients to ensure their comprehension of the plan as well as compliance with it. ACP has also put together a team of community based providers that will provide outreach and follow up with the patient in the language and culture that the patient is comfortable with. These community based organizations include homecare, nursing, social work, and others.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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.

Benchn	narks
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	92,291

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	17,766	50,759	71,525	92,291
PPS Reported	Quarterly Update	0	50,759	0	0 0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	173,197	0	0
IA Approved	Percent(%) of Commitment	0.00%	341.21%	0.00%	0.00%

A Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (71,525) for 'DY3,Q3'

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 Develop protocol for identification of Patients at risk for progressing to Health Home eligibility. Protocol shall contain definitions, and intervention through PCPs, Care Managers and Coordinators/Health Homes, and specialists		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Develop a health home at risk intervention model with prescribed implementation of Comprehensive Care plans for each patient with a chronic progressive disease. Care plans will be uniform and distributed throughout the PPS provider partners through the provider engagement teams. Short cuts and inputting and monitoring of these within provider EMRs will be developed and trained by the team.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3 Disseminate protocol to ACP PCPs to treat patients in accordance with evidence based protocols to include referrals to specialist and social services as necessary.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Develop Care Plan to include patient self-management techniques, disease specific education, how to recognize triggers, remove hazards and avoid complications.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5 Ensure that Care Plans are created, printed and explained in the language of the patients being served and implemented in a culturally appropriate manner.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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 6 Develop ACP processes and procedures included in protocols to include more stringent care coordination emulating health homes at the Primary Care office with PCMH level standards of care.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7 Creation of Central Care Management/Care coordination teams at the level of health Homes through ACP's intense back office/Care Coordination department to provide more centralized, efficient integrated care.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
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 1 Leverage ACP's strong PCP network to establish and enhance relationships between partner hospitals and primary care providers for open communication and accessibility.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Utilize physician engagement teams, IPA groups, and physician champions to engage all PCPs in ACP's network in the participation of DSRIP and educate on the importance of advanced primary care and achievement of NCQA 2014 PCMH certification.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Contract with PCMH certified professionals that will assist the practices in attaining 2014 NCQA PCMH accreditation by year 3.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4 Develop tracking tool linked to physician database to understand progress for each physician undergoing PCMH certification.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Develop remediation plan with steps for assisting physicians that require additional support in achieving 2014 PCMH level 3 accreditation.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	
Milestone #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



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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
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.										
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		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Work with eClinical Works, MDLand and other major EHR vendors to establish bi-directional EHX platform to share information among PPS safety net partners who use eClinical Works EHR. The strategy around this milestone will directly mimic what we have in place for project 2ai.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2 Establish work plans with hospital partners to develop Admission / Discharge / Transfer (ADT) feeds into HIE.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Establish work plans with eClinical Works, MDLand and other major EHR vendors among ACP participating safety net providers for data feed into HIE platform.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4 Develop other interim solutions for sharing health information among clinical partners using direct exchange, alerts, and patient record lookup. Determine other needs or enhancements based on IT/integration gap analyses.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Connect with RHIO/QE and develop plan on sharing health information as the State makes the information available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6 Obtain and understand DSRIP policies, procedures and processes with respect to RHIO/SHIN-NY requirements as the information becomes available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	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 7 Develop final plan for sharing health information among clinical partners by DY3.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8 Ensure compliance with data sharing and confidentiality rules are followed with every data sharing event. This includes appropriate securities and encryption methodologies are in place to comply with HIPAA and other state and federal guidelines regarding PHI.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9 Develop tracking tool linked to physician database to understand physician data sharing activities on health information exchange/RHIO/SHIN-NY.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10 Periodically review physicians (more frequently at the beginning) to ensure data is being shared and that bi-directional activities are evident.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Survey and group all participating safety net providers into level of readiness. The strategy around this milestone will directly mimic what we have in place for project 2ai.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of readiness. This includes PPS-defined readiness levels with strategies that will vary based the different levels (ie those who are technologically integrated will have a different approach than providers who are still utilizing paper medical records).		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Establish communications / marketing plan and outreach to all		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
ACP safety net providers that also identifies support resources.										
Task 4 Start to implement plan to ensure safety net providers achieve MU/PCMH Level 3 by end of DY3. Implementation plan includes support from resources including PCMH CCEs. Support may include internal or external resources.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5 Develop tracking tool linked to physician database to monitor EHR system use. Additionally, physician process adherence will be tracked (methodologies should follow developed protocols and how-to's).		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6 Develop remediation plan with steps for assisting physicians that require additional support in appropriate use of EHR systems to support PCMH requirements.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Develop and implement algorithm to be used to stratify and identify target patients. Algorithm to include specific chronic disease codes to understand at-risk population.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop a strategy with timeline to be used to obtain significant data from EMR registries or from practice management systems. Data should include in all cases patient demographics in addition to the specified data used in the algorithm.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Identify data analytics staff or practice champion to perform the data pulls at the specified times.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Perform comparative analysis using data pulls from ACP central data repository and other platforms such as Salient and MCOs to validate and verify data and implement targeted and population health strategies.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #6	DY3 Q4	Project	N/A	In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4



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Advocate Community Providers (PPS ID:25)

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 a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.										
Task Procedures to engage at-risk patients with care management plan instituted.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Develop comprehensive care plans to distribute throughout the PPS with disease specific education and instruction on self-management, risk reduction, identification and elimination of triggers. The comprehensive care plans also include home assessments and family/caregiver intervention. The Care Plans will be presented to the patient with appropriate training at the point of care by the Primary Care Provider.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Create a back office protocol that consists of outreach staff, care coordinators that will remain in contact with the patients, establish a rapport with the patient and caregiver/family to ensure that communication gaps and patient discomfort levels are resolved. The number of calls and follow ups per week/month will vary depending on patient's health status and patient's health literacy rates. Care Coordinators will ensure that appointments are made and kept, transportation is made available whenever necessary, orders are fulfilled and the patient receives any needed care.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Hire and train Care Managers in the back office to also be readily available to the patients and reach out and be manage their care ie. Medications, counsel, etc. thus ensuring that the patient has what he/she needs for management of disease and increased quality of life.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services. Providers Associated with Completion:		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

139 Medical P.C.



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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 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
Providers Associated with Completion:										
Aids Ctr Of Queens County Inc										
Task 1 Develop protocols in which each entities roles are delineated. Protocol should clearly establish the primary care provider's responsibility, care plan implementation, as well as health home eligibility and the roles of the health home.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 ACP will leverage its partner Health Homes and establish clear partnerships with the HH and PCPs through its regional Care Teams. ACP's care Teams are comprised of partners within a given region and they include providers of all types including HHs. Health Homes will be linked and partnered with the PCPs within their regions. The HHs and PCPs will collaborate in accordance with the set protocols and processes.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 ACP has a vast number of patients, due to this, ACP will work with the HHs in the network to incorporate best practices and processes into a back office/care coordination team that will provide additional, enhanced care coordination and management.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Primary Care Provider's role shall be as per the protocol to provide evidence based disease management, implementing a comprehensive care plan for specific disease management. PCP office will work with Care Coordination team in Health Home model care coordination		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Health Homes' role shall be to provide guidance, assistance and support in the implementation of a Health Home model of Care Coordination as well as provide Health Home services as needed for patients eligible to receive care under the Medicaid Health Home eligibility criteria.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	DY2 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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Advocate Community Providers (PPS ID:25)

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
government units (such as SPOAs and public health departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

Providers Associated with Completion:

A T Adebayo Md Pc; Abdullah Ghazanfar Syed Md; Abedin Jahidul; Abraham Susan Philips; Acevedo Mabel Md; Acosta Dalisa J Md; Adam Muhammad Sanni Md; Adeyanju Olufunmilayo Olajumoke Md; Adeyemo Adenike; Adler Carl M Md; Aggarwal Om Parkash Md; Agrawal Jugal K Md; Aguilh-Figaro Toycina; Ahern Barbara Ann; Ahmad Syed T Md; Ahmadi Ladan M Md; Ahmad Nayaz Md; Ahuja Kishore Kanayalal Md; Ahuja Rita K Md; Akhand Abdul: Alba Juan Andres Md; Albarran Marzan Julio E Md; Alberto Glendalyz; Alcindor Claudia; Alex Bernstein; Alfonso A Ortiz; Alla Vijayakumar Md; Alleyne Michael George Md; Almonte Maria Isabel Md; Alvarado-Rivera Jorge V Md; Alvaro Ramirez Physician Pc; Alwani Abdulla Md; Alwani Salima; Ambrose-Flaherty Stephanie; Amodio Stefano Md; Amr Nayel Md Pc; Andrade Gloria Floresca; Ani Samuel Onyemuwa; Anjum Naheed Md; Apoeso Taiye Olubunmi Md; Aponte Jose Md; Arce Samuel Md; Archbold Maritza Stella Md; Ares Luz Delia Md; Arumugam Thangamuthu R Md; Asters Dimitrios J Md; Aung Kyawt Thandar; Avany Lucia Victor; Awan Khurram Shahzad; Babubhai I Patel Physician Pc; Bagheri Farshad; Baik-Han Won Hee Md; Baldevbhai Vithaldas Patel Physician Pc; Banad Sheela Premanath Md; Bangug Samuel Pio Allado Md; Bartikov Aleksandr Pio Allado Md; Bartiko Md: Batlle Jose E Md: Batoon Sherwin Bumanglag Md: Beekman Karen Press Md: Belding Michele Frances: Belliard Christian Arturo Estevez: Ben-Meir Amos David: Benchabbat Abraham A Md: Beniamin Wu Md Pc: Berezovskava Sabina: Berkowitz Israel Steven Md; Bharel Virendra M Md; Bhavana R Japi Physician Pc; Bhuiyan Rafique Ahmed; Bilik Ilya V Md; Bizzaro Thomas A Md; Blum Isaac Facs Md; Boccardo Daniel A Md; Boccio John S Do; Bolon David Md: Borrero Melissa: Bouallali Hind; Boursiquot Jean Robert Md; Bowen Marc X Md; Bregman Zachary; Brena M Desai Pediatrician Pc; Bressner Robert Stuart Md; Brown Tyrone Anthony Md; Bukhman Leonid Md; Bundoc Susana Dugang Md; Bunyavanich Sanga Md; Bunyavanich Sommai T Md; Burgos Javier P; Burris-Warmoth Patricia R Md; Buzinover Alla B; Byssainthe Paul Harold Md; Cabatic Thelma Ocampo Md; Cadet-Valeus Sergelyne; Cai Min; Calliste-Scott Susan; Campusano Clarinelda; Cao Shimin; Cardona Erica; Caro Sixto R Md; Carreno Jacqueline Md; Carreno-Rijo Elizabeth; Carvajal Ruben U Md Pc Md; Castanos Dilia M Md; Castellanos Roman Dario Md; Castillo Alfredo Md; Catucci Candida; Cecilia Griselda Calderon Md; Cerri Ruben Walter; Chabla Juan Francisco Do; Chadda Veena Md; Chak Ada Md; Chak Ada Md; Chan Alfonso Y; Chan Angela Mei Md; Chan Bennett; Chan Chun-Kit; Chan Robin Y C Md; Chan Thomas Kin-Sim Md; Chao Elaine Lynn; Charles Antoine V Md; Charlotten Kevin Alexander Md; Charlotten Md; Charl Checo Yuderqui Md; Cheema Manjit Singh Md; Chen Chao Do; Chen Charlie Chin-Song Do; Chen Haifan Md; Chen Yanfeng Md; Chen Yuchun; Cheng Jennifer; Cheng Jenny Md: Cheng King Shek Eric Md: Chennareddy Swaminathan; Cheuk W Lau Md Pc; Cheung Helen; Cheung Ming Md; Cheung William Md; Cheung William Md; Cheung William Md; Chiao Marie; Chiu Karen Md; Chixin Fang Medical Pc; Cho Won Sup Md; Choi Mi Ja Md; Choi Sangil Md; Chopra Manju Rattan; Chopra Rajpal S Md; Chou Christina Lee Md; Chowdhury Utpal; Choy Lawrence T Md; Chung David Ingook Md; Chung Nakchin Md; Chung Wendy Wei Md; Clarke Fred C Md; Cohen Lourdes; Cohen Nadine; Cohen Nelly Md; Cohen Stanley Bart Md; Colasacco Joseph A Md; Comprehensive Community Pediatrics; Cordice-Ford Candida; Cordoba Vargas Sandra Edith; Cornielle Jorge Luis Md; Corpuz Elsa P Md: Correa Michael Md: Cortes Juan Do: Crespo-Gomez Efrain Md: Cristinoiu Lucia L Md: Cruz Alcedo Anselmo Md: Cruz Philip M Md: Cuidado Medico Y Geriatrico Of Quee: D Oleo Vargas Maximo Jose: D'Augustine Jean Mars Md; Dahan Shayna; Dairo Oluwatoyos; Daniels Kathryn Elizabeth; Das Provat Md; De La Cadena Flor S Md; De Lara Francisco Arturo; Decoo Ydelfonso A Md; Delimon Joseph I Md; Dellatto Patricia; Demoz Abraham Md; Depaz Javier; Derek Sun; Desir Mergie X Md; Dhillon Lakhbir; Dholakia Kush Ravindra Md; Di Franco Fortunato Santi Md; Diaz Angel A; Diner Alan E Md; Ditchek Alan Md; Doctor Yio Medical Service Pc; Domond Jacques; Dontineni Nripen; Doshi Kaushik J; Dove Arthur Renner Md; Dovnarsky David Md; Dr Mario S Malonzo Md Pc; Dr Rosario H Reyes-Rigor Physician; Drepaul Loris Omesh; Duda Olha; Dugqirala Rudrama D Md; Edasery Beppy J Md; Edwards Wendy S A Md; Eisenstein Howard Charles Md; Elbahloul Ossama Abdelkader; Elshoff Kathryn; Eric Zhou Medical Office Pc; Espinal Alberto Comas Md; Fakioglu Esra; Falk Bryan M Md; Familia Carmen; Farhat Laila Ali Md; Farhat Samir Ali Md; Farhat Sa Fashakin Emmanuel O Md; Fathallah-Mammo Aysar B Md; Featherstone Melvin T Md; Felix-Peralta Ingrid Ivanna; Feng Yun Md; Ferdous Razia Khan; Fernandez Oscar E Md; Figueroa-Martinez Silkia; First Step Medical Pc; First Step Pediatrics Pc: Florence P Golamco: Flores-Castillo Edgar A Md: Florimon Felix Md: Florimon Felix Md: Francisco B Md: Francisco Dalmacio H Md: Francisco Richard L Md: Frevle Hanna Bathia Md: Frousios Costas Anthony Md; Fukilman Ocas Jorge Md; Fulgencio-Delmonte Jose A; Fung Ngan; Fung Sandy M; Gal Medical Pllc; Galanis Tommy; Galibov Vyacheslav Md; Gamundi-Joaquin Rosa E Md; Gandhi Sneha J Md; Ganesh Lalitha Md; Gao Medical Pllc; Gao Pei; Garcia Quinones Saribel; Garcia-Albarran Carmen M Md; Gebrezgi Sebhatu Tewolde; Gega Renato Cantada Md; General Medical Services Of Queens; George Jacob V Md; Ghaffar Tahira Faroogi Md; Giannetti Cynthia; Gilani Tajammal H Md; Gillego Azucena Manucdoc Md; Ginebra Fernando Arturo Md; Glenn Christophe; Go Eddie Sim Md; Gold Richard Elliott Do; Goldman Adam Y Md; Goldman Jack Md; Golestaneh Nasser Md; Gonjon Cheng Antonio Md; Gonzales Aurora Laurel Md; Gonzalez Adrian Md; Gonzalez Astacio Gustavo J; Gonzalez Paul Edward; Goris Jose Armando Md; Govind Prashil Md; Goyal Madhulika Md; Grassi Armando E Md Pc; Green Debora; Griffith-Reece Wendy; Gu Kangxia; Gu Xi Freda Md; Guido Giancarlo R Md; Guillen-Santana Roselia; Gupta Indranil Md; Guseynov Luiza Md; Guttal Dakshayani R Md; Guzman Damiani Rodolfo W; Haider Qazi Kamal Md; Hailiu Zuo Physician Pc; Haimi Joseph Shayani Md; Hall George Clinton Md; Hana Mervat; Hanau Lawrence H Md; Hangjun Jang Md; Hanna Nader Ramses Md; Haque Muhammad Mazharul Md; Haque Muhammad Misbah-Ul Md; Haroon Sameera N Md; Harvey Peter F; Hasan Muhammad A Md; Hassid Babak; He Fu Fu Md; He Lan Md Pc; He Yong Kang Md; Hector Holson S Md; Henao Joseph; Henoch Avraham Md; Hermogenes Patricia W Md; Hernandez Abreu Andres R Md; Hidalgo Maria Del Carmen Md; Hill Mark A Md; Hiza Ashley Md; Hoffman Howard Md; Hon John Wingsun Md; Hon John Wingsun Md; Huang Hua Md; Huang Le Kiong Md; Huang Qinghong Md; Huang Yanhan Md; Huang Zheng-Bo Md; Huey Howard E Do; Hughes Reginald D Md; Hung Stephanie; Hwu Charles Joseph; Hyndman Rhonald; Ilyaev Stella; Im Soyoun; Israel Igor Md; Israel Roza Md; Jacob Sunitha; Jaes Pablo Hector; Jafri Yumna Saeeda Md; Jamaica Family Practice &; Janny A Ozuna Md Pllc; Jayman-Aristide Razia; Jeon Eunjeong; Jerez Jose R Md; Jhaveri K Meenakshi; Jiang Bao En Md; Jiangping Gan; Jianlin Wu; Jiansheng Zhao Medical Pc; Jimenez Marcial; Jimenez Ramos Farrah Del C; Jin Yan Md; Jindal Michelle Anne Md; Jindal Michelle Anne Md; Jindal Michelle Anne Md; Jindal Michelle Anne Md; Josephine O Md; Kairam Indira R Md; Kalepu Mallikharjanudu Md; Kamenshchikova Marina Md; Kan Sang Md; Kancherla Prakash Surya; Kang Jun; Karayil Ajith; Karibandi Ramakrishna V Md; Karim Rukshana Omar Md; Karimi Mahmood M Md; Kazmann Luis Md; Kevin J Guo Medical Pc; Khaldarov Yevgeniy Md; Khan Naznin; Khan Rehana Igbal Md; Khanijou Rita Md; Khorets Boris A Md; Kim Hyoseong; Kim Jeongwon; Kim Ji Young; Kim Yong Jun Md; Kim Yoojin Md; Kimyagarova Irina; Kintzoglou Alexander Md; Kissin Esther Md: Klein Sherman M; Knickerbocker Medical Care Pc; Koniq Michael P; Korneeva-Vladimirsky Irina Lvovna; Koshy George P Md; Krivitskaya Nataliya; Krumholz David Md; Kumar Manish; Kumar Yogesh Md; Kuo Josephine Y Md;



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Providers Associated with Completion:

Aids Ctr Of Queens County Inc; Health First Phsp Inc; Help/Psi Aids Adhcp; Heritage Health And Housing, Inc; Medical Hlth Research Asc Nyc; Mental Hlth Prov/W Queens Mh; Metroplus Health Plan Inc; Montefiore Medical Ctr Ai; Narco Freedom Cn Ai; New Horizon Counseling Ctr Mh; Omrdd/Goodwill Industries Ny; Omrdd/Maranatha Human Svcs-Ny; Omrdd/Maranatha Human Svcs-Ta; Outreach Development Corp; Qsac Inc; Queens Coordinated Care Partners LI; St Lukes Roosevelt Hsp Ctr; Transitional Ser For Ny Mh; Vnsny Community Health Services



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Establish relationships and partnership with Behavioral Health, OASAS, OMH entities and engage in a service agreement. Engage these entities in all regions and counties in which ACP serves.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Establish relationships with local government, social and specialty services such as SPOAs, agencies for the developmentally disabled to coordinate and provide needed services to patients.		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Include identified entities in Care Teams, PAC, Clinical Quality Committees to help develop, coordinate and disseminate best practices, protocols, etc and provide higher quality service.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4 Liaise and form partnerships between these entities and the PCP especially in areas where these services have been lacking and patient are going without needed care and services.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 ACP will implement a referral process by which all referrals are entered and submitted via the EMR and go through an HIE. ACP partners' and associated providers' information shall be uploaded and prompted to the PCP or other referrer as a referral database so that referrals can be made to the needed service provider or agency that has made a commitment to tend to ACP patients in the specified timeframe and manner.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6 All referrals shall go through to the ACP central data repository and shall be stored and documented for monitoring and adherence to procedure.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7 Referrals going through ACP's HIE are picked up and are monitored by the ACP central care coordinators to ensure completeness and attainment of services in a timely and efficient manner and for further care coordination.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
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	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 ACP will develop and implement best practices in care management and care coordination in conjunction with Health Home partners and develop evidence based protocols for disease management.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Develop uniform Comprehensive Care plans which will include disease self management techniques and will also include risk reduction activities, recognizing of warning signs and family education and support materials. The Care plans will be in different languages to be given to the patient's of ACP in their appropriate language. Furthermore, the Care plans will be consistent with the Cultural sensitivities of the population/patient being served.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop Evidence based protocols for chronic diseases with the help of Primary care physicians, specialists physicians and associations such as JNC-8, American Lung Association, etc.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Disseminate protocols to all providers within the PPS through physician engagement meetings, physician engagement teams and IPAs.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 With the help of the IPAs, physician champions, the PAC, and other committees, obtain physician "buy-in" support and		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 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
commitment on implementation of evidence based ACP protocols.										
Task 6 Draft partner agreements sand obtain signatures from partners acknowledging participation and adherence to ACP protocols, processes and procedures.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7 Establish partnerships and agreements with social services agencies to assist in the provision of needed services and implement risk reduction, +which can include protective services, shelter, housing, food, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

Prescribed Milestones Current File Uploads

willestone Name Oser iD The Type The Name Description Opioau Date		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
Develop a Health Home At-Risk Intervention Program, utilizing	
participating HHs as well as PCMH/APC PCPs in care coordination within	
the program.	
Ensure all eligible primary care providers participating in the project meet	
NCQA (2011) accredited Patient Centered Medical Home, Level 3	
standards and will achieve NCQA 2014 Level 3 PCMH and Advanced	
Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other	
IT platforms, including use of targeted patient registries, for all	
participating safety net providers.	
Develop a comprehensive care management plan for each patient to	
engage him/her in care and to reduce patient risk factors.	



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Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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).	
Implement evidence-based practice guidelines to address risk factor	
reduction as well as to ensure appropriate management of chronic	
diseases. Develop educational materials consistent with cultural and	
linguistic needs of the population.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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.a.iii.5 - IA Monitoring	
Instructions :	



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Advocate Community Providers (PPS ID:25)

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

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

Instructions:

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

Risk #1: Failing to close gap in the physician/patient relationship: Many cultures within our geographies are biased towards going to the ED for all care, as they see it as more convenient and immediately responsive than going to a PCP. Our PPS plans to provide population wide education and awareness campaigns to emphasize the importance of remaining connected to a Primary Care provider, working alongside our community organization partners to expand outreach into the many ethnic groups represented in the population. Additionally, the ED triage process that will be established will include a robust team of Patient Navigators available to every patient. They will connect the patient with their existing PCP, link those without a PCP to an ACP primary care provider, and schedule a timely appointment with a PCP before leaving the ED using ACP's integrated platform or the PCP's EHR portal.

Risk #2: Capacity of PCPs/Alternative Sites of Care: Our PPS is serves an underserved area with low capacity for new appointments; throughout our communities, appointment wait times of 4+ days are not uncommon. Success will require PCPs to create greater capacity and possibly extend their work hours. ACP plans to address this challenge by providing support and training to the PCPs and staff to help make their practices more efficient and patient care more satisfying. ACP will also make available Care Managers that may be able to lighten the load for the PCP through participation in patient care. Additionally, this project may create the need for additional alternative sites of care such as urgent care which ACP will be building out and staffing.

Risk #3: Lack of communications among providers: Given the unique structure of our PPS that spans more than 2,000 physicians and community based providers, communication and information sharing could pose a potential challenge. We will address this through a robust, integrated technology platform that will be accessible across all of our providers. Additionally, this initiative will rely heavily on our capability to communicate with other PPS' in our area that are also participating in the initiative. We are currently building capabilities alongside our IT vendor, eCW, and will also leverage the SHIN-NY and RHIO platforms to assist in this task.

Risk #4: Need for capital funding grant and construction: Some triage protocols can be done in existing space, but to achieve the goals we defined, there will be a need for newly constructed space.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Benchmarks						
Actively Engaged Speed	Actively Engaged Scale					
DY3,Q4	32,500					

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
Baseline Commitment		6,256	17,875	25,187	32,500
PPS Reported	Quarterly Update	0	17,875	0	0
Percent(%) of Commitment		0.00%	100.00%	0.00%	0.00%
IA Annuariad	Quarterly Update	0	20,926	0	0
IA Approved	Percent(%) of Commitment	0.00%	117.07%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (25,187) for 'DY3,Q3'

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Stand up program based on project requirements		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Developed processes and procedures to be implemented by partner hospitals in a uniform manner that will allow for efficient ED triage, treat and release.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop and implement algorithm for stratifying and identifying at risk populations for early intervention. Algorithm to include those with ICDs with high HCC scores, hospital utilization, high utilizers with negative workups, SUD, high PHQ9 and GAD scores, among other criteria.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Develop patient education materials to provide patients upon release to increase health literacy and orient patients as to proper use of ER resources.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Employ and utilize patient navigators which will educate patients and coordinate care so that the patient will leave the hospital ED with a prearranged appointment to his/her PCP, if patient has no connection to a PCP then an introduction and connection shall be made with a PCMH provider within the ACP network.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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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
providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets 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 Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Leverage ACP's strong PCP network to establish and enhance relationships between partner hospitals and primary care providers for open communication and accessibility.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Utilize physician engagement teams, IPA groups, and physician champions to engage all PCPs in ACP's network in the participation of DSRIP and educate on the importance of advanced primary care and achievement of NCQA 2014 PCMH certification.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Leverage partnerships with Health Homes and establish connectivity to these to ensure that patient information is sent in real time to Health Homes as needed due to patient's condition so patient is connected to health home for further care.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Perform IT surveys to identify provider EMR readiness, transition from paper and specific EMRs with specific detail to whether MU2 ready and MU2 status.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 Negotiate with EMR vendors to provide implementation and support assistance to all providers as needed in attainment of MU2 certification.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6 Establish ACP IT support team in conjunction with physician		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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
engagement team to provide support and assistance to providers in MU and PCMH certification.										
Task 7 Create IDS to provide timely and efficient communication and scheduling amongst all of ACP's partners, (hospitals and PCPs) as well as provide notifications to PCPs and Health Homes as appropriate.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8 As the ramp up and build out of the IDS occurs, ACP will use hospital EHRs, FTP site, and PCP's EMR to exchange information on patients that are received and treated in the ER.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 9 Interim step: Set up relationships and connections within hospital EHRs such as EPIC et al. that provide ADT feeds to ACP's central care coordination/back office team who accept the information and process appointment follow up		Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 10 The hospital feeds will be sent/received into the PCP's EMR, ACP's FTP site and as well as ACP's central care coordination/back office.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 ACP will employ Patient navigators in the ED that will assist the patients in the emergency room.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Train the patient navigators to educate the patient once treated		Project		Completed	04/01/2015	12/31/2015	04/01/2015	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
and ensure that the patient receives information on and receives and appointment to a 2014 PCMH Primary Care provider.										
Task 3 Patient navigator will provide the patient with the appointment before the patient is discharged and will work with care coordinator in ensuring that the patient has and is able to access necessary support in the community.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Flushing Hsp Med Cnt; Jamaica Hospital Med Ctr 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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 ACP will track all patients identified by the developed algorithm and continuously analyze the data which will be housed and maintained at ACP's central servers through the established feeds and interfaces between the hospital EDs and the Primary Care provider's EMR and ACP's care Coordination/Care Management system.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2 Data held and analyzed will include hospital encounter to PCP follow up visits, number of follow up visits, lag time between ER encounter, date and time appointment made and date of appointment.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 ACP will Gather utilization data from within hospital EMR, PCP EMR and even partner EMRs. Hospital ER use and monitor and stratify based on patient condition, frequency of utilization, etc. as		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

Advocate Community Providers (PPS ID:25)

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
per algorithm which will then be fed to Care Managers and Care Coordinators and CHWs to reach out to patients, provide										
education, self-management techniques, medication										
reconciliations including refills, will connect the patient with										
needed social and community services, and other needed										
services.										

Prescribed Milestones Current File Uploads

initiation description opiodu date		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
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care	
providers with an emphasis on those that are PCMHs and have open	
access scheduling.	
a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS	
Advanced Primary Care Model standards by the end of DSRIP Year 3.	
b. Develop process and procedures to establish connectivity between the	
emergency department and community primary care providers.	
c. Ensure real time notification to a Health Home care manager as	
applicable	
For patients presenting with minor illnesses who do not have a primary	
care provider:	
a. Patient navigators will assist the presenting patient to receive an	
immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.	
b. Patient navigator will assist the patient with identifying and accessing	
needed community support resources.	
c. Patient navigator will assist the member in receiving a timely	
appointment with that provider's office (for patients with a primary care	
provider).	
Established protocols allowing ED and first responders - under	
supervision of the ED practitioners - to transport patients with non-acute	
disorders to alternate care sites including the PCMH to receive more	



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Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Neme	Heer ID	File Time	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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Advocate Community Providers (PPS ID:25)

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.

The major risks for this project revolve around being granted access to those hospitals who are leads in other PPS' in order to obtain patient information and patient access. Patient engagement consists of performing pre-discharge planning and the performance itself is based on providing transitional care visits to ensure stable transition and eliminate/prevent 30 day re-admissions. Without proper, timely access to the patient information and to the patient, this process is hindered. A comprehensive, effective transitional care visit which includes comprehensive medication reconciliation and effective implementation of a comprehensive plan of care are heavily reliant on having accurate information regarding both the hospital stay and the discharge plan, without access to discharge information and discharge papers, this process is impeded. To mitigate this issue, ACP is avidly reaching out to and negotiating with all of the hospitals in ACP's catchment area and to which any patient attributed to ACP may receive services from without regard to the PPS that they participate in. ACP will use MCO feeds, patient notices and other resources to reach patients as early as possible while the negotiations are going on and while the connection to RHIOs is being worked out.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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								
DY2,Q4	49,193							

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	9,470	27,056	38,125	49,193
PPS Reported	PPS Reported Quarterly Update		27,056	0	0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%
IA Ammuniad	Quarterly Update	0	29,567	0	0
IA Approved	Percent(%) of Commitment	0.00%	109.28%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (38,125) for 'DY3,Q3'

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Develop Care transitions intervention model to include pre- discharge and post discharge patient contact, assessment and intervention.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Develop pre-discharge plan template using evidence based standards in accordance with national standards		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Review pre-discharge plan requirements with partner hospitals and ensure that pre-discharge plans are standard and meet ACP's standards both in components and timing.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Develop reporting methods for monitoring pre-discharge plans performed in the inpatient hospital setting.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Convene Transitional Care project physician leads to draft, review and approve evidence based protocol for care transitions post discharge visit.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 6 Develop and implement standardized protocol for transitional care visits which include comprehensive medication reconciliation, assessments and interventions for conditions that have the highest incidence of hospital readmissions and the performance of which have proven to reduce re-hospitalizations such as fall risk assessments and implementing fall risk reduction plans amongst others. The protocol also calls for assessing patient's overall needs including social support referrals, DMEs,		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1



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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
specialty services, home care, etc. for providing care for the patient in a team approach.										
Task 7 Engage home care service agencies, social service agencies, home delivery services, and others as partners of the PPS to provide needed services to ACP patients. These agencies will serve on ACP's care Teams, PAC, Clinical Quality committees to assist the PPS in providing a team approach to patient care.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 8 Disseminate post discharge standardized protocol to ACP providers using ACP's provider engagement teams, PAC, Care Teams, etc.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Disseminate care transitions protocols to MCOs and health homes working with ACP for the implementation.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Liaise and Coordinate between MCOs and Health Homes in the provision and coverage for services needed during the post discharge period.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Forge relationships with upper management at MCOs and Health Homes to bring appropriate level individuals to the negotiations table.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Elaborate and Negotiate and a payment strategy for transitional care visits including those done at PCP's office and those done at		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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
the patient's home as needed.										
Task 5 Elaborate and negotiate a payment for services rendered in the Care Management and care coordination of transitional care services in coordination with the Health homes.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6 Establish care coordination/back office team to receive feeds/reports from inpatient hospitals, MCOs and implement care coordination immediately to facilitate and ensure higher compliance rate and higher patient engagement rates.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7 Establish Care Coordination processes and procedures indicating receipt of feed and processing of the information in a timely manner, attainment of pre-discharge plans, coordinating of care through social supports, specialty, home care, delivery and transitional care post discharge visits.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8 Establish care Coordination platform, EMR, by which all data, patient information will be tracked.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9 Establish clear lines of communication between ACP central care coordination and outreach and the Health Homes within the network.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 10 Develop and Implement Health Home protocol that includes a clear definition of Health Home eligible and a clear process by which patient shall be linked to the Health Home.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 11 Train all care managers and care coordinators on Health Home eligibility and process for referring.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 12 Train all ACP providers on Health Home eligibility and process for referring.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure required social services participate in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Engage social service and social support entities in ACP's network.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Advocate Community Providers (PPS ID:25)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2 Incorporate social service and social support entities in ACP Care Teams and PAC. Social support services such as meal delivery services, God's Love we Deliver; Interim housing/shelters such as VIP are a part of ACP's network, Care Teams and PAC.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

Providers Associated with Completion:

A T Adebayo Md Pc; Abdullah Ghazanfar Syed Md; Abedin Jahidul; Abraham Susan Philips; Acevedo Mabel Md; Acosta Dalisa J Md; Adam Muhammad Sanni Md; Adeyanju Olufunmilayo Olajumoke Md; Adeyemo Adenike; Adler Carl M Md; Aggarwal Om Parkash Md; Agrawal Jugal K Md; Aguilh-Figaro Toycina; Ahern Barbara Ann; Ahmad Syed T Md; Ahmadi Ladan M Md; Ahmadi Nayaz Md; Ahuja Kishore Kanayalal Md; Ahuja Rita K Md; Akhand Syed T Md; Ahmadi Ladan M Md; A Abdul: Alba Juan Andres Md; Albarran Marzan Julio E Md; Alberto Glendalyz; Alcindor Claudia; Alex Bernstein; Alfonso A Ortiz; Alla Vijayakumar Md; Alleyne Michael George Md; Almonte Maria Isabel Md; Alvarado-Rivera Jorge V Md; Alvaro Ramirez Physician Pc; Alwani Abdulla Md; Alwani Salima; Ambrose-Flaherty Stephanie; Amodio Stefano Md; Amr Nayel Md Pc; Andrade Gloria Floresca; Ani Samuel Onyemuwa; Anjum Naheed Md; Apoeso Taiye Olubunmi Md; Aponte Jose Md; Arce Samuel Md; Archbold Maritza Stella Md; Ares Luz Delia Md; Arumugam Thangamuthu R Md; Asters Dimitrios J Md; Auguste Jean K Md; Aung Kyawt Thandar; Avany Lucia Victor; Awan Khurram Shahzad; Babubhai I Patel Physician Pc; Bagheri Farshad; Baik-Han Won Hee Md; Baldevbhai Vithaldas Patel Physician Pc; Banad Sheela Premanath Md; Bangug Samuel Pio Allado Md; Barbery Maria-Pilar; Barcia Rafael G Md; Barua Aruna Md; Basello Gina M Md; Batikov Aleksandr Md; Batlle Jose E Md; Batoon Sherwin Bumanglag Md; Beekman Karen Press Md; Belding Michele Frances; Belliard Christian Arturo Estevez; Ben-Meir Amos David; Benchabbat Abraham A Md; Benjamin Wu Md Pc; Berezovskaya Sabina; Berkowitz Israel Steven Md; Bharel Virendra M Md; Bhavana R Japi Physician Pc; Bhuiyan Rafique Ahmed; Bilik Ilya V Md; Bizzaro Thomas A Md; Blum Isaac Facs Md; Boccardo Daniel A Md; Boccio John S Do; Bolon David Md; Borrero Melissa; Bouallali Hind; Boursiquot Jean Robert Md; Bowen Marc X Md; Bregman Zachary; Brena M Desai Pediatrician Pc; Bressner Robert Stuart Md; Brown Tyrone Anthony Md; Bukhman Leonid Md; Bundoc Susana Dugang Md; Bunyavanich Sanga Md; Bunyavanich Sommai T Md; Burgos Javier P; Burris-Warmoth Patricia R Md; Buzinover Alla B; Byssainthe Paul Harold Md; Cabatic Thelma Ocampo Md; Cadet-Valeus Sergelyne; Cai Min; Calliste-Scott Susan; Campusano Clarinelda; Cao Shimin; Cardona Erica; Caro Sixto R Md; Carreno Jacqueline Md; Carreno-Rijo Elizabeth; Carvajal Ruben U Md Pc Md; Castanos Dilia M Md; Castellanos Roman Dario Md; Castillo Alfredo Md; Catucci Candida; Cecilia Griselda Calderon Md; Cerri Ruben Walter; Chabla Juan Francisco Do; Chadda Veena Md; Chak Ada Md; Chak Ada Md; Chan Alfonso Y; Chan Angela Mei Md; Chan Bennett; Chan Chun-Kit; Chan Robin Y C Md; Chan Thomas Kin-Sim Md; Chao Elaine Lynn; Charles Antoine V Md; Charlotten Kevin Alexander Md; Charlotten Md; Charlot Checo Yuderqui Md; Cheema Manjit Singh Md; Chen Chao Do; Chen Charlie Chin-Song Do; Chen Haifan Md; Chen Henry S; Chen Xin Md; Chen Yanfeng Md; Chen Yuchun; Cheng Jennifer; Cheng Jenny Md; Cheng King Shek Eric Md; Chennareddy Swaminathan: Cheuk W Lau Md Pc; Cheung Helen; Cheung Ming Md; Cheung William Md; Cheung William Md; Cheung Md; Chipa Mohammad Haroon Md; Chiao Marie; Chiu Karen Md; Chixin Fang Medical Pc; Cho Won Sup Md; Choi Mi Ja Md; Choi Sangil Md; Chopra Manju Rattan; Chopra Rajpal S Md; Chou Christina Lee Md; Chowdhury Utpal; Choy Lawrence T Md; Chung David Ingook Md; Chung Nakchin Md; Chung Wendy Wei Md; Clarke Fred C Md; Cohen Lourdes; Cohen Nadine; Cohen Nelly Md; Cohen Stanley Bart Md; Colasacco Joseph A Md; Comprehensive Community Pediatrics; Cordice-Ford Candida; Cordoba Vargas Sandra Edith; Cornielle Jorge Luis Md; Corpuz Elsa P Md: Correa Michael Md: Cortes Juan Do: Crespo-Gomez Efrain Md: Cristinoiu Lucia L Md: Cruz Alcedo Anselmo Md: Cruz Philip M Md: Cuidado Medico Y Geriatrico Of Quee; D Oleo Vargas Maximo Jose; D'Augustine Jean Mars Md; Dahan Shayna; Dairo Oluwatoyos; Daniels Kathryn Elizabeth; Das Provat Md; De Lara Francisco Arturo; Decoo Ydelfonso A Md; Delimon Joseph I Md; Dellatto Patricia; Demoz Abraham Md; De Lara Francisco Arturo; Decoo Ydelfonso A Md; Delimon Joseph I Md; Dellatto Patricia; Demoz Abraham Md; Dellatto Pat Depaz Javier; Derek Sun; Desir Mergie X Md; Dhillon Lakhbir; Dholakia Kush Ravindra Md; Di Franco Fortunato Santi Md; Diaz Angel A; Diner Alan E Md; Ditchek Alan Md; Doctor Yio Medical Service Pc; Domond Jacques; Dontineni Nripen; Doshi Kaushik J; Dove Arthur Renner Md; Dovnarsky David Md; Dr Mario S Malonzo Md Pc; Dr Rosario H Reyes-Rigor Physician; Drepaul Loris Omesh; Duda Olha; Dugqirala Rudrama D Md; Edasery Beppy J Md; Edwards Wendy S A Md; Eisenstein Howard Charles Md: Elbahloul Ossama Abdelkader: Elshoff Kathryn: Eric Zhou Medical Office Pc: Espinal Alberto Comas Md: Estevez Juan T Md: Fakioglu Esra: Falk Bryan M Md: Familia Carmen: Farhat Laila Ali Md: Farhat Samir Ali Md: Fashakin Emmanuel O Md; Fathallah-Mammo Aysar B Md; Featherstone Melvin T Md; Felix-Peralta Ingrid Ivanna; Feng Yun Md; Ferdous Razia Khan; Fernandez Oscar E Md; Figueroa-Martinez Silkia; First Step Medical Pc; First Step Pediatrics Pc; Florence P Golamco; Flores-Castillo Edgar A Md; Florimon Felix Md; Florimon-Delarosa Hector B Md; Francisco Dalmacio H Md; Francisco Richard L Md; Freyle Hanna Bathia Md; Frousios Costas Anthony Md; Fukilman Ocas Jorge Md; Fulgencio-Delmonte Jose A; Fung Ngan; Fung Sandy M; Gal Medical Pllc; Galanis Tommy; Galibov Vyacheslav Md; Gamundi-Joaquin Rosa E Md; Gandhi Sneha J Md; Ganesh Lalitha Md; Gao Medical Pllc; Gao Pei; Garcia Quinones Saribel; Garcia-Albarran Carmen M Md; Gebrezgi Sebhatu Tewolde; Gega Renato Cantada Md; General Medical Services Of Queens; George Jacob V Md; Ghaffar Tahira Farooqi Md; Giannetti Cynthia; Gilani Tajammal H Md; Gillego Azucena Manucdoc Md; Ginebra Fernando Arturo Md; Glenn Christophe; Go Eddie Sim Md; Gold Richard Elliott Do; Goldman Adam Y Md; Goldman Jack Md; Golestaneh Nasser Md; Gonjon Cheng Antonio Md; Gonzales Aurora Laurel Md; Gonzalez Adrian Md; Gonzalez Astacio Gustavo J; Gonzalez Paul Edward; Goris Jose Armando Md; Govind Prashil Md; Gonzalez Adrian Md; Grassi Armando E Md Pc;



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Advocate Community Providers (PPS ID:25)

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
Proon Doboro: Criffith Boood Wondy: Cu Kongyio: Cu Vi Frada Md	L Cuido Cionagria	D Mdi Cuillan C	Contona Donalia, Cunta Indran	I Mal. C a a	Mal. C. Hal	Daliahavani D N	Adv Common Day	asiansi Dadalfa M	L Haidar Oazi k	Compal Male Hailier

Green Debora; Griffith-Reece Wendy; Gu Kangxia; Gu Xi Freda Md; Guido Giancarlo R Md; Guillen-Santana Roselia; Gupta Indranil Md; Guseynov Luiza Md; Guttal Dakshayani R Md; Guzman Damiani Rodolfo W; Haider Qazi Kamal Md; Hailiu Zuo Physician Pc; Haimi Joseph Shayani Md; Hall George Clinton Md; Hana Mervat; Hanau Lawrence H Md; Hangjun Jang Md; Hanna Nader Ramses Md; Haque Muhammad Mazharul Md; Haque Muhammad Misbah-Ul Md; Haroon Sameera N Md; Harvey Peter F; Hasan Muhammad A Md; Hassid Babak; He Fu Fu Md; He Lan Md Pc; He Yong Kang Md; Hector Holson S Md; Henao Joseph; Henoch Avraham Md; Hermogenes Patricia W Md; Hernandez Abreu Andres R Md; Hidalgo Maria Del Carmen Md; Hill Mark A Md; Hiza Ashley Md; Hoffman Howard Md; Hon John Wingsun Md; Hon King Chen Md; Hu Jiong-Ming Md; Huang Hua Md; Huang Le Kiong Md; Huang Qinghong Md: Huang Yanhan Md; Huang Zheng-Bo Md; Huey Howard E Do; Hughes Reginald D Md; Hung Stephanie; Hwu Charles Joseph; Hyndman Rhonald; Ilyaev Stella; Im Soyoun; Israel Igor Md; Israel Roza Md; Jacob Sunitha; Jaes Pablo Hector; Jafri Yumna Saeeda Md; Jamaica Family Practice &; Janny A Ozuna Md Pllc; Jayman-Aristide Razia; Jeon Eunjeong; Jerez Jose R Md; Jhaveri K Meenakshi; Jiang Bao En Md; Jiangping Gan; Jianlin Wu; Jiansheng Zhao Medical Pc; Jimenez Marcial; Jimenez Ramos Farrah Del C; Jin Yan Md; Jindal Michelle Anne Md; Jing Wuhua; Jo Jihyun; Johnson William G Md; Jordan Nicole E; Jothianandan Kanthimathi Md; Jovellanos Valentin Pardo Md; Julian Maximo Md; Jung Josephine O Md; Kairam Indira R Md; Kalepu Mallikharjanudu Md; Kamenshchikova Marina Md; Kan Sang Md; Kancherla Prakash Surya; Kang Jun; Karayil Ajith; Karibandi Ramakrishna V Md; Karim Rukshana Omar Md; Karimi Mahmood M Md; Kazmann Luis Md; Kevin J Guo Medical Pc; Khaldarov Yevgeniy Md; Khan Naznin; Khan Rehana Iqbal Md; Khanijou Rita Md; Khorets Boris A Md; Kim Hyoseong; Kim Jeongwon; Kim Ji Young; Kim Yong Jun Md; Kim Yoojin Md; Kimyagarova Irina; Kintzoglou Alexander Md; Kissin Esther Md; Klein Sherman M; Knickerbocker Medical Care Pc; Korneeva-Vladimirsky Irina Lvovna; Koshy George P Md; Krivitskaya Nataliya; Krumholz David Md; Kumar Manish; Kumar Yogesh Md; Kuo Josephine Y Md; Kutnick Richard; Kyaw Myint Physician Pc Md; Laks David Md; Lam Kin Yui Md; Lam Terry Md; Lao Wilfredo Sy Md; Lazala Polanco Carmen Md; Le Jimmy Chung; Lederman Elliot Charles Md Pc; Lee Alice K Md; Lee Holly M; Lee Hung-Sam Do; Lee Karen Tin Md; Lee Norman N Md; Lee Shuk; Lee Sophia Y; Leers Ella Md; Lefevre Cluny P Do; Leung-Eng Lucy Md; Leviashuili Natela Md; Lewis Kamica Lynn; Li Brian; Li Jim; Li Ka Md; Li Michael Yang Md; Li Paul; Li Xian Min Md; Li Xiao-Qing Md; Li-Hirashiki Vivian Md; Liao Kevin; Licht Warren Bret Md; Lim Vivien Md; Lin Shin-Hua; Lippman Sheldon Bruce Md; Liriano Octavio Antonio Jr Md; Liu Ho-Mau Md; Liu Shin-Hua; Liu Zova Zhuohua Md; Liverpool Steven Fitzroy Md; Lodha Ajay K Md; Long Ann Yongzhou Md; Loo Nelly T Md; Lopez Ernesto M Md; Losco Donna Marie Md; Lu Li; Lui Sheung Bun Md; Lyo Rosie Yen-Cho Md; Lyo Thomas; M & M Medical Pc; Macenat Jean R Md; Mailian-Oganova Lilia Md; Majeed Salamat Md; Mallapu Shravan K; Malonzo Mario Supan; Maltez Janet Miraldo; Mangla Arun Kumar Md; Marie-Nirva Blaise; Marone Freya Md; Marte Grecia A Md; Martinez De Pimentel Nadia Md; Martinez Sergio A Md; Martinez Virginia Md; Masih Emmanuel B Md; Maslova Alla Md; Mastan Alina; Master Kalpana Rashmin; Mayard Jules; Mazza Michael Anthony Md; Mcdonald Annmarie C Md; Md Aticul Islam; Mederos Mariano Md; Medvedovsky Mihail Md; Mejia Enrique F; Mejia Manuel Eligio Md; Melamedoff Gustavo R Md; Mendez Jose Manuel Md; Mercado Agueda Md; Mercedes Betty Md; Mesbah Reza; Metwally Ashraf Ahmed Md; Metzger Benjamin Lowell: Michael Armine Md: Miglino Christine Jane; Mina Bushra Ayad Md; Minhas Seema Jalil; Minutillo John Md; Moshengiie; Moarefi Mehran-Reza Md; Modern East West Medical Pc; Mohammed Abdul Wahid; Mohan Santha Md; Mohd A Hossain; Mohr Christina Md; Mohseni Haleh G Md; Moise Wesner Md; Moiz A Hamdani; Molina Alveris Md; Molnar Thomas; Moran-Almonte Roberto A Md; Mortazavi Shervin Md; Moussa Zobidatte Md; Mpi Catherine Alikor; Muhammad Sanni Adam M D P C; Mui Wingtat Md; Mun Sun Ok; Nahar Jebun Md; Nassim Roland Md; Nazarian Habib; Nazir Azra Md; Nejati Golali Md; New York Cardiovascular Medicine; Ng Hung Fai Md; Ng Norland Md: Ngai Yi Md; Nguyen Dustin Triet Md; Nguyen Nina Thi; Nicoleau Carl A Md; Nienaber Cameron; Nina Ortega Luis Cesar Md; Nolan Marc A Md; Norberto Candido Cesar Md; Nukalapati Prasuna R Md; Numann Sousan Munim Md; Nwaishienyi Silas E Md; Ny Hispanic Family Medical Pc; Octaviani-Reyes Melba E; Odnopozova Mariya Md; Odoom Ebenezer Kofi Bentum Md; Olayo Alvaro A Md; Olivoro Matos Ana Rita Md; Olivor-Mercedes Yohanna M; Oodal Ravichand Md; Ooi Yen Hoong; Orlovskiy Aleksandr Md; Ortiz Carlos A Jr Md; Ortiz Luis A Rpa; Ortiz Yvette A Md; Ozoude Sylvester A Md; Paddu Upadhyaya Padmanabh; Paik Woong Ki; Palencia David Jose Md; Panhani Ramkumar Md; Pantaleo Nicholas; Parekh Sejal; Park Yohan Md; Patel Anilkumar Sureshchandra; Patel Babu A Md; Patel Baldevbhai V Md Pc; Patel Bhupendro R Md; Patel Ishvarbhai S Md; Patel Mayank Md; Patel Babu A Md; Patel Baldevbhai V Md Pc; Patel Bhupendro R Md; Patel Ishvarbhai S Md; Patel Mayank Md; Patel Baldevbhai V Md Pc; Patel Bhupendro R Md; Patel Ishvarbhai S Md; Patel Baldevbhai V Md Pc; Patel Bhupendro R Md; Patel Ishvarbhai S Md; Patel Bhupendro R Md; Patel Bhup Nilesh R Md; Patel Prakashkumar Govindbhai Md; Patel Rajesh Jayantilal Md; Patel Ratilal T Md; Patel Rapinal T Md; Patel Sanjay Narottambhai Md; Patel Sunil C Md; Pathak Naveen Md; Patin Michael; Patron Maria Yolanda Piamonte Md; Peichev Mario Atanasov Md: Pena Clotilde B Md: Pena Jacobo: Pena Pena Yomaris Mercedes Md: Pena-Miches Cervantes Beethoven: Peralta Victor Emilio Md: Peralte Louis Ludovic Md: Perello Robert Md: Perez Andrea: Perez Emilio Ivan: Perez Jose Md; Perez Luisa Altagracia Md; Perez Manuel G Md; Perez Stephen Barnes Md; Perfetto-Tullo Maria; Petrov Manana Md; Petrov Petya Md; Pignanelli Eduardo L Md; Pilarte Juan Jose Md; Pimentel Ramon R Md; Pinckney Isaiah Howard Ii Md; Pinero-Bernardo Shirley J Md; Ponieman Diego Andres Md; Price Hobart C Md; Priveva Raisa; Procare Medical Services Pc; Pulle Dunston Md Pc; Punsalan Imelda Md; Puttaswamygowda Vishwawanath; Qadri Syed S Md; Quijada Reucar Md; Qureshi Pervaiz Igbal Md; Rafigue Bhuiyan Medical Pc; Rahman Mohammad M Md; Rahman M Gurmukh S Md; Ramaraju Thippa R Md; Ramirez Alvaro Md; Ramirez Julio Alberto Md; Ramirez-Baron Diana Maria; Ramzan Muhammad Masood; Rao Sudha; Raoof Rebecca G Pc Md; Raoof Suhail Md; Raport Miriam R Md; Rasheed Qaesar Md; Rashid Mohammed K Md; Ravi Venkata Ramana; Rawal Jagat M Md; Ray-Sen Piyali Md; Raza Nadeem Md; Rebecca Anne Mazurkiewicz; Reddy Kavitha Dadithota Md; Reddy Mallikarjuna D Md; Rella Vincent J Md; Ren Lili Md; Reyes Elsa Jacqueline; Reyes Nelton E Md; Reyes-Rigor Rosario H; Reynoso Elsa Sofia Md; Rezkalla Laurence L Md; Richter Michael; Rim An Moo Md; Rishe Eric Md; Rivera Carmina Ramona N Md; Robinson Sandra A Md; Rodriguez Lilly M Md; Rodriguez Maria D Md; Rodriguez Rafael Md; Rodriguez Rhina Md; Rojas Ana Md; Rosario-Amaro Francisco Md; Roth Alan Robert Md; Rotkowitz Louis Philip Md; Roychoudhury Kanchana Md; Rozo Alberto L Md; Rumana Alauddin Rahman; Rydzewski Mark Md; Sabogal Gonzalo Md; Sahgal Sumir P Md; Sahni Gunjeet Mandvi Md; Saint-Laurent Mario; Salim-Ortiz Jadiyi Md; Sam Mirela Md; Samuel Cho Md Pc; Sang Koky; Santana Domingo A Md; Santana Rita Md; Sarkar Samir Kanti; Sauro Natalie Margaret; Saxena Amit K Md; Sayad Karim Md; Schwimmer Joshua Adam Md; Sencion Franklin Md; Sencion Sergio M; Setru Udayashankar K Md; Seung Hee Kang; Shah Sangita Tushar Md; Shah Tushar Laxmichand Md; Shan Zihe Md; Shani Dana Md; Sharma Hita Md; Sherigian Aline Ann; Shen Christine; Shen Jie; Shen Kuan Hung Md; Sheridan Bernadette Lizina Md; Shi Shelly Md; Shukla Mayank Arun Md; Shusterman Arkadiy Md; Silva Lourdes G; Simons Stephan Md; Singh Amarjit Md; Singh Sherry A Md; Singh Sh Medical Services Pllc; So Agnes Laiping Md; Solinas Alessandro Md; Soni Sharad; Soto Maria B; Soto-Alcantara Lilliam Md; Spadafina Sarah Marie; Spiotta Roseann T Md; Springfield Pediatric Pc; Spyropoulos Alex C; Stona Lurline P; Streete Sophia Md; Su Amy Md; Sudar Singh Prabahar Cynthia Md; Suleman Rana Javed Md; Sullivan Erinmarie Md; Sundaresh Mamatha Md; Syelee Jogesh M Md; Tallaj Ramon Modesto Md; Talwar Sumit; Tam Cynthia J Md; Tam Kenneth C Md; Tan Chyne C Md; Tan Victoria H Md; Tapia-Mendoza Juan Md; Tardio Julio Alberto Md; Tarife Karen; Teng Rui Er Md; Tetrok Mikhail S Do; Thanjan Thresiamma George Md; Thomas Johnny Md; Tin Hui Hing Md; Tio Arsenio Miguel Md; Tokar Svetlana Md; Toronjadze Tamar Md; Torres Marino A Md; Trager Jonathan David K Md; Trinh Tuyen T Do Pllc; Tsoumpariotis Apostolis; Tu Joseph; Tullo Luigi Giovanni Md; Uduevbo Jerry Ainene Md; Urena Andres F Md; Uritskaya Faina Md; Uzor Jennyfer Paola; Vaccarino Robert A Md; Valdivia Martha Maria Md; Valencia Hector Antonio; Varghese Betsy; Vaz Geraldine Sandra Md; Vela Anthony T P J Md; Velasquez Luis; Verna Yves Georges Md; Vijaykumar Sudha Md; Villegas Emilio Md Pc; Vinas Sonia Miliza Md; Vladimir Osipov Md; Vladutiu Mihaela I Md; W Liangs Medical Office; Wagner Ira J Md; Walker-Adamson Sonia E Md; Wan Soo Lee Md Pc; Wang Fei Md; Wang John Tsihsian Md; Wang Yan Md; Wang Yan Md; Wang Yan Md; Waseem Faisal Md; West Denise; Williams Lorraine E Md; Wiltshire Veronica; Win Yin Yin; Wong Chun Tung Md; Wong Helen; Wong Irene; Wong Martha Shih Md; Wong Tina Md; Woods Kim Benjamin Md; Wou Margaret Lee Md; Wu Benjamin Zibin Md; Wu Shuyi; Xin Pang; Xinmei Li; Xu Min Md; Yahodaei Kamran Md; Yan Henry Jiann Md; Yang Nancy S L Md; Yanliang Sun; Yiu John; Yoon Chung Hee Md; Yu Ann Marie Md; Zubarskiy Roman Md; Zaman Rehana A Md; Zambon Roberto; Zanger Daniel Md; Zayat Gabriel G Md; Zeng Lingling Md; Zhang Han Md; Zaman Rehana A Md; Zambon Roberto; Zanger Daniel Md; Zayat Gabriel G Md; Zeng Lingling Md; Zhang Han Md; Zaman Rehana A Md; Zaman Re



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Advocate Community Providers (PPS ID:25)

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
Zhang Jian Wei; Zhang Yuqing; Zhao Jiansheng; Zhao Jingbo; Zha	o Mengjia; Zheng	Dan Md; Zheng	Hanbin Md; Zheng Jean Qing	jjun Md; Zheng Xia	angsheng; Zheng	Yi Xiu; Zhu De	ning; Zhu Ming I	Md; Zilber Nora	Md	
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

Providers Associated with Completion:

Abakporo Theophine O Md; Abraham Cynthia; Acevedo Jose A Md; Addonizio Devon Kimberly Md; Adlersberg Jay B Md; Ahmed Mohamed; Ahn Myung Cha; Ahsan Mohammad Md; Airiani Suzanna; Akhter Pervez Md; Alapati Prameela; Alatassi Shaza Md; Alcaide Alejandro Md; Alessandra Pacino; Alex Santhosh Madathil Md; Alexander Anita; Alexander Julie; Alizadeh Bajgiran Ahmadreza; Allan Sean Thomas; Allen Theodore Elias Pc Md; Altman Daryl Renee Md; Amato Peter; Amsalem Yoram; Anam Sadrul M Md; Anderson Darlene S Rpa; Anderson Todd; Andrews Robert Anthony; Ann Prokofieva Md; Antoine T Christina Md; Antonacci Anthony C Md; Appleman Warren Md; Applewhite Liat E; Aranow Cynthia Beth Md; Arikupurathu Nisha; Astiz Mark E Md; Atluri Subha Md; Attaie Ali Dds; Attoti Chandana; Auricchio John Steven Dpm; Averescu Marie Jeanne; Azamy Taufiq; Azar Sasan Md; Aziz Tasnia; Babayev Dina; Babayev Di Moses; Badalov Isak Y Dpm; Badhey Vasantha Md; Bai Chun; Bajaj Deepika Md; Baker Daniel James Md; Bamji Dinshaw D Md; Bangaru Babu S Md; Barclay Emanuel J; Barile Gaetano R Md; Barman Trina Md; Barnes Heather; Barone Kellie Lynn; Barragan Juan Carlos Dpm; Basharian, Omar; Basit Mohammad Md; Bass Sherry J Od; Baxi Ami S; Becker Linda; Beckford Betina; Behfarin Parviz Md; Beinart Clifford Md; Benedicto Maria Theresa Dds; Bengeloun Nor Sabah; Benoit Vladimir Lusyus Md; Bernik Stephanie Falcone Md; Bernstein Chaim J Md; Berookhim Boback; Best Tasby Lugene; Bharati Anjali; Bhasin Kabir; Bhojani Shabnamzehra; Bisangwa Alexis Md; Bittle Stephanie; Blokh Ilya; Bloom Allison Robyn Md; Blum Corinne E; Bogart Sydney David Md; Boockvar John A Md; Borawski Dorota Md; Bornstein Eran; Borowski Allison Marie; Bouchard Nicole Colette Md; Bover Elina Dpm; Bovienzo James D Md; Braunstein Edward Allen; Braunstein Richard Evan Md; Bregman Alvin M; Briley James; Brinster Derek Ralph; Briskin Klara; Brodsky Ella Md; Bromley Gary Steven Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elain Bulsara Girish M Md; Butters Marva Dpm; Byrne Kristin Colleen; C & W Medical Llc; Cadet Normil Richard Jean Md; Cahill Kevin Dr.; Cai Steven; Calabria Diego Gennaro; Canellos Harriette; Cantu Roberto Jr Md; Carpati Charles Md; Carpo Michele; Carpo Minda S Dds; Carroccio Alfio Md; Carter Casimiro Cambi; Carter Doreen; Carty Harriet; Castillo Nicole; Cervantes Lober Guillermo Md; Chacko Jeffrey K; Chakrabarti Chhaya Md Pc; Chan Alice Man Ccc-Audiology; Chan Collier K Dpm; Chan Doris; Chan Edwin Kenneth Md; Chan Jeffrey Chi Keung Md; Chan Meghan P Md; Chan Richard Md; Chan Yuen; Chang Robert C Md; Chang Thomas T M Md; Chang Ya Ju Md; Chang Md; Chan Meghan P Md; Chan Richard Md; Chan Yuen; Chang Robert C Md; Chang Thomas T M Md; Chang Ya Ju Md; Chang Charles-Gonsalves Shurla A; Chaudhry Khyzar; Chawla Kiran Md; Chee Benjamin Anted; Chen Chun Ming Md; Chen Daniel Chin Md; Chen Jianping Md; Chen Jianping Md; Chen Stanley; Chen Szu-Yu; Chen Wei Ku Md; Chen Ghun Ming Md; Chen Daniel Chin Md Ling Ouvang Md: Cheng Nancy Md: Cherenfant Lucot: Chester Adam R Md: Cheung Joyce: Cheung Wellman Wai-Man Md: Chime Chudi G Md: Chiravil John J Md: Chiu Sungkin Md: Chiu Sungkin Md: Chiu William Md: Choi Jai Huyk Md: Choi Mark Md; Chopra Jatinder K Rpa; Chou Yeh Ping Do; Chow Philbert; Chowdhry Mohammed Idris; Christina Mannino; Christopher Chow; Chu Chien-Jung J Md; Chu Mark Md; Chu Peter Md; Chun Hajoon Md; Chung Chin Woo Md; Chusid Boris Gregory Md; Cinquegrana Marco; Cohen Allen H Od; Cohen David L Md; Cohen David L Md; Cohen Dds; Cohen Oksana Md; Concepcion Elizabeth Md; Condon Maureen Kathryn; Confident Marie M Lpn; Cooke David; Cooper Joanna Md; Coplan Neil L Md; Correa Nereida Md; Corujo Omar; Costantino Peter David Md; Cox Anika Jonnelle; Coye Beverly; Crevecoeur Evans Md; Cruz Elizabeth Dpm; Cuevas Asima; Cui Jian Md; Cutler Alex Jay; Dabovich Ivonne Cnm; Dai Guorong Md; Damian Jeanne; Damiano Elena; Danielov Mikhail; Date Pravin; Dauhaire Jacqueline Md; David Marian Md; Davida Nixa; Davuluri Vijayalakshmi Phanipriyamv; Dayan Alan R Md; De Castro Carlyle Md; De Los Santos Cynthia; Deblois Magdalena Q Rn; Dec Wojciech Dr.; Defreitas Michelle; Degannes Rhonda Ruth; Degoy Ana; Del Pin Christina A Md Facs I; Deleon Jose L Dpm; Deleon Renato A; Delman Alex Md; Demko Monika; Dennis Lester; Depasquale Eugene Md; Des Jean Ryan; Desai Savitri J Md; Dhar Vinod K Md; Dheeraj Khurana Mbbs; Dholakia Shashikant Vrajlal; Dillon Evan H Md; Dinabel Peralta-Reich; Ding Cheng Yang; Disanto Gregory; Doctor Dilip Shikharchand Md; Doctor Dipika Dilip Md; Dolen Suleyman E Md; Dolin Natalia Md; Dolmaian Gigliola Maria Md; Dominguez-Echevarria Alvaro; Donadt Robert B Md; Dorsky Joshua I Md; Doughlin Kenneth G Md; Drew Michael S Md; Duchnowski Eva; Dul Mitch; Dumitru Marian Md; Dupree Shashonna; Duran-Soriano Maria E Md; Duvalsaint Fregens G Md; Dye Colleen; Dyrszka Herbert Md; Daniel Mathews, Dpm; Edelman Martha J Md; Edmondson Patricia V Md; Edward V Chan Md Pllc; Eisenberg Rachel; El-Khawam Rania; Ellington Marty Jr Md; Elsheryie Ahmed A Md; Elstein Irwin D Md; Empire Joint And Spine P C; Engel Harry Mark; Epstein Marc C Od; Epstein Neal F Md; Escovar Ida Maria; Espeut Nicole; Espino Rodriguez Gagarini Md; Estefan Bebsy C; Etienne Stephanie; Fajardo Manuel Abrantes; Falagario-Wasserman June; Fallahi Pouneh Md; Farag Ayman Roushdy Md; Fein Alan Marc Md; Feuerstein Michael A; Fils-Aime Marsha; Fischer Maureen; Fishman Allen J Md Pc; Fishman Nancy Lynn Np; Fitzsimmons Sean; Flaminiano Lourdes M Md; Flores-Freeth Ingrid E; Fok Eric Chi-Cheung Md; Fong Jason Md; Foster Sharon Md; Fox Patricia A; Frances G Perez-Hernandez; Francois Pierre L Md; Frank Paul Md; Frankel Phoebe; Freedman Todd W Rpa; Freeley Douglas A Md; Fried Ethan D Md; Friedrich Douglas Bennett Md; Fu Chenzhong Md; Fung-Nicholson Sonia; Galperin Mark Md; Gamboa Pilar Sia Mariano Dds; Garcia Sandra Patricia Dpm; Gardenswartz Mark H Md; Garratt Kirk Noel Md; Garrido-Valencia Fanny Md; Gavrilova Svetlana Md; Gaweda Oskar Adam; Gazi Farhad M; Georges Joseph L Md; Gerlach Kecia; Gheewala Parul A Md; Gialvsakis John Peter; Giaguinto Beth; Glass David Md; Glass Jessica; Glatter Robert David Md; Godbout Brandon J; Goebel Jennifer; Goenka Anuj; Goldshteyn Vadim Md; Golio Dominick Md; Goltyapina Natalya; Golub Ashley D; Gomez De Vargas Mencia M; Goncharov Dimitry; Gondal Nasir Mahmood Md; Gonzales Antonio M; Gonzales Ma Lourdes Castillo; Gonzalez Fermin Pablo Md; Goodman Allen Md; Gorodnitskiy Alexander; Gorski Matthew Gabriel; Gottlieb Marc D Md; Gould Jennifer Ann; Grasso Cono M Md; Green Young Sam; Greenbaum Robert C Md; Greenblatt Benjamin Md; Grinman Lev; Grossmann Rami R Md; Gu Yeon Sook; Guan Nicholas Ning-Guang Md; Gulati Gagan Jagdish Md; Gundel Ralph; Guniss Gladstone L; Guo Yujin; Gupta Rakesh Md; Gutnik Zhanna Valerievna Md; Guttenberg Michael Gary Md; Guy-Rodriguez Eva; Guzman Eliscer Md; Haber Gregory; Habib Salma; Hadda Ceri Elizabeth Md; Haines Christine Md; Hakshouri Shimon R Md; Hallenbeck Richard D; Hammer Arthur W Md; Hammond Stephen Bemigho; Haque Moinul Md; Harris-Cobbinah Deborah Np; Hasanovic Adnan; Hasfal Sharon Yolanda; Haskes Lloyd Partman; Hayes James; Hayes Richard M Md; Hazelwood Arthur; He Cong Md; He Tina Q Md; He Zili; Hemli Jonathan Mishali; Henderson Tina; Henry Donna Marie Md; Hernandez Lincoln Md; Hernandez Maria L; Hernandez Miguel Rafael Md; Herschitz Izak Md; Hershman Elliott B; Herskovits Mark Saul Do; Hill Michelle S; Hirshfield Gary S Md; Ho Garman T Md; Ho Vanessa; Hobeika Paul Bowlos Elias; Holtzman Dvorah G; Hom David; Hong Sungsil; Howard Siegel; Hoyek Wissam Md; Hsieh Helen Md; Hu Lisa Palen Md: Hu Mary Xiao-Jiang Md: Huang Albert Md: Huang Carol L: Huang Chien-Jen Md: Huang Xianchun: Hubbard Natalie: Hue Jennifer E: Hughes Joan Marie Cnm: Hung Fai Od: Huo Jerry Md: Hwang Yongkyu Md: Hyojeong Lee: Jacono Danielle; Igor Zilberman Dc; Ilan Hana Md; Ilkhanizadeh Rahman Md; Ilyas Nazish; Inglis Steven Ralph Md; Iordache Mihai M; Isak Isakov Medical Pc; Isakova Marina Md; Isanova Zarrina; Itzhak Petr Md; Jacinto Francisco Gertrude Md; Jackson-Hodges Chandia; Jagroop Sophia Mita; Jain Suresh P Md; Jalwan Ajay; Jamieson Lorraine Rpa; Janczuk Peter P Md; Javit Daniel Joel Md; Jean-Baptiste Samuel; Jeanmichel Marieange; Jen Albert Sun Md; Jeng Ing-Yann Md; Jerome Roseline Marie Md; Jhaveri Krishna K Md; John Geevarghese Md; Johnston Mark R Md; Jormark Susan Md; Jose Giselle Ann P; Joseph Cohen; Joseph Y Freidman: Josephine Huang Md Pllc; Joyner Narissa; Jung Jesse J; Kabala Muana Mbuyi Rpa; Kabrawala Pratibha Balvant Md; Kahn David I Md; Kalasapudi Vasundhara Devi; Kalman Jill Md; Kaman Ghong; Kambo Varinder; Kang Josephine;



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Advocate Community Providers (PPS ID:25)

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
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Kang Miyoung; Kaphan Mitchell L Md Pc; Kaplan Donald; Kaplan Evan; Kapoor Anil Kany Md; Kapoor Winay Md; Karantoni Olga; Karcnik Gregory Francis; Karen Clemente; Karibandi Karthik; Karkus Harvey D Md; Kartachov Carmen M; Kasat Kavita Md; Katari Nagendra Sagar Md; Katcher Oleg Md; Kathpalia Kusum Md; Kayaalp Emre; Ken C Wong Md; Kermani Sadi; Kern Jeffrey Howard Md; Kezerashvili Anna; Khaimov Daniel Md; Khalil Ahmed; Khalil Susan S; Khan Bitni Md; Khan Munibur; Khan Nasrin Akter Md; Khanaa Suresh Md; Khasak Dmitry Y Md; Khelemsky Igor Md; Kilshtok Sofya S; Kim Seung Kwan Md; Kim Su A; Kim Woo Sup Md Pc; Kindo-Diouf Azetta; King Donovan Anthony Rpa; Kiouranakis Nikolaos; Kirmani Yasmeen Md; Kirschenbaum Linda A Md; Kitton Stuart E Dpm; Klein Devin A; Klein Pamela; Klurfeld Alex; Knight-Debrady Alicia P Md; Ko Steve Y; Ko Wilson Md; Kogan Irina; Kolodny James R Md; Komisar Arnold Md; Kong Xiang B Md; Kopelowitz Wally Md; Kosmas Constantine Elias Md; Kowacz Tomasz Wojciech Md; Kowalski Rebecca; Kraus Dennis H; Krespi Yosef P Md; Kruh Jonathan Nicholas; Krumholtz Ira; Krumholtz David; Kuan Jackson Hsun Md; Kuang Barbara Hwa Md; Kuang Liren Md; Kukar Atul Do; Kukar Narinder M Md; Kurland Etah Md; Kuznetsov Valery Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Larisa Koifman Md; Larosiliere Sabine Edeline Dpm; Lasic Zoran Md; Lata Vivian; Lau Christine Y-K Md; Lau David Hai-Pong; Laura Amram; Lautin Robert Frederic; Law Anna Md; Laysa Nestor Amon; Lazo Dante Md; Lazzaro Richard Stephen Md; Lechuga Maria Teresa Md; Lee Frances; Lee Jane A Md; Lee Michael Jerry; Lee Paul Chun-Kit Md; Lee Rachel; Lee Sangwoo Md; Lee Shi-Wen Do; Lee Simon X Md; Lee Wah Sang Md; Lehman Jennifer C; Leifer Gerald Dds; Leon Jayleen; Leriche Rose-Marie P Rpa; Lerman Oren Zvi Md; Letafat Kimia C; Leung Albert Cheuk Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Levine Sander Mark; Lev Liang Lawrence Md; Libassi David; Lidoshore Karen; Lillis Jr Thomas E; Lim Jessica Wong Md; Lin Pearl Md; Lin Pi Tang Md; Lindsay N Price; Liotta Dara R; Lippman Marie Abarientos Md; Lk Better Health Medical Pc; Lo Calvin Md; Lo Kim Sing Do; Lochard Jean Joseph Md; Long Michele; Long Minhui; Lopez Manuel D Md; Lopez Manuel D Md; Lopez Margarita; Losier Robert J; Louis Martha Md; Louis Martha A; Lowe Teresa Ann Od; Lu Irene; Lu Xaiochum; Lubin Aviva; Lugo Joanelle; Lui Kin W; Luma Gregory Buyanow Md; Lumicao Lorna B Md; Lus Medical Associates Pllc; Lustbader Edward Seymour Dds; Ma Keyan Md; Machnicki Stephen Craig Md; Madama Sukanya Dpm; Maganov Igor Anatolyevich Md; Magloire Tamara Md; Mahadevan Pooja; Makkawi Abed H; Maksumova Zoya Md; Malhotra Gulshan Kaur Md; Malhotra Madhu B Md; Malhotra Surinder Singh Md; Malieckal Giles; Malik Sajid Md; Mallin David Md; Mamdani Yusufali Md; Mandalaywala Jasodaben C Md; Maniar Rajen P Md; Mao Yongming Md; Marcelonis Debra A Dpm; Marcu Mariana Md; Marcus Sergiu Md; Marinbakh Alexander Y Md; Marino Nino D Md; Mariya Aranbayeva; Markowitz Mindy; Marmer Tracy Seth Rpa-C; Marrero-Figarella Arturo L Md; Marshall Elizabeth; Mashkabova Lyubov Dds; Mason Benjamin F Md; Mathews Daniel D Dpm; Matthew S Hepinstall Md; Matthew William Lorber; Mazur Justin David Md; Mcfarlene Kirk O; Mcgee Colleen Marie Rpa-C; Mcginty Geraldine Md; Mcinerney James V Dpm; Mcintosh James; Mclean James E; Mcpherson Christina; Mediavillo Rene S Md; Mehra Sonita; Mehta Asit; Nilesh: Mehta Rekha: Meikle Angela Vanessa Md: Meltzer Robert M Md: Mendelson Robert I Md: Mensah Bridget; Mensah Stacev: Mercado Arthur M Md: Merritt-Morrison Laverne: Micallef Joseph: Michael Rose; Mick Thomas Dr.: Mikheveva Irina: Milford Eugene Paul Dds: Miller Andrew Robert Md: Miller Ricardo Anthony: Milosevic Milivoie Md: Minior Victoria K: Mlynarczyk Ewa Monika: Mo Lihua Md: Modica Patricia: Mohamad Erfani: Mohseni Hossain: Mok Victor Md: Montalbano Christin Md; Montelus Pierre Newton Md; Mora Maximo Md; Morales Gustavo Adolfo; Morano Mark; Morisco Antonietta I Md; Morris Rachel Emily; Moshiri Kourosh; Moskowitz Leo; Mosu Nicolae Md; Morales Gustavo Adolfo; Mucelli Louis Alexander; Murphy-Cassidy Delores; Mutyala Manikyam Md; Myint Win Md; Nagpaul Ravinder S Md; Nandakumar Thambiraja Md; Narasimhan Gopal; Narcisse Joseph Rpa-C; Narula Tara K Md; Navedo-Rivera Maria S Md; Naves-Ruiz Esperanza; Nemes Petru Codrin Md; Nett Michael Patrick; Newman Ransford C Md; Ney Gershon C Md; Ng John Paul Tracy Md; Ngo Tammy Phuong; Nguyen Tracy Thuy; Nicolaou Nicos; Niederland Marta Md; Ninan Philip Mohan Md; Nisimova Meri Md; Norman Steven Yale Dpm; Norris Tracy M: Novogrodsky Raphael Md; Nunez Giovanny M Md; Nyein Roland Md; O'Leary Xiaoging Lin; O'Reilly James; O'Young Bryan J Md; Obstbaum Stephen Allan; Oconnell William F Od; Opam Osafradu Md; Opher-losifescu Elana; Ortiz Grace; Ortiz Rafael A; Osahan Deepinder; Osborne Heather L; Ostrovsky Yakov Pt; Ozersky Norman; Pachas Yvanka; Palma James Md; Pamoukian Vicken Nichan Md; Pamulapati Vidyasagar; Pandit Ashwini; Pandya Sapna K Dpm; Paoli Gloria Rosario Md; Papaevagelon Nikolas; Parellada Alejo; Parikh Shobhana Mitesh Md; Park Jinhee; Park Sharon J; Parraga-Marquez Monica; Paschal Gehres Megan; Pasquale Deborah; Passmore Craig J Md; Pastori Luciano Juan; Patel Alkesh Navin; Patel Avani A Md; Patel Chetankumar P Md; Patel Chirag; Patel Jagruti Md; Patel Mahendra Chaturbhai Md; Patel Nirav Chandrakant Md; Patel Rajesh Kanubhai Md; Patel Sonia; Patel Yogita; Patel Sonia; Patel S Lorene Md: Patterson Stacev Ann Md: Pattett Kathreen: Paul Evelvne M Md: Paul-Basil Wayne: Pava Shagupta Md: Perk Ann Md: Pearce Katherine: Pearson Barry J: Pelczar Joseph Vincent Md: Perez Margarita De Los Angeles Md: Perk Gila Md; Perone Robert W Md; Persaud Narendralall; Persaud Yudhistira K Md; Pertsovsky Yuriy; Peteru Sachidanan; Pethani Ashish; Pfefferblit Susanna Md; Phelan Jane, Phokela Sarabjit Singh Md; Pierre Modeline; Pili Manuel R Md; Pineda Diana; Pinkhas Alex; Pinsker Richard W Md; Pinter David Michael; Piotrowski-Philipp Joan; Pirelli Luigi; Platsman Ninel Rpt; Ponieman Barbara L Md; Portello Joan K; Posner David H Md; Pou Ricardo E Md Pc; Prachi Sunil Dharia; Pramanik Bidyut Kumar Md; Prasanth Kaninghat; Premkumar Angel Grace Md; Preventive Diagnostics Inc; Prince Steven Leonard Dpm; Puma Joseph Anthony Md; Punzalan Betty N Md; Qiu William Weiguang Md; Quarcoo Stephen T Dds; Rahman Mohammad Mazibur Md; Rajanna Madhu Gundigere Md; Rajee Nirmala K; Rajput Ashok Kumar Md; Ramdas Mardai Mariapen Pa; Ramessar Daniel Nathaniel Pa; Rampersaud Rajendra Mark; Rana Thakor C Md; Rao Nagaraj Dharmavaram Md; Raoof Sabiha Md; Rassekhi Hamid Dds; Ravelo Ramon E Md; Rayappa Premalatha; Raymond L Yung Md Pc; Raza Seyed Mohamed Jaffar Ali Md; Recon-Bucevic Myra; Reddy Sarath Md; Ree June Hisu Md; Reichert James Michael; Reimers Carl Dietrich Md; Ren Lisa Sigin Md; Ren Lisa Sigin Md; Ren Sicong; Rhee Jai-Jeen; Rhee Michael Sangwook Md; Rimarachin Julio A Md; Ritter Steven; Rivera Gregory A Dpm; Rizvi Syedali Haroon; Rizzo Attilio; Rizzo Mariano; Robbins David Herbert Md: Rodrigues Lucan T: Rogers Mark I Md: Romanello Paul P: Romelus Keshia: Romsaitong Diane P Md: Rosen Robert J Md: Rosenbaum-Roller Shira: Roslin Mitchell S Md: Roth Ira Md: Rousseau Monique J Md: Roves Patrina: Rubin Andrew Richard: Rudden Frances: Ruiz Peter R: Ruiz Teresita Dumo Md: Rutner Daniella: Rvndin Igor Md: Rvu Jae Shin Md: Sabzanov Elionora Dds: Sachdev Karina: Sacks Harry G Dds: Sahai Anuraag: Saint-Hilaire Marlene; Saint-John Susan; Saintcyrus Evens; Salcedo Osiris; Sal Sangeorzan Adrian Md; Sanikam Sreenivasa Reddy Md; Sankholkar Deepak M Md; Santamaria Grace M; Santandreu Orlando; Saravia Melissa Marie; Sawhney Sabrina; Sayeed Majeed Ahmed Md; Schabes George A Dds; Schaefer Mark; Schaefer Steven David Md; Scharf Stephen Charles Md; Schiefer Mark Benjamin Md; Schiefer Mark Benjamin Md; Schiefer Fran Iris; Schreiner Roberta H Dds; Schreiner Amilia Md; Schreiner Roberta H Dds; Schreiner Amilia Md; Schreiner Roberta H Dds; Schreiner Amilia Md; Schreiner Roberta H Dds; Schrei Md; Schulman Erica; Schultz Anita Ellieen; Schwartz David L Md; Schwartz Evan G Md; Schwartz Glenn Eliot Md; Sekar Surya Md; Sen Kamalendra; Sengupta Trina; Sergeyev Igor Md; Serruya Jose Md Pc; Severe Ernst Gerard Marie Md; Shabto Uri R Md Pc; Shalonov Artur Md; Shamalov Gennadiy; Shankar Adurthy Ananth; Shapsis Alexander Md; Sharma Jayendra R Md; Sharma Josefina Dr.; Sharma Mickey Pradeep Md; Sharov Yakov: Shatzkes Deborah R Md: Sheflin Marla Sue Do: Sheldon Schwartz: Shen Ivv Md Pc: Sheth Sandip Pranlal Md: Shif Mark Md: Shim Ruth: Shim Dong-In: Shmukler Dov Md: Shridharani Sachin Dr.: Shugar Julia Ann: Shulman Julia Paula; Silberman Emil Md; Silver Joyce; Silver Larry Mark Dpm; Simon Gladys; Singh Binoy Kumar Md; Singh Prabhjyot; Singh Varinder P Md; Skipitaris Nicholas; Skolnick Blair; Slade Stella; Smith Clive Nicholas; Smith Miriam Ann Md; Smith Robert H Md; Smith William; Soberano Consolacio; Sobol Norman J Md; Soden Richard M Od; Sohn Bret K; Solomon Robert D Md; Solomon Robert W Md; Solomowitz Benjamin H Dmd; Somrov Serge Md; Soohoo Stephanie; Sorokina-Ruffini Yelena; Sotelo-Garza Danilo; Soto Ana Berenice Md Mph; Spaccavento Colette M Md; Spencer Trudy I; Srivastava Malaya Md; St Felix Raymond Md; Stamm Joseph Martin Od; Stasiuk Laura; Stearns Alan; Stein Marjorie Michelle Md; Steinbaum Suzanne Md: Steiner Audra; Stepensky Leon Dpm; Stephens Nikeisha Anastacia Rpa; Stern Harvey Md; Stewart Amanda Patrice; Stickles Scott Michael Do; Stillwell Christina Rpa; Storper Ian Sam; Stroe Angela; Stybel Elena B Do; Subotin Inna; Sukhraj Gopal Rpa; Sulh Muhammadsamir Abedrahman; Sullivan Kevin M Md; Sultana Sharmeen Md; Sun Diana K Md; Swaminath Arun C Md; Sy Manuel C Md; Sylvestre Georges Md; Talmatch Bernice; Tambar Balvir Krishan; Tan Edwin C Md; Tang Karen; Tartell Jay D Md; Taveras Fernando T; Taylor Kevia; Taylor Stuart William Md; Teller Katerina Md; Tenembaum Moises Marcos Md; Teresa Min Jung O Md; Terry Peter G Md;



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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
Teyibo Thomas O Md; Thakore Hasit R Md; Thanneer Latha; Thau Winston Chet Ying Md; Tomanelli Toni Ann; Tomback David Adam; Tsounias Emmanouil; Tubens Frances Marilou; Tuccillo Nicole; Tur Md; Van Orsouw Jillian Suzanne; Vasquez Luis A Rpa; Vaval Jean Voskoboynik Irina Lcsw; Vuong Chinh Minh Md; Wadia Saloni; Wag Wang Da; Wang Hai Po Md; Wang Mei; Wang Mingke; Wang Willia Mitchell Md; Weinman Elizabeth; Weiss Reuven Phd; Weissman La Nathaniel Md; Wolfson Yan Md; Wolintz Robyn Joy Md; Wong Alex Md; Woolward Andrew; Wu Henry Dinh-Khon Md; Wu Jennifer; Wu Rosenberg Linli Md; Yang Andrea; Yang Fan; Yang Hyosol Dds; Ya Zinaida Md; Yeung Chung Kiang; Yeung Vincent Wah-Sang Md; Yi Yun Jean Shim Md; Yunov Arthur Md; Yurovitsky Alyssa; Yushuvay Zhan Frank Lei; Zhang David; Zhang Ting Ting; Zhang Victoria Do;	Torres Diana; Ton Kan; Turan Naci Lionnel Md; Vayn ghela Rachana; Warm Cheng Md Pho aurence Roy Md; Vander C; Wong Al Richard Kar; Wu ang Ian Yeng Md; m Ho Dpm; Yin Ju	ovbina Inna Md; iye; Turner Carol ikadler Mark; Ve l/ahl Samuel Jose i; Wang Xiao Hu Weseley Peter E Ifredo Sicat Md; Zhenqing Brett I Yang Wen C Mo une; Yin Xiaoqin Duroseau Md; Z	Towner Robert A Md; Trasi Su I Lolita; Turner-Booth Linda; U Ioudios Alice Md; Verceles Ca eph; Waite Rulon Jan Ii Md; W i; Ward Andrea Maria Dpm; W ric Md; Westcott Mark A Md; V Wong Jay Anthony; Wong Pe Md; Xiao Hui Fang; Xiao Yong d; Yap Laurel Win; Yaryin Llc; S; Yin Xuebin Md; Yoeli Gide dabar Benjamin; Zambrana Ch	unil S Md; Trepeta Ideh Ngozi Julia; Ularoline; Verrone An Vakim Wakim Victo Vatson Catherin Pa Widmer Jessica Lyter; Wong Samuel Hong Md; Xing-Jin Yatco Edward Johon C Md; Youner Curistian B; Zapata S	Scott S Md; Tsai dom Izuka P Md thony Md Pc; Vir r; Walker Jennife ce; Watts Rakiya nn; Wiedershine C Md; Wong Ste e Wang Md; Xu I n Md; Yazdan Al Craig J Md; Youn theena M; Zaric N	Nancy M.D.; Ts; Udyawar Apar ay Jose F; Vive er; Walters Edlin a; Wee Julie Dd Donn Jay Md; Ven Md; Wong Richard Li-Chen ri; Yazdanbakhs g Chainllie; You Maja Md; Zasyp	seng Tiffany; Ts na P; Ulyana Kh k Seetharaman le V; Wanda Ro s; Wei Alex; We Williams Alan; V Thomas; Wong lg; Xu Z Chan P sh Khashayar; Y Ing George P H ayko Sergey; Ze	inis Mariya F Monaldarov Md; Uni Md; Vo Tracy T driguez Md; Wali Huachen Md; Villiams Ayesha Timothy; Wong sychiatrist Llc; Yee Lily Fong Chi Md; Youngewirt eitoun Khaled Mo	i; Tsoumparioti ger Pamela Mo Md; Voli Josep ner Milton Md; Veimin Qu; We Audene; Winte Yoke Hlen Md; an Richard X; o Md; Yee Vivia h Elizabeth Dp ohamed Md; Ze	s Spyros N Dpm; d; Useda Claudia A ch Fred Md; Wang Chuansheng; cinberg Jeffrey r David Md; Wisch Wood Edward T Yan Weihong; Yan- an See Ki Md; Yel m; Yukelis Igor Md; elmanovich Anat;
Task Policies and procedures are in place for early notification of planned discharges.		Provider	<u>Hospital</u>	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Providers Associated with Completion: Flushing Hsp Med Cnt; Jamaica Hospital Med Ctr; Lenox Hill Hospi Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.	tal; Montefiore Me	edical Ctr Ai; Nor Project	th Shore Un Hsp Forest Hil; S	t Barnabas Hospit Completed	al 04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task ACP has worked with and negotiated with hospital partners and hospitals in other PPS', the hospitals will provide transition care managers and/or pre-discharge planners to develop and review discharge planning while the patient is still inpatient. The discharge plan and summary will be made available to the TC partner and to the PCP for more accurate and efficient treatment. The pre-discharge plan will also be used to coordinate needed services such as social support, home care, DME, etc. and the Transitional Care visit.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Establish processes with partner hospitals in which a care transitions/pre-discharge plan nurse or care manager establishes the link with the patient and provides the pre-discharge plan at the patient's side, while the patient is still inpatient in accordance with the established transitional care protocol and standardized pre-discharge plan.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Partner hospital will allow access to the patient to the care		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Project Requirements	Prescribed	Reporting	Provider Type	Status	Original	Original	Start Date	End Date	Quarter	DSRIP Reporting Year
(Milestone/Task Name)	Due Date	Level	1 Torrage Type	Ciatao	Start Date	End Date	Otari Bato	Liid Dato	End Date	and Quarter
transition pre-discharge pan manager/nurse and in most cases										
the care manager/nurse will be a hospital staff member since										
ACP's partner hospitals have care transitions staff already on										
hand										
Task										
3 Processes are in place to receive feeds from hospitals and MCOs on a daily basis of all admissions allowing for early		Droinet		Completed	10/01/2015	02/24/2047	10/01/2015	02/24/2017	02/24/2017	DV2 O4
notification of hospitalizations and thereby early access to		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
patients for the provision of discharge planning.										
Task										
4 Processes and procedures are in place for prompt action upon				1						
receipt of the inpatient data feeds to begin the process of		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
accessing the patient and implementing the plan.										
Milestone #5										
Protocols will include care record transitions with timely updates	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
provided to the members' providers, particularly primary care	DIZQT	i roject	IN/A	Completed	04/01/2013	03/31/2017	04/01/2013	03/31/2017	03/31/2017	D12 Q4
provider.										
Task Religion and procedures are in place for including care transition										
Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is		Drainet		Commission	04/04/2045	40/04/0045	04/04/0045	40/04/0045	40/04/0045	DV4 02
updated in interoperable EHR or updated in primary care provider		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
record.										
Task										
1 Develop processes as mandated by protocol for transmission of										
Care transitions records to member's provider/PCP within 48		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
hours of Transitional Care visit.										
Task										
2 Utilizing guidelines from the National Transition of Care										
Coalition and working with the expertise of ACP partners who										
specialize in Care Transitions, ACP will bring together a				1						
standardized protocol/standard of care and processes for		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
providing quality Care Transitions services. Protocol/Standard of										
Care to include comprehensive medication reconciliation, comprehensive evaluation, HEDIS assessments, ADL										
assessments, Fall risk, etc.										
Task				+						
3 Implement process as mandated by protocol by which member										
s provider/PCP receives Transitional Care visit records within		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
48hours.										
Task		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DV2 O4
4 Utilize EMR to transmit records to member's provider via P2P		i ioject		Completed	07/01/2013	03/31/2017	07/01/2013	03/31/2017	03/31/2017	טוב עד



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
portal, FTP, HIE, RHIO or ACP platform to be created.										
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 Implement care transition protocol mandate calculation of 30 day period to start on the date of discharge as day 0 and the day following discharge as day 1 up to 30 calendar days.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Processes are in place in which upon receipt of inpatient feeds, Care Transitions team ensures that all relevant patient data including diagnoses, demographics, etc. are entered into EMR.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2 Utilizing Care transitions team's EMR structured fields all patient data is entered, gathered and filtered for evaluation of engagement efforts, successes and improvements.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Data mining from Care Transitions team's EMR and additional electronic systems are used to provide stratification, target identification and outreach population wide, patient specific and overall tracking and reporting.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4 Additional data filters and repositories are created within hospital EMR, ACP central Care Coordination systems for redundancy, data verification and comparison analytics.		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

No Records Found



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model	
with all participating hospitals, partnering with a home care service or	
other appropriate community agency.	
Engage with the Medicaid Managed Care Organizations and Health	
Homes to develop transition of care protocols that will ensure appropriate	
post-discharge protocols are followed.	
Ensure required social services participate in the project.	
Transition of care protocols will include early notification of planned	
discharges and the ability of the transition care manager to visit the	
patient in the hospital to develop the transition of care services.	
Protocols will include care record transitions with timely updates provided	
to the members' providers, particularly primary care provider.	
Ensure that a 30-day transition of care period is established.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Neme	Heer ID	File Time	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQ	QR Module 2.b.iv.5 - IA Monitor	ing		
Instruct	tions:			



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Advocate Community Providers (PPS ID:25)

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.

Major risks for this project revolve around patient compliance as well as the stigma/taboo associated with mental illness. Patient engagement is predicated on PHQ9 scores; however, PHQ9 relies on patient's subjective responses to questions regarding their feeling depressed. It is hard in many cultures and specifically the cultures serviced by ACP PPS to admit to any form of mental issue as it is seen as a sign of weakness, a lack of faith or a make believe, self made up condition. The PPS plans to mitigate this through its fostering of a strong PCP/Patient relationship. The more that the patient trusts and believes in his/her PCP, the more prone the patient is to confide in the PCP. Because ACP's providers speak the same language and are of the same culture as the patients it is well positioned to have a strong, lasting relationship with its patients. ACP expects that all PHQ2's and PHQ9's will be faithfully and honestly completed by the patients.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	129,206									

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	29,395	83,984	106,595	129,206
PPS Reported	Quarterly Update	0	83,984	0	0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%
IA Annyound	Quarterly Update	0	175,241	0	0
IA Approved	Percent(%) of Commitment	0.00%	208.66%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (106,595) for 'DY3,Q3'

Current File Uploads

User ID File Type File Name File Description Upload Date
--

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP

Advocate Community Providers (PPS ID:25)

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	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.	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 All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:											
A T Adebayo Md Pc											
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:											
Advanced Ctr For Psychotherap		T	1	I		1			T		
Task 1 Survey and group all participating providers (safety net and non safety net) into level of readiness.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of readiness.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Clinical governance committee approves partner assessment results and PCMH roadmap.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Develop education program and schedule for each provider readiness category that includes support from			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
PPS (internal) or with potential PCMH vendors (external).											
Task 5 Implement plan.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 6 Monitor weekly, monthly, quarterly progress against PCMH / EHR-MU work plan goals.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 In conjunction with physician leads, Develop evidence based protocols in accordance with SAHMSA guidelines which include assessment tools to be implemented, medication management, and care coordination.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Establish formal meeting schedules amongst collaborating partners to establish collaborative care and best practices.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Determine who needs to attend formal meetings - BH specialists, Primary Care, Substance Use Disorder, Developmentally Disabled providers, etc.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Develop procedures to implement evidence based protocols with prescribed assessment tools including PHQ2/9, GAD, DAST, Audit C and SBIRT, stepped care, care team meetings, number of prescribers, etc.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 5 Develop monitoring parameters to evaluate adherence to evidence based protocols. These will			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	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
include metrics showing use of assessment tools, medications prescribed, referrals made and number of prescribers.											
Task 6 Establish Care teams within the practice to include care coordination to follow patients and provide "warm handoffs"			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7 Establish procedure for "warm handoffs"			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8 In accordance with evidence based care protocols, implement process for medication prescribing and management. The process will delineate one prescriber process.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9 Develop processes and procedures for care coordinators and care managers to engage in patient treatment as per protocols.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	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.	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 Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Screenings are documented in Electronic Health Record.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 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		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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)	Completed	04/01/2015	03/31/2017	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	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
139 Medical P.C.	T	Γ	ī	I	1	1	I	I			
Task 1 Integrate assessment tools, PHQ2/9, DAST, Audit C and GAD into EMR for ease of access, and tracking and, monitoring			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Create automation within EMR to prompt completion of assessments, PHQ2/9, GAD, Audit C, DAST for all patients. Set as mandatory fields within EMR whenever possible.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Implement SBIRT as per established, implemented protocols.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Create processes for referral and "warm handoffs". Process to include availability of BH provider at time service is needed and referred by PCP. BH provider will allow for add -ins to schedule as necessary for "warm handoffs" from PCP			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 Integrated, single EMR will serve as repository of information and scheduler for both PCP and BH provider. Access to schedules shall be shared amongst staff for ease of encounter creation and facilitation of "warm handoff" as well as monitoring the hand off.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6 Allow creation within EMR of separate encounter for each provider, PCP and BH, on the same day within single patient record and single billing claim record.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 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	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
reporting.											
Task											
1 Partner with EMR vendors to ensure that											
assessments are available in structured format within			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
EMR and all patient data and assessments are											
documented and trackable in EHR.											
Task											
2 Utilize meaningful use dashboards and platforms as			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
well as PCMH level capabilities to allow and provide			1 10,000		Completed	10/01/2010	00/01/2011	10/01/2010	00/01/2011	00/01/2011	D.2 Q.
tracking of assessments and assessment results.											
Task											
3 Ensure that EHR has ability to create encounters for											
two different providers on the same day within the			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
same patient record. Patient encounter data must be						0 1,0 1,20 10	00/01/2010	0 1, 0 1, 20 10	00/01/2010	00/01/2010	2
integrated and accessible to treating providers to											
increase efficiency and decrease duplication and error.											
Task											
4 Create processes to pull reports from patient			l		1						
registry, PCMH capabilities, MU dashboards to identify			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
target patients based on assessment tools											
implemented and assessment tool results.											
Task											
5 Develop processes to generate reports showing											
assessment results to compare and track actively						0.4/0.4/0.045	40/04/0045	0.4/0.4/0.045	40/04/004	40/04/0045	D)// 00
engaged patient outcomes and compliance. Reports			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
may be obtained using MU dashboards, patient											
registries, PCMH capabilities, ACP platforms,											
interfaces, and others.											
Milestone #5 Co-locate primary care services at behavioral health	DY2 Q4	Model 2	Project	N/A	Completed	04/04/2045	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
	DYZ Q4	Wodel 2	Project	IN/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DYZ Q4
sites.											
Primary care services are co-located within behavioral			Provider	Practitioner - Primary Care	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DV2 O4
Health practices and are available.			i iovidei	Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2013	03/31/2017	03/31/2017	D12 Q4
Providers Associated with Completion:	<u> </u>	<u> </u>	<u> </u>		<u> </u>						
139 Medical P.C.											
Task			1		1						
Primary care services are co-located within behavioral			Provider	Mental Health	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Health practices and are available.			i iovidei	incital Health	Johnpieleu	0-7/01/2015	03/31/2010	0-7/01/2013	00/01/2010	03/31/2010	D11 Q4
Troditi pradiloco aria are avallable.		<u> </u>	<u> </u>		1						

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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			
Shabnamzehra; Bisangwa Alexis Md; Bleuler Psychother P Md; Chen Daniel Chin Md; Chen Jianping Md; Chen J Vinod K Md; Edelman Martha J Md; Fernando Taveras I Md; Harlem East Life Plan; Help/Project Samaritan Svos Vasundhara Devi; Khaimov Daniel Md; Khaldarov Yevga Anna; Mashinic Elisabeth; Matthew William Lorber; Mcir Perez Margarita De Los Angeles Md; Peteru Sachidana Village; Ruiz Teresita Dumo Md; Sankholkar Deepak M Udyawar Aparna P; Vivek Seetharaman Md; Vocational	Advanced Ctr For Psychotherap; Aids Ctr Of Queens County Inc; Akhter Pervez Md; Alexander Anita; Allan Sean Thomas; Amato Peter; Arista Ctr For Psychotherapy; Badhey Vasantha Md; Bamji Dinshaw D Md; Baxi Ami S; Bhojani Shabnamzehra; Bisangwa Alexis Md; Bleuler Psychotherapy Ctr; Brodsky Ella Md; Calabria Diego Gennaro; Canarsie Aware Inc; Catholic Charities Comm Svcs Arch; Catholic Charities Neighbhd Svcs; Cervantes Lober Guillermo Md; Chan Meghan P Md; Chen Daniel Chin Md; Chen Jianping Md; C													
Task 1 Provide office space and staff for provision of full primary care services			Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3			
Task 2 Contract with EMR to ensure functionality provides for scheduling for both provider types within the same EMR where patient has a single record.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4			
Task 3 Contract with EMR to add PCP licenses and templates for full documentation capabilities within the EMR and ensure a single repository of health information and data sharing amongst providers.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4			
Task 4 Partner with EMR vendor to ensure that security features are activated to ensure patient privacy and confidentiality of secure notes.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4			
Task 5 Ensure that confidentiality agreements are in place between providers for data use and exchange of information.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3			
Task 6 Develop and implement processes for physical medicine assessments within the BH workflow to identify potential health problems and provide early intervention, disease prevention and higher quality of care for BH patients			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3			
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care	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			



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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
engagement process.											
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 In conjunction with physician leads, Develop evidence based protocols in accordance with SAHMSA guidelines which include assessment tools to be implemented, medication management, and care coordination.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Establish formal meeting schedules amongst collaborating partners to establish collaborative care and best practices.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Determine who needs to attend formal meetings - BH specialists, Primary Care, Substance Use Disorder, Developmentally Disabled providers, etc.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Implement evidence based protocols with prescribed assessment tools, SBRIT, stepped care, care team meetings, number of prescribers, etc.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 5 Develop monitoring parameters to evaluate adherence to evidence based protocols. These will include metrics showing use of assessment tools, medications prescribed, referrals made and number of prescribers.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6 Establish Care teams within the practice to include care coordination to follow patients and provide "warm handoffs"			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7 Establish procedure for "warm handoffs".			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Conduct preventive care screenings, including physical	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



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Advocate Community Providers (PPS ID:25)

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
and behavioral health screenings.											
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Screenings are documented in Electronic Health Record.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 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		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Providers Associated with Completion: Abraham Susan Philips; Alcindor Claudia; Ambrose-Flah Philip M Md; Depaz Javier; Dovnarsky David Md; Elshof Md; Lewis Kamica Lynn; Nienaber Cameron; Numann S	f Kathryn; Feathe	erstone Melvin T M	d; Fokas Anasta	asia Md; Galibov Vyacheslav Md;	Gega Renato Ca	antada Md; Gutta	al Dakshayani R	Md; Hiza Ashle	ey Md; Klein Sh	erman M; Laud	d Sheela G

Pivali Md: Spiotta Roseann T Md: Tan Victoria H Md: Tullo Luigi Giovanni Md: Vaz Geraldine Sandra Md: Wong Irene: Yusuf Fazlul Md

r iyali iya, Spiotta Nosearii i iya, Tari victoria 11 iya, Tu	ilo Luigi Giovarii	ii iviu, vaz Geralulii	e Sanura iviu, v	volly litelite, i usul i aziul iviu							
Task											
Positive screenings result in "warm transfer" to											
behavioral health or primary care provider as indicated			Provider	Mental Health	Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
by screening as measured by documentation in											
Electronic Health Record (EHR).											

Providers Associated with Completion:

Akhter Pervez Md; Badhey Vasantha Md; Bhojani Shabnamzehra; Bisangwa Alexis Md; Cervantes Lober Guillermo Md; Chen Daniel Chin Md; Chester Adam R Md; Dhar Vinod K Md; Edelman Martha J Md; Georges Joseph L Md; Kalasapudi Vasundhara Devi; Khaimov Daniel Md; Kirmani Yasmeen Md; Malhotra Madhu B Md; Mashinic Elisabeth; Michael Rose; Nisimova Meri Md; Paya Shagupta Md; Perez Margarita De Los Angeles Md; Rajanna Madhu Gundigere Md; Ruiz Teresita Dumo Md; Sanikam Sreenivasa Reddy Md; Sen Kamalendra; Sheth Sandip Pranlal Md; Sultana Sharmeen Md; Vivek Seetharaman Md

Task								
1 Integrate assessment tools, PHQ2/9, DAST and GAD into EMR for ease of access and tracking,	Project	Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
monitoring.								



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2 Create automation within EMR to prompt completion of assessments, PHQ2/9, GAD, DAST for all patients. Set mandatory fields within EMR whenever possible.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Implement SBRIT as per established, implemented protocols			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Define protocols for screening for physical illness. Screenings to include illnesses such as Diabetes, Cardiovascular disease, Cancer screenings, etc. as well as implement other illness preventions such as immunizations.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 5 Create processes for "warm handoffs". Process to include availability of BH provider at time service is needed and referred by PCP. BH provider will allow for ad ins to schedule as necessary for PCP "warm handoffs"			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6 Integrated, single EMR will serve as repository of information and scheduler for both PCP and BH provider. Access to schedules shall be shared amongst staff for ease of encounter creation and facilitation of "warm handoff" as well as monitoring the hand off.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7 Allow creation within EMR of separate encounter for each provider, PCP and BH, on the same day within single patient record and single billing claim record.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	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	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
PPS identifies targeted patients and is able to track actively engaged patients for project milestone			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
reporting.											
Task 1 Partner with EMR vendors to ensure that assessments are available in structured format within EMR and all patient data and assessments are documented and trackable in EHR			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Utilize meaningful use dashboards and platforms as well as PCMH level capabilities to allow and provide tracking of assessments and assessment results.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Ensure that EHR has ability to create encounters for two different providers on the same day within the same patient record. Patient encounter data must be integrated and accessible to treating providers to increase efficiency and decrease duplication and error.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4 Create processes to pull reports from patient registry, PCMH capabilities, MU dashboards to identify target patients based on assessment tools implemented and assessment tool results.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5 Develop processes to generate reports showing assessment results to compare and track actively engaged patient outcomes and compliance. Reports may be obtained using MU dashboards, patient registries, PCMH capabilities, ACP platforms, interfaces, and others			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #9 Implement IMPACT Model at Primary Care Sites.	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
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 In conjunction with physician leads and in accordance with SAHMSA guidelines develop evidence based protocols for the evaluation and treatment of Behavioral health conditions by the Primary cAre Provider consistent with IMPACT model of integrated care. Protocol also includes GAD, DAST,			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 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
Audit C assessments and includes SBIRT, stepped care and quadrant clinical care.											
Task 2 Deploy physician engagement team to PCP practices to engage PCPs, distribute and train on evidence based protocol and secure commitment of PCP in the implementation of IMPACT.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Through Physician engagement meetings provide a forum for PCPs to learn about IMPACT, receive protocols and review processes.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Incorporate assessment tools, PHQ2/9, GAD, Audit C and DAST into practice EMR.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 5 Employ assessment tools in EMR on all patients at PCP visits and SBIRT to identify patients in need of care early and provide intervention.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 6 Hire and train Depression care managers to provide services consistent with IMPACT model of care at PCP sites.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7 Develop and implement process and procedures for assigning Care managers.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8 Develop and implement processes and timelines by which Depression care manager will engage, evaluate and implement treatment plan with patient			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 9 Develop communications process between Depression care Manager and PCP.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 10 Develop communications process between Depression Care manager and supervising psychiatrist.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 11 Develop and implement process by which Depression care manager will document follow ups and patient encounters, treatment adjustments and/or			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	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
compliance within the PCP's EMR.											
Task 12 Develop processes to connect with the different provider types within the ACP Care Teams to provide complete care to patients for all aspects of care. These processes shall include Integrated Delivery System and the use of the ACP care managers and care coordinators to monitor referrals, services and ensure timely delivery of services to patients.			Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1 Develop processes to implement collaborative care standards as required in ACP evidence based protocols.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Create policies and procedures for engaging patients and assigning care team member, depression Care manager.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Create processes per evidence based protocols for implementation of care including single prescriber, stepped care consistent with IMPACT model.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Hire, train and deploy Depression care managers to provide care for engaged patients in collaboration with PCP and IMPACT model			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5 Develop processes for creating a secure data			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	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
repository to be accessed by supervising psychiatrist for monitoring and evaluation of the efficacy of care in accordance with IMPACT model.											
Task 6 Develop process for assigning supervising psychiatrist.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7 Establish care team meeting schedules for review of treatment plans with Care managers and PCPs as well as care coordinators as needed.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 8 Establish processes for continuous open lines of communication between PCP and care manager.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 9 Establish clear process per evidence based protocol for consulting with Psychiatrist. When consult from psychiatrist is required and completed, psychiatrist will provide treatment recommendations and the single prescriber will remain the PCP in order to maintain the integrity of the IMPACT model.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	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
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 ACP will hire and deploy depression care managers in accordance with the IMPACT model. The Depression Care manager will assist the PCP in implementing treatment plans, counseling and will monitor progress, medication refills and adjustment as adjusted by the prescribing provider.			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
Task 2 Develop process and procedures for Depression care manager to access and work with Care coordinators to coordinate services for patients including social supports, home care, specialty services, etc.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Develop ACP Care Manager training materials to Educate and train depression Care managers on ACP' s referral processes and network Regional Care team providers, level of services available and accessibility to ensure that Care managers are familiar with ACP partners and their services in order to provide patients timely and efficient access to care.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Develop programs for continuing education for depression care managers to assist in providing and maintaining high standards of care to patients in implementation of care and treatment plans.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5 Develop training manuals for depression care manager on EMRs used at PCP practices for documentation of all services and assessments within the single EMR. Training will be concise and focused on documenting all encounters, assessments and treatment plans in a format amenable to extracting data for metrics and performance reporting.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6 Develop depression care manager roles and responsibilities to include all services to be provided to patient in accordance with IMPACT model care guidelines.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	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
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Engage psychiatrists and establish service			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
agreements with ACP network psychiatrists to provide supervision of treatment plans and assessments consistent with the IMPACT model such as with Dr. Fernando Taveras and Dr. Rodney Campos, amongst others.											
Task 2 Create a secure site for repository of information to be accessed by psychiatrists. Site will hold treatment and assessment note on patients engaged in the IMPACT model which will be evaluated by supervising psychiatrist assigned to the patient.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop a process for assigning patients to designated psychiatrist. Designations will be based primarily on patient's language, culture and relationship with the PCP and the community being served. This criteria will allow for a greater understanding of the patient's social conditions as well as a greater chance of compliance if psychiatrist face to face consult is required at a later time.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Develop process by which Depression Care manager uploads patient information into Psychiatrist's secure site.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #13 Measure outcomes as required in the IMPACT Model.	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
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		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Incorporate assessment tools, ie. PHQ9 into PCP's EMR			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Implement procedures for periodic repeat assessments in accordance with stepped care prescribed in evidence based protocol performed by the Depression care manager within the PCP's EMR.			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task			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	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
3 Work with EMR vendors to Create filters and reportable fields that will allow the extrapolating of assessment data. ACP will rely on reportable data from MU dashboards, PCMH data fields, patient registries and others.											
Task 4 Use PCP's EMR to extrapolate comparison data, flow sheets to establish trends in symptoms based on assessment responses and measure outcomes.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Implement Stepped care in accordance with ACP evidence based protocol, patients with positive PHQ9 values requiring treatment shall be treated as per specified treatment options and in stepped care by the PCP			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Process is created for assignment of patient to Depression care manager for continuity of care and monitoring.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Process is created for continuous open lines of communication between Depression care manager and PCP, and on site care team as necessary.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 In line with stepped care, Depression Care manager performs follow up PHQ9 assessment in intervals to ascertain effectiveness of treatment and make appropriate adjustments after consulting with PCP.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	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
Task			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
EHR demonstrates integration of medical and											
behavioral health record within individual patient											
records.											
Task											
PPS identifies targeted patients and is able to track			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 O4
actively engaged patients for project milestone			1 10,000		Completed	0 1/0 1/2010	00/01/2010	0 1/0 1/2010	00/01/2010	00/01/2010	511 Q1
reporting.											
Task											
1 Working with EMR vendors, assessment tools are			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
incorporated within EMRs in a format that is reportable			,								
in which data is ascertainable. Task											
2 Develop process for extrapolating and reporting data			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DV1 O4
to track and monitor all engaged patients.			Project		Completed	04/01/2015	03/31/2010	04/01/2013	03/31/2010	03/31/2016	DTTQ4
Task											
3 Create FTP secure site and or other IDS platform for											
providing data to supervising psychiatrist and			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
exchanging information.											
Task											
4 Create connection and interfaces with other											
platforms including Care coordination/management			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
platform, ACP IDS for open efficient exchange of											
information and more effective patient care.											

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All	
participating eligible primary care practices must meet 2014 NCQA level	
3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including	
medication management and care engagement process.	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Conduct preventive care screenings, including behavioral health	
screenings (PHQ-2 or 9 for those screening positive, SBIRT)	
implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including	
medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral	
health screenings.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing	
coordinated evidence-based care standards and policies and procedures	
for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the	
IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	

Milestone Review Status

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



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Advocate Community Providers (PPS ID:25)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	This milestone was overturned on appeal.
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Neme	Heer ID	File Time	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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Advocate Community Providers (PPS ID:25)

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.

Major risks to the implementation of this project revolve around ACP PPS serving a community that has low health literacy rates and who is of a culture that uses high sodium diets. Lifestyle modification in itself presents a high risk and a challenge since Culture is important in these communities and maintaining a connection to those cultures is of utmost importance. Changing the culture of these patients and encouraging a culture foreseen as foreign is a great challenge. ACP PPS is suited and up to the task. It plans to mitigate this risk with its vast infrastructure of culturally aligned and linguistically competent providers who share the patient's concerns and can relate to the patient in a natural way through its community inbreed primary care providers and community based organizations which are also culturally aligned with the patients. Our PCPs and CBOs will reach out to and follow up with the patients and promote health literacy and regimen compliance. Patients will receive care and education in a language and culture that they are comfortable with and will therefore be expected to be receptive to this intervention. Another risk to implementation is the socio-economic status of these patients which generally is a population below poverty level. These patients cannot afford exclusive diets and gymnasium membership. ACP plans to mitigate this risk by negotiating prime rates for its patients at fitness centers as well as educating the patient on physical exercise routines and diet that are affordable and effective.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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.

Benchr	marks
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	191,503

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	43,567	86,176	138,839	191,503
PPS Reported	Quarterly Update	0	86,176	0	0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%
IA Ammunud	Quarterly Update	0	105,113	0	0
IA Approved	Percent(%) of Commitment	0.00%	121.97%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (138,839) for 'DY3,Q3'

Current File Uploads

User ID File Type File Name File Description Upload Date
--

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Advocate Community Providers (PPS ID:25)

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	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 Working with physician leads and in accordance to American Heart Association and the JNC-8 recommendations and incorpoarating the guidelines of the US Preventive Services Task Force (USPSTF), develop evidence based protocol for the identification and management of cardiovascular disease and hyperlipidemia in the ambulatory practice.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Based on protocol guidelines for evaluation, create a reporting system using EMR registries to identify target patients, ie. Blood Pressure readings, Cholesterol levels.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop processes and procedures to comply with the protocols for identifying needed referrals, specialty needs and promoting referral for behavioral health and social and educational services as needed.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Disseminate evidence based protocols for implementation by ACP partners via physician engagement meetings as well as one on one by the physician engagement team members. Protocols is also be made distributed electronically to every provider.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Develop a process and procedure manual for the implementation of the protocols in a consistent way throughout the PPS, including the incorporation of processes within the EMR.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	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 6 User friendly materials are created on how to implement the protocol and how to enter searchable information into EMR for ease of reporting and performance and engagement monitoring.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 7 Implement Million hearts campaign		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8 Care Teams are created regionally and information distributed to all PPS partners in order to better coordinate care and provide efficient services.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 9 Create Care Coordination/Care Management back office to assist in managing referrals, treatment plan adherence and coordinating social services as appropriate		Project		Completed	10/01/2015	06/30/2016	10/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Partner with eClinical Works, MDLand and other major EHR vendors to establish bi-directional EHX platform to share information among PPS safety net partners who use eClinical Works EHR. The strategy around this milestone will directly mimic what we have in place for project 2ai.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2 Establish work plans with hospital partners to develop Admission / Discharge / Transfer (ADT) feeds into HIE.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2016	03/31/2017	01/01/2016	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
3 Establish work plans with eClinical Works, MDLand and other major EHR vendors among ACP participating safety net providers for data feed into HIE platform.										
Task 4 Develop other interim solutions for sharing health information among clinical partners using direct excpatient record lookup. Determine other needs or enhancements based on IT/integration gap analyses. 04/01/2015-12/31/2015		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5 Connect with RHIO/QE and develop plan on sharing health information as the State makes the information available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6 Obtain and understand DSRIP policies, procedures and processes with respect to RHIO/SHIN-NY requirements as the information becomes available.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7 Develop final plan for sharing health information among clinical partners by DY3.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8 Ensure compliance with data sharing and confidentiality rules are followed with every data sharing event. This includes appropriate securities and encryption methodologies are in place to comply with HIPAA and other state and federal guidelines regarding PHI.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	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		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	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 1 Survey and group all participating safety net providers into level of readiness. The strategy around this milestone will directly mimic what we have in place for project 2ai.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of		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
readiness. This includes PPS-defined readiness levels with strategies that will vary based the different levels (ie those who are technologically integrated will have a different approach than providers who are still utilizing paper medical records).										
Task 3 Establish communications / marketing plan and outreach to all ACP safety net providers that also identifies support resources.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Start to implement plan to ensure safety net providers achieve MU/PCMH Level 3 by end of DY3. Implementation plan includes support from resources including PCMH CCEs. Support may include internal or external resources.		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	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	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Create and instruct practices on input of information in structured format into EMR to be able to mine data for engagement and performance. Metric data will include use of home grown and CPT codes to monitor and extrapolate several levels of care provided from lifestyle modification training to patients, to use of nutritional counseling CPT codes, EMR MU data dashboards that provide analysis of tobacco use assessment tools and counseling, among others.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Create "how to" training tools to be provided at the practice level for simplified physician and staff training in order to increase compliance and correct collection of data for monitoring engagement and performance.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Develop EMR reports using EMR reporting tools for practice management, MU dashboards, registries to pull data relevant to project implementation, find target patients, monitor patient engagement, and attainment of goals. These data pulls will be analyzed based on data collected such as BP levels, cholesterol levels, Medications and medication dosages, lifestyle modification techniques in place, counseling, number of encounters, referrals and completion of these, as well as other		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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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
data as determined necessary by the PPS.										
Wilestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Organize tobacco assessment tools within the EMR and create mandatory fields where the provider is prompted and obligated to record tobacco use assessment and counseling for users. Leverage meaningful use requirements and systems to assist in these prompts.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Create evidence based protocols for tobacco use cessation incorporating the 5 A's.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Distribute protocols and train practices on documentation and process within the protocols and how to use the assessment tools. Protocol shall be distributed in physician engagement meetings, by provider engagement tem, and in electronic forms. Provider engagement teams will provide training on processes and implementation to these at onsite visits and trainings. The provider engagement team visits will be ongoing and used to provide periodic trainings and updates on protocols, processes and updates.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 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	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 Develop/create evidence based protocols for Cardio vascular disease to include evaluation and treatment of hyperlipidemia as approved by ACP physician leads in accordance with JNC-8, American Heart Association, and USPSTF.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1



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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 2 Leverage existing physician groups to reach and obtain "buy in" of physician partners in ACP protocols and processes.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Use provider engagement teams, physician engagement meetings, Care Teams to establish rapport with providers and distribute and train in the adoption of the evidence based protocols and standards of care.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 ACP has provider participation agreements in place with its providers in which there is an acceptance as to following ACP processes including standards of care and metric reporting.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q4	Project	N/A	Completed	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Care coordination processes are in place.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1 Establish ACP PMO back office central hub which includes team of care coordinators, care managers, community health workers, outreach staff.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Create training materials for patient education and self - management in different languages taking into consideration the language and culture of the target population.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Create Care Coordination processes and procedures		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Train back office staff in ACP care coordination processes in accordance with project requirements and project specific protocol implementation.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	
Task		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
5 Train back office staff, care managers, care coordinators in patient self -management techniques as per the ACP created and disseminated patient self -management training materials. Staff will learn what the coordination requirements are as per the established protocols and ACP processes. They will learn Implementation of protocol specific techniques in language and culturally appropriate manner.										
Task 6 Establish Care Teams ensuring inclusion of pharmacists, nutritional counselors, and other ancillary providers including DME vendors, diagnostic entities, etc. that back office will coordinate		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7 Train back office staff care managers and care coordinators in lifestyle coaching and providing educational materials in language appropriate and culturally sensitive manner		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8 Train and utilize Community health workers to approach and educate target populations to increase health literacy, self awareness and disease management and prevention.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9 Utilize community health workers to liaise with CBOs to hold Stanford Model educational seminars within the communities in a culturally sensitive and language appropriate forum.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 10 Implement IDS consistent with project 2.a.i to have a integration of information centralized and accessible for more efficient and effective care. The IDS will utilize interfaces and connections for two way interchange of information between physician EMRs, hospital EMRs, CBOs and other entities all of which the central Care coordination teams will be able to access for follow up and follow through.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 As required in ACP's protocol and processes, agreements are made with all PCPs that provide for the opportunity for patients to		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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have BP monitored as walk ins, without appointments and without copay.										
Task 2 PPS negotiates with MCOs to assure that no copays are deemed necessary for BP checks.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3 Process and procedure manual and agreement with PCPs to also stipulate need to fit patient into schedule to be seen by provider if BP values are at unacceptable levels.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 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	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1 Develop training manuals for training of office staff at all levels on proper technique and equipment use for accurate BP measurement. Training manual also to include acceptable and non-acceptable values, to prompt staff to seek physician intervention upon attainment of unacceptable values.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Implement training to all staff regarding BP measurement. Provider engagement teams provide on-site training to practice staff on BP measurement manual and obtain staff training certifications to be provided to Workforce office for monitoring and reporting.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
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.	DY3 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS provides periodic training to staff to ensure effective patient		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
identification and hypertension visit scheduling.										
Task 1 Develop data pull frequencies to utilize EMR patient registries to identify blood-pressure values.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Create analytics tool to cross analyze BP values against those with Cardiovascular diagnosis, ie diagnosis of Hypertension and number of encounters with elevated blood-pressure values.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Create process for reporting to Central hub and to PCP findings of analytics report.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Create process for receiving patient data for those identified via the data analysis and providing outreach to these patients to schedule for PCP visit and early intervention. Outreach may be provided at the central level via community health workers if needed or at the local level by the PCP office when patient is reachable and known to them.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5 Processes for identification and periodicity of visits to be updated periodically, and minimally yearly by Clinical Quality Committee and staff retraining to be repeated as necessary, minimally yearly to keep up to date on process updates.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
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	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 Implement ACP evidence based CV protocol created in accordance with JNC recommendations, which calls for once daily regimens and includes preferential drugs as appropriate in a format that is user friendly and understandable.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Train physicians on implementation of evidence based protocols treatment plans and provide assistance and follow up.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Clinical Quality Committee Review CV evidence based protocols periodically and minimally yearly to revise and update		Project		Completed	04/01/2015	06/30/2016	04/01/2015	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
as per latest advances and recommendations.										
Milestone #12										
Document patient driven self-management goals in the medical	DY3 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
record and review with patients at each visit.										
Task		Duningt		Campleted	04/04/0045	00/04/0040	04/04/0045	00/04/0040	00/04/0040	DV4 O4
Self-management goals are documented in the clinical record.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task										
PPS provides periodic training to staff on person-centered		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
methods that include documentation of self-management goals.		'								
Task										
1 As per evidence based protocols, train providers on setting self-										
management goals for the individual patient. Self-management		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
goals may be updated as per updated protocols upon review by				Completion .	0 1/0 1/2010	, .,,	0 1/0 1/2010	, .,,	, .,,	2
the Clinical Quality Committee.										
Task										
2 Provide training to staff on monitoring the patient's progress on										
self-management goal as per set goals according to protocols.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Re-Training will be periodic and minimally yearly, though may be		Fioject		Completed	04/01/2013	12/31/2013	04/01/2013	12/31/2013	12/31/2013	DITQS
* · · · · · · · · · · · · · · · · · · ·										
sooner if protocol needs updating. Task										
3 Work with EMR vendors to Create and Provide structured data										
		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
fields within the EMRs where self-management goals can be		'								
easily identified and progress on such can be reportable.										
Task					0.4/0.4/0.045	10/01/0015	0.4/0.4/0.045	40/04/004	40/04/0045	D)// 00
4 Train providers and staff on entering self-management goals		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
data entering and monitoring.										
Milestone #13										
Follow up with referrals to community based programs to	DY3 Q4	Project	N/A	In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
document participation and behavioral and health status			1	rog. coc	10/01/2010	00/01/2010	. 6/ 6 ./ 2 6 . 6	00/01/2010	00/01/2010	2.0 4.
changes.										
Task										
PPS has developed referral and follow-up process and adheres		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
to process.										
Task										
PPS provides periodic training to staff on warm referral and		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
follow-up process.										
Task										
Agreements are in place with community-based organizations		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DV1 O3
and process is in place to facilitate feedback to and from		i Toject		Completed	04/01/2015	12/31/2013	0 4 /01/2013	12/31/2015	12/31/2015	נטוועט
community organizations.										
Task		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
1 Engage PCPs and train on and implement cardiovascular (CV) evidence based protocols ensuring attention to identification of behavioral health status and referral criteria.										
Task 2 Create protocol and processes for realization of "warm handoffs" when patients identified as needing behavioral health services. Utilize physician engagement team to implement and train staff at PCP office on "warm handoffs" of patients needing behavioral health services.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Provide PCPs with care teams' information and referral processes for providing referrals to and receiving information from CBOs, Behavioral and Mental health partners.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Establish central back office inclusive of care coordinators, care managers, community health workers and outreach staff with interfaces and two way connections that allow for upload of referrals as they are created by partners and as they are processed.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5 Establish and implement processes by which care coordinators receive and follow referrals as they are uploaded into Care management system electronically.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6 Establish and implement process and procedures by which care coordinators intervene in assisting patients in coordinating needed services from the full range of ACP partner providers and community based organizations, local government and specialty agencies.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7 Establish process by which care coordinator central or at the practice site ensures receipt of services by patient and marks to send back to referring provider the result and outcome of services received by patient using.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8 Develop and implement procedures for warm handoffs as in previous tasks.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9 Establish periodicity of staff retraining to ensure comprehension and adherence to processes. Retraining to be minimally yearly but optimally twice yearly.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	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 10 Perform analysis of CNA to determine community resources available.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 11 Perform network analysis to determine size and scope of necessary resources		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 12 Draft CBO agreements and present to Board for approval. The CBO agreements will include services to be provided, timeliness of provision of services, ability and commitment to timely information exchange.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 13 Utilize Community Engagement teams to Distribute RFP to CBOs to evaluate services, timeliness of services and CBO's capacity.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 14 Utilize Community Engagement team to establish rapport, present formal agreements and obtain signed formal agreements.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 1 Develop training manual for patients on how to measure BP. The manual includes proper technique and equipment use. The manual also contains guidance on values and goals with instruction on alert values and how to document the values.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Distribute BP manual to all practices for implementation and release to patients.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Engage physicians and their staff in implementation of manual		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
and training the patient. The physician engagement team shall provide in-house training to physicians and all practice staff on how to use the training manual and how to train the patient on proper BP measuring.										
Task 4 Processes are put in place at PCP offices for staff to accept and evaluate patient's BP logs which the patient shall bring to every visit.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5 Staff is trained as per BP manual on evaluating equipment. BP levels measured at PCP office with patient equipment may be compared to readings at PCP office using office equipment.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Establish process for monthly data pulls from EMR registries for all patients with Hypertensive Cardiovascular disease by ICD code		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Create filters for cross reference of reports pulled from EMR registries with parameters for all patients with hypertensive CV disease by ICD code/ date of last encounter/ and date of next visit. Identify all patients without a follow up appointment or who skipped a scheduled encounter.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Establish process for outreach to target patients and schedule a prompt appointment. PCPs allow for timely scheduling of the appointments.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Establish process for staff to communicate to CHWs patient lists/rosters who miss more than one appointment or are not reachable. CHW will provide services within the community and work to find the patient and connect the patient back to the PCP.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS has developed referral and follow-up process and adheres		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
to process.										
Task 1 Establish procedures in accordance with evidence based protocols for referrals of tobacco users to NYS Smoker's Quitline.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2 Implement process for care coordinators and CHWs to receive and access referrals and follow up to ensure compliance and assist in care plan.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	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	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1 Perform CNA analysis to determine "hot spots". Determine neighborhoods with highest risk.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Utilize Community engagement teams to prepare Stanford Model meetings and educational materials in the hot spot neighborhoods. The implementation of the Stanford model shall be conducted in the language and culture of the target audience taking into account any and all cultural sensitivities.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3 Utilize EMR technology to gather pertinent information. Activate features within EMR to capture REAL information and make this capture mandatory within EMR to ensure compliance.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Implement process to ensure that partner health homes and those that are members of the Care Teams are linked with patients meeting criteria and eligibility as per ACA.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Advocate Community Providers (PPS ID:25)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 5 As in previous tasks, Utilize community health workers to identify and establish agreements with CBOs that will then serve for implementation of Stanford model.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

Providers Associated with Completion:

139 Medical P.C.; A T Adebayo Md Pc; Acevedo Mabel Md; Acosta Dalisa J Md; Adam Muhammad Sanni Md; Adeyanju Olufunmilayo Olajumoke Md; Adeyemo Adenike; Ahmad Syed T Md; Ahuja Anita I Md; Ahuja Kishore Kanayalal Md; Ahuja Rita K Md; Akhand Abdul; Akinboboye Olakunle O; Alba Juan Andres Md; Albarran Marzan Julio E Md; Alberto Glendalyz; Alcindor Claudia; Alla Vijayakumar Md; Alvarado-Rivera Jorge V Md; Alvaro Ramirez Physician Pc; Alwani Abdulla Md; Ambrose-Flaherty Stephanie; Amr Navel Md Pc; Apoeso Taiye Olubunmi Md; Aponte Jose Md; Arce Samuel Md; Archbold Maritza Stella Md; Ares Luz Delia Md; Arumugam Thangamuthu R Md; Aslam Mohammad Md; Asters Dimitrios J Md; Austin Lu Medical Pllc; Awan Khurram Shahzad; Babubhai I Patel Physician Pc; Bagheri Farshad; Baldevbhai Vithaldas Patel Physician Pc; Barbery Maria-Pilar; Barcia Rafael G Md; Basello Gina M Md; Batlle Jose E Md; Batoon Sherwin Bumanglag Md; Beekman Karen Press Md; Belliard Christian Arturo Estevez; Benjamin Wu Md Pc; Bhavana R Japi Physician Pc; Boccardo Daniel A Md; Boccio John S Do; Brena M Desai Pediatrician Pc; Bronfman Ida Md; Brown Tyrone Anthony Md; Bukhman Leonid Md; Bundoc Susana Dugang Md; Bunyavanich Sanga Md; Bunyavanich Sommai T Md; Burgos Javier P; Burris-Warmoth Patricia R Md; Butt Rahila Md; Byssainthe Paul Harold Md; Cabatic Thelma Ocampo Md; Cai Min; Campusano Clarinelda: Cao Shimin: Caro Sixto R Md: Carreno Jacqueline Md: Carreno-Rijo Elizabeth: Carvaial Ruben U Md Pc Md: Castanos Dilia M Md: Castillo Alfredo Md: Catucci Candida: Cecilia Griselda Calderon Md: Chabla Juan Francisco Do: Chadda Veena Md: Chakote Jvoti V Md: Chan Alfonso Y: Chan Bennett: Chan Chun-Kit: Chan Robin Y C Md: Chan Thomas Kin-Sim Md: Charlotten Kevin Alexander Md: Chaughtai Khalid Akhtar Md: Chauhan Sudheer Singh Md: Chawla Satish K Pc Md: Checo Yuderqui Md; Cheema Manjit Singh Md; Chen Chao Do; Chen Haifan Md; Chen Henry S; Chen Yuchun; Chen Yuchun; Chen Yuchun; Cheng Jennifer; Cheng Jenny Md; Cheng King Shek Eric Md; Cheuk W Lau Md Pc; Cheung Helen; Cheung Ming Md; Cheung Sandy; Cheung William Md; Cheung William Md; Cheung William Md; Choung Marie; Chiu Karen Md; Chizin Fang Medical Pc; Choi Mi Ja Md; Chopra Manju Rattan; Chopra Rajpal S Md; Choung William Md; Choung William Md; Choung Md; Choung Marie; Chiu Karen Md; Chizin Fang Medical Pc; Choi Mi Ja Md; Chopra Manju Rattan; Chopra Rajpal S Md; Choung William Md; Choung William Md; Choung Md; Chizin Fang Medical Pc; Choi Mi Ja Md; Chopra Manju Rattan; Chopra Rajpal S Md; Choung William Md; Choung William Md; Choung William Md; Choung William Md; Choung Marie; Chizin Fang Medical Pc; Choi Mi Ja Md; Chopra Manju Rattan; Chopra Rajpal S Md; Choung William Md; Chua Betty A Md; Chung David Ingook Md; Chung Wendy Wei Md; Clarke Fred C Md; Cohen Lourdes; Cohen Stanley Bart Md; Comprehensive Community Pediatrics; Cordice-Ford Candida; Cordoba Vargas Sandra Edith; Cornielle Jorge Luis Md; Corpuz Elsa P Md; Correa Michael Md; Cristinoiu Lucia L Md; Cruz Alcedo Anselmo Md; Cruz Philip M Md; Cuidado Medico Y Geriatrico Of Quee; D Oleo Vargas Maximo Jose; Dairo Oluwatoyos; Das Provat Md; Dave Devang Md; De La Cadena Flor S Md; De Lara Francisco Arturo; Decoo Ydelfonso A Md; Dellatto Patricia; Depaz Javier; Derek Sun; Desir Mergie X Md; Di Franco Fortunato Santi Md; Diaz Angel A; Domond Jacques; Doshi Kaushik J; Dove Arthur Renner Md; Dovnarsky David Md; Dr Rosario H Reyes-Rigor Physician; Drepaul Loris Omesh; Duda Olha; Duggirala Rudrama D Md; Eric Zhou Medical Office Pc; Espinal Alberto Comas Md; Estevez Juan T Md; Fakioglu Esra; Familia Carmen; Farhat Laila Ali Md; Fashakin Emmanuel O Md; Featherstone Melvin T Md; Felix-Peralta Ingrid Ivanna; Feng Yun Md; Ferdous Razia Khan; Fernandez Oscar E Md; First Step Medical Pc; First Step Pediatrics Pc; Flores-Castillo Edgar A Md: Florimon Felix Md: Florimon-Delarosa Hector B Md: Fokas Anastasia Md: Francisco Dalmacio H Md: Francisco Richard L Md: Frousios Costas Anthony Md: Fukilman Ocas Jorge Md: Fulgencio-Delmonte Jose A: Galanis Tommy: Galibov Vyacheslav Md; Gamundi-Joaquin Rosa E Md; Ganesh Lalitha Md; Gao Medical Pllc; Gao Pei; Garcia-Albarran Carmen M Md; General Medical Services Of Queens; George Jacob V Md; Ghaffar Tahira Farooqi Md; Ghumman Chaudhry Md; Gilani Tajammal H Md; Gillego Azucena Manucdoc Md; Ginebra Fernando Arturo Md; Go Eddie Sim Md; Gold Richard Elliott Do; Golestaneh Nasser Md; Gonjon Cheng Antonio Md; Gonzalez Adrian Md; Gonzalez Carlos Manuel Md; Gonzalez Fausto A Md: Goris Jose Armando Md: Govind Prashil Md: Goyal Madhulika Md; Grace Family Medical Practice Pc; Grand Cornell Cardiology Pc; Griffith-Reece Wendy; Gu Kangxia; Guido Giancarlo R Md; Gupta Indranil Md; Guseynov Luiza Md; Guttal Dakshayani R Md; Guzman Damiani Rodolfo W; Haider Qazi Kamal Md; Hailiu Zuo Physician Pc; Haimi Joseph Shayani Md; Hall George Clinton Md; Hana Mervat; Hanna Nader Ramses Md; Hague Muhammad Mazharul Md; Hague Muhammad Misbah-Ul Md; Haroon Sameera N Md; Harvey Peter F; Hasan Muhammad A Md; He Fu Fu Md; He Lan Md Pc; He Yong Kang Md; Henoch Avraham Md; Hernandez Abreu Andres R Md; Hidalgo Maria Del Carmen Md; Hispaniola Medical Care, Pc; Hiza Ashley Md; Holalkere Rajagopal Md; Hon John Wingsun Md; Huang Le Kiong Md; Huang Liwen; Huang Qinghong Md; Huang Yanhan Md; Huang Zheng-Bo Md; Huey Howard E Do; Hughes Reginald D Md; Hung Stephanie; Hwu Charles Joseph; Israel Igor Md; Jaes Pablo Hector; Jamaica Family Practice &; Janny A Ozuna Md Pllc; Jerez Jose R Md; Jiang Bao En Md; Jiangping Gan; Jianlin Wu; Jiansheng Zhao Medical Pc; Jimenez Marcial; Jin Yan Md; Jindal Michelle Anne Md; Jindal Michelle Anne Md; Jordan Nicole E; Jothianandan Kanthimathi Md; Jovellanos Valentin Pardo Md; Juan T. Estevez Md Pc; Jung Josephine O Md; Kan Sang Md; Karayil Ajith; Karimi Mahmood M Md; Katherine F Zeng Md Pc; Kevin J Guo Medical Pc; Kevin N T Lin Md Pc; Khaldarov Yevgeniy Md; Khan Naznin; Khandker Ferdous Md; Khanijou Rita Md; Kim Hyoseong; Kim Ji Young; Kintzoglou Alexander Md; Klein Sherman M; Knickerbocker Medical Care Pc; Korneeva-Vladimirsky Irina Lvovna; Krivitskaya Nataliya; Kumar Yogesh Md; Kuo Josephine Y Md; Kyaw Myint Physician Pc Md; Lam Kin Yui Md; Lao Wilfredo Sy Md; Laud Sheela G Md; Lazala Polanco Carmen Md; Lederman Elliot Charles Md Pc; Lee Alice K Md; Lee Hung-Sam Do; Lee Karen Tin Md; Lee Shuk; Lefevre Cluny P Do; Leung-Eng Lucy Md; Lewis Kamica Lynn; Li Jack; Li Jim; Li Ka Md; Li Michael Yang Md; Li Paul; Li Xian Min Md; Li Xiao-Qing Md; Li Yanlun; Liao Kevin; Lin Kevin N T; Lin Wei Guo Md Pc; Lippman Sheldon Bruce Md; Lodha Ajay K Md; Long Ann Yongzhou Md; Lopez Ernesto M Md; Losco Donna Marie Md; Lu Li; Lui Sheung Bun Md; Lyo Rosie Yen-Cho Md; Lyo Thomas; Macenat Jean R Md; Malamud Enrique Md; Manhattan Pediatric Associates Pc; Marone Freya Md; Marte Grecia A Md; Martinez De Pimentel Nadia Md; Martinez Sergio A Md; Martinez Virginia Md; Masih Emmanuel B Md; Master Kalpana Rashmin; Mazza Michael Anthony Md; Mcdonald Annmarie C Md; Medvedovsky Mihail Md; Mejia Enrique F; Mejia Manuel Eligio Md; Melamedoff Gustavo R Md; Mendez Jose Manuel Md; Mercado Agueda Md; Mercado Agueda Md; Mercado Agueda Md; Mercado Agueda Md; Molina Alveris Md; Modern East West Medical Pc; Mohan Santha Md; Mohd A Hossain; Mohr Christina Md; Molina Alveris Md; Modern East West Medical Pc; Mohan Santha Md; Mohd A Hossain; Mohr Christina Md; Molina Alveris Md; Molina Alveris Md; Modern East West Medical Pc; Mohan Santha Md; Mohd A Hossain; Mohr Christina Md; Molina Alveris Md; Modern East West Medical Pc; Mohan Santha Md; Mohd A Hossain; Mohr Christina Md; Molina Alveris Md; Mohan Santha Molnar Thomas; Mpi Catherine Alikor; Muhammad Sanni Adam M D P C; Mui Wingtat Md; Nahar Jebun Md; Nazarian Habib; Nazir Ahsan; Nejati Golali Md; Ng Norland Md; Ngai Yi Md; Nicoleau Aryel Md; Nicoleau Carl A Md; Nienaber Cameron; Nina Ortega Luis Cesar Md; Norberto Candido Cesar Md; Nukalapati Prasuna R Md; Numann Sousan Munim Md; Nwaishienyi Silas E Md; Octaviani-Reyes Melba E; Odnopozova Mariya Md; Olayo Alvaro A Md; Olivero Matos Ana Rita



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Advocate Community Providers (PPS ID:25)

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
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Md; Olivo-Mercedes Yohanna M; Oodal Ravichand Md; Ortiz Carlos A Jr Md; Ortiz Yvette A Md; Ozoude Sylvester A Md; Palencia David Jose Md; Panhani Ramkumar Md; Pantaleo Nicholas; Parekh Sejal; Park Yohan Md; Patel Babu A Md; Patel Baldevbhai V Md Pc; Patel Bhupendro R Md; Patel Ishvarbhai S Md; Patel Nilesh R Md; Patel Rajesh Jayantilal Md; Patel Rajesh Michael; Patron Maria Yolanda Piamonte Md; Pena Clotilde B Md; Pena Jacobo; Pena Pena Yomaris Mercedes Md; Pena-Miches Cervantes Beethoven; Peralta Victor Emilio Md; Peralte Louis Ludovic Md; Perez Emilio Ivan; Perez Jose Md; Perez Luisa Altagracia Md; Perez Stephen Barnes Md; Perfetto-Tullo Maria; Petrov Manana Md; Petryk Grzegorz Md; Pichardo Jesus Manuel Md; Pierre Joseph Md; Pignanelli Eduardo L Md; Pilarte Juan Jose Md; Pimentel Ramon R Md; Pinckney Isaiah Howard li Md; Ponieman Diego Andres Md; Procare Medical Services Pc; Qadri Syed S Md; Quijada Reucar Md; Qureshi Pervaiz Igbal Md; Rahman Mohammad M Md; Rahman Mohammed Matiur Md; Ramirez Alvaro Md; Ramirez Julio Alberto Md; Raoof Nabil Pc Md: Raoof Rebecca G Pc Md: Ravi Venkata Ramana; Ren Lili Md: Reyes Elsa Jacqueline; Reyes Nelton E Md; Reyes-Rigor Rosario H: Reynoso Elsa Sofia Md: Rezkalla Laurence L Md; Rodriguez Rafael Md; Rojas Ana Md; Rosario-Amaro Francisco Md; Rozo Alberto L Md; Sabogal Gonzalo Md; Sahni Gunjeet Mandvi Md; Salim-Ortiz Jadiyi Md; Sanchez Janet I; Santana Domingo A Md; Santana Rita Md; Sencion Franklin Md; Sencion Sergio M; Shah Sangita Tushar Md; Shah Tushar Laxmichand Md; Shah Vinay J Md; Shan Zihe Md; Shen Kuan Hung Md; Shi Shelly Md; Simons Stephan Md; Singh Amandeep; Singiri Archana; Siu Singmay Md; Skeivys Saulius J Md Pc; Sms Medical Services Pllc; So Agnes Laiping Md; Soni Sharad; Soto Maria B; Soto-Alcantara Lilliam Md; Starosta Elena Md; Su Amy Md; Syed Ahmad Physician Pc; Tallaj Ramon Modesto Md; Tam Cynthia J Md; Tam Kenneth C Md; Tan Chyne C Md; Tan Reynaldo G Md; Tapia-Mendoza Juan Md; Teng Rui Er Md; Thanjan Thresiamma George Md; Tin Hui Hing Md; Torres Marino A Md; Trinh Tuyen T Do Pllc; Urena Andres F Md; Uzor Jennyfer Paola; Valdivia Martha Maria Md; Valencia Hector Antonio; Velasquez Luis; Vijaykumar Sudha Md; Villegas Emilio Md Pc; Vinas Sonia Miliza Md; W Liangs Medical Office; Wan Soo Lee Md Pc; Wang Jy Ming Md; Wang Yan Md; Wang Yuancong Md; Win Yin Yin; Wong Chun Tung Md; Wong Helen; Wong Irene; Wong Lei Md; Wong Martha Shih Md; Wong Tina Md; Woods Kim Benjamin Md; Wou Margaret Lee Md; Wu Benjamin Zibin Md; Wu Tao; Xu Min Md; Yahodaei Kamran Md; Yang Nancy S L Md; Yusuf Fazlul Md; Zabarskiy Roman Md; Zambon Roberto; Zayat Gabriel G Md; Zhang Han Md; Zhang Jian Wei; Zhang Jian Wei; Zhao Jiansheng; Zh Ming Md

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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016 DY1 Q4	

Providers Associated with Completion:

Abakporo Theophine O Md; Abraham Cynthia; Acevedo Jose A Md; Addonizio Devon Kimberly Md; Adlersberg Jay B Md; Ahmed Mohamed; Ahn Myung Cha; Ahsan Mohammad Md; Airiani Suzanna; Akhter Pervez Md; Alapati Prameela; Alatassi Shaza Md; Alcaide Alejandro Md; Alessandra Pacino; Alex Santhosh Madathil Md; Alexander Anita; Alexander Julie; Alizadeh Bajgiran Ahmadreza; Allan Sean Thomas; Allen Theodore Elias Pc Md; Altman Daryl Renee Md; Amato Peter; Amsalem Yoram; Anam Sadrul M Md; Anderson Darlene S Rpa; Anderson Todd; Andrews Robert Anthony; Ann Prokofieva Md; Ansari Parswa Md; Antoine T Christina Md; Antonacci Anthony C Md; Appleman Warren Md; Applewhite Liat E; Aranow Cynthia Beth Md; Arikupurathu Nisha; Astiz Mark E Md; Atluri Subha Md; Attaie Ali Dds; Attoti Chandana; Auricchio John Steven Dpm; Averescu Marie Jeanne; Azamy Taufiq; Azar Sasan Md; Aziz Tasnia; Babayev Dina; Babayev Di Moses; Badalov Isak Y Dpm; Badhey Vasantha Md; Bai Chun; Bajaj Deepika Md; Baker Daniel James Md; Bamji Dinshaw D Md; Bangaru Babu S Md; Barclay Emanuel J; Barile Gaetano R Md; Barman Trina Md; Barnes Heather; Barone Kellie Lynn; Barragan Juan Carlos Dpm; Basharian, Omar; Basit Mohammad Md; Bass Sherry J Od; Baxi Ami S; Becher Rodney A Md; Becker Linda; Beckford Betina; Behfarin Parviz Md; Beinart Clifford Md; Benedicto Maria Theresa Dds; Bengeloun Nor Sabah; Benoit Vladimir Lusyus Md; Bernik Stephanie Falcone Md; Bernstein Chaim J Md; Berookhim Boback; Best Tasby Lugene; Bharati Anjali; Bhasin Kabir; Bhojani Shabnamzehra; Bisangwa Alexis Md; Bittle Stephanie; Blokh Ilya; Bloom Allison Robyn Md: Blum Corinne E: Bogart Sydney David Md: Boockvar John A Md: Borawski Dorota Md: Bornstein Eran: Borowski Allison Marie: Bouchard Nicole Colette Md: Boyer Elina Dom: Boyienzo James D Md: Braunstein Edward Allen: Braunstein Richard Evan Md; Bregman Alvin M; Briley James; Brinster Derek Ralph; Briskin Klara; Brodsky Ella Md; Brown Elaine Lucille Rn; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elaine P Md; Brunckhorst Keith Robert Md; Buka Robert Md; Brown Elaine P Md; Brown Elai Bulsara Girish M Md; Butters Marva Dpm; Byrne Kristin Colleen; C & W Medical Llc; Cadet Normil Richard Jean Md; Cahill Kevin Dr.; Cai Steven; Calabria Diego Gennaro; Canellos Harriette; Cantu Roberto Jr Md; Carpati Charles Md; Carpo Michele; Carpo Minda S Dds; Carroccio Alfio Md; Carter Casimiro Cambi; Carter Doreen; Carty Harriet; Castillo Nicole; Cervantes Lober Guillermo Md; Chacko Jeffrey K; Chakrabarti Chhaya Md Pc; Chan Alice Man Ccc-Audiology; Chan Collier K Dpm; Chan Doris; Chan Edwin Kenneth Md; Chan Jeffrey Chi Keung Md; Chan Meghan P Md; Chan Richard Md; Chan Yuen; Chang Robert C Md; Chang Thomas T M Md; Chang Ya Ju Md; Chang Md; Chan Meghan P Md; Chan Richard Md; Chan Yuen; Chang Robert C Md; Chang Thomas T M Md; Chang Ya Ju Md; Chang Charles-Gonsalves Shurla A; Chaudhry Khyzar; Chawla Kiran Md; Chee Benjamin Anted; Chen Chun Ming Md; Chen Jianping Md; Chen Jianping Md; Chen Stanley; Chen Szu-Yu; Chen Wei Ku Md; Cheng Andrew T; Cheng C Ling Ouyang Md; Cheng Nancy Md; Cherenfant Lucot; Chester Adam R Md; Cheung Joyce; Cheung Wellman Wai-Man Md; Chime Chudi G Md; Chirayil John J Md; Chiu Sungkin Md; Chiu William Md; Choi Jai Huyk Md; Choi Jai H Mark Md; Chopra Jatinder K Rpa; Chou Yeh Ping Do; Chow Philbert; Chowdhry Mohammed Idris; Christina Mannino; Christopher Chow; Chu Chien-Jung J Md; Chu Mark Md; Chu Peter Md; Chun Hajoon Md; Chung Chin Woo Md; Chusid Boris Gregory Md; Cinquegrana Marco; Cohen Allen H Od; Cohen David L Md; Cohen David L Md; Cohen Dds; Cohen Oksana Md; Concepcion Elizabeth Md; Condon Maureen Kathryn; Confident Marie M Lpn; Cooke David; Cooper Joanna Md; Coplan Neil L Md; Correa Nereida Md; Corujo Omar; Costantino Peter David Md; Cox Anika Jonnelle; Cove Beverly; Crevecoeur Evans Md; Crupi Robert S Md; Cruz Elizabeth Dpm; Cuevas Asima; Cui Jian Md; Cutler Alex Jay; Dabovich Ivonne Cnm; Dai Guorong Md; Damian Jeanne; Damiano Elena; Danielov Mikhail; Date Pravin; Dauhajre Jacqueline Md; David Marian Md; Davida Nixa; Davuluri Vijayalakshmi Phanipriyamv; Dayan Alan R Md; De Castro Carlyle Md; De Los Santos Cynthia; Deblois Magdalena Q Rn; Dec Wojciech Dr.; Defreitas Michelle; Degannes Rhonda Ruth; Degoy Ana; Del Pin Christina A Md Facs I; Deleon Jose L Dpm; Deleon Renato A; Delman Alex Md; Demko Monika; Dennis Lester; Depasquale Eugene Md; Des Jean Ryan; Desai Savitri J Md; Dhar Vinod K Md; Dheeraj Khurana Mbbs; Dholakia Shashikant Vrajlal; Dillon Evan H Md; Dinabel Peralta-Reich; Ding Cheng Yang; Disanto Gregory; Doctor Dilip Shikharchand Md; Doctor Dipika Dilip Md; Dolen Suleyman E Md; Dolin Natalia Md; Dolmaian Gigliola Maria Md; Dominguez-Echevarria Alvaro; Donadt Robert B Md; Dorsky Joshua I Md; Doughlin Kenneth G Md; Drew Michael S Md; Duchnowski Eva; Dul Mitch; Dumitru Marian Md; Dupree Shashonna; Duran-Soriano Maria E Md; Duvalsaint Fregens G Md; Dye Colleen; Dyrszka Herbert Md; Daniel Mathews, Dpm; Edelman Martha J Md; Edmondson Patricia V Md; Edward V Chan Md Pllc; Eisenberg Rachel; El-Khawam Rania; Ellington Marty Jr Md; Elsheryie Ahmed A Md; Elstein Irwin D Md; Empire Joint And Spine P C; Engel Harry Mark; Epstein Marc C Od; Epstein Marc C Od; Epstein Maria; Espeut Nicole; Espino Rodriguez Gagarini Md; Estefan Bebsy C; Etienne Stephanie: Faiardo Manuel Abrantes; Falagario-Wasserman June: Fallahi Pouneh Md: Farag Ayman Roushdy Md: Fein Alan Marc Md: Feuerstein Michael A: Fils-Aime Marsha: Fischer Maureen: Fishman Allen J Md Pc: Fishman Nancy Lynn Np: Fitzsimmons Sean: Flaminiano Lourdes M Md: Flores-Freeth Ingrid E: Fok Eric Chi-Cheung Md: Fong Jason Md: Fong Anthony Md: Fox Patricia A: Frances G Perez-Hernandez: Francois Pierre L Md: Frank Paul Md: Frankel



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Advocate Community Providers (PPS ID:25)

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
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Phoebe; Freedman Todd W Rpa; Freeley Douglas A Md; Friewell Kenneth R Md; Fried Ethan D Md; Friedrich Douglas Bennett Md; Fu Chenzhong Md; Fung-Nicholson Sonia; Galperin Mark Md; Gamboa Pilar Sia Mariano Dds; Garcia Sandra Patricia Dpm; Gardenswartz Mark H Md; Garratt Kirk Noel Md; Garrido-Valencia Fanny Md; Gavrilova Svetlana Md; Gaweda Oskar Adam; Gazi Farhad M; Georges Joseph L Md; Gerlach Kecia; Gheewala Parul A Md; Gialvsakis John Peter; Giaquinto Beth; Glass David Md; Glass Jessica; Glatter Robert David Md; Godbout Brandon J; Goebel Jennifer; Goenka Anuj; Goldshteyn Vadim Md; Golio Dominick Md; Goltyapina Natalya; Golub Ashley D; Gomez De Vargas Mencia M; Goncharov Dimitry; Gondal Nasir Mahmood Md; Gonzales Antonio M; Gonzales Ma Lourdes Castillo; Gonzalez Fermin Pablo Md; Goodman Allen Md; Gorodnitskiy Alexander; Gorski Matthew Gabriel; Gottlieb Marc D Md; Gould Jennifer Ann; Grasso Cono M Md; Green Young Sam; Greenbaum Robert C Md; Greenblatt Benjamin Md; Grinman Lev; Grossmann Rami R Md; Gu Yeon Sook; Guan Nicholas Ning-Guang Md; Gulati Gagan Jagdish Md; Gundel Ralph; Guniss Gladstone L; Guo Yujin; Gupta Rakesh Md; Gutnik Zhanna Valerievna Md; Guttenberg Michael Gary Md; Guy-Rodriguez Eva; Guzman Eliscer Md; Haber Gregory; Habib Salma; Hadda Ceri Elizabeth Md; Haines Christine Md; Hakshouri Shimon R Md; Hallenbeck Richard D; Hammer Arthur W Md; Hammond Stephen Bemigho; Haque Moinul Md; Harris-Cobbinah Deborah Np; Hasanovic Adnan; Hasfal Sharon Yolanda; Haskes Lloyd Partman; Hayes James; Hayes Richard M Md; Hazelwood Arthur; He Cong Md; He Tina Q Md; He Zili; Hemli Jonathan Mishali; Henderson Tina; Henry Donna Marie Md; Hernandez Lincoln Md; Hernandez Maria L; Hernandez Miguel Rafael Md; Herschitz Izak Md; Hershman Elliott B; Herskovits Mark Saul Do; Hill Michelle S; Hirshfield Gary S Md; Ho Garman T Md; Ho Vanessa; Hobeika Paul Bowlos Elias; Holtzman Dvorah G; Hom David; Hong Sungsil; Howard Siegel; Hoyek Wissam Md; Hsieh Helen Md; Hu Lisa Palen Md; Hu Mary Xiao-Jiang Md; Huang Albert Md; Huang Carol L; Huang Chien-Jen Md; Huang Xianchun; Hubbard Natalie; Hue Jennifer E; Hughes Joan Marie Cnm; Hung Fai Od; Huo Jerry Md; Hwang Yongkyu Md; Hyojeong Lee; Iacono Danielle; Igor Zilberman Dc; Ilan Hana Md; Ilkhanizadeh Rahman Md; Ilyas Nazish; Inglis Steven Ralph Md; Iordache Mihai M; Isak Isakov Medical Pc; Isakova Marina Md; Isanova Zarrina; Itzhak Petr Md; Jacinto Francisco Gertrude Md; Jackson-Hodges Chandia; Jagroop Sophia Mita; Jain Suresh P Md; Jalwan Ajay; Jamieson Lorraine Rpa; Janczuk Peter P Md; Javit Daniel Joel Md; Jean-Baptiste Samuel; Jean-Bart Robert Y Md; Jean-Jacques Trevor Md; Jeanmichel Marieange; Jen Albert Sun Md; Jeng Ing-Yann Md; Jerome Roseline Marie Md; Jhaveri Krishna K Md; John Geevarghese Md; Johnston Mark R Md; Jormark Susan Md; Jose Giselle Ann P; Joseph Cohen; Joseph Y Freidman; Josephine Huang Md Pllc; Joyner Narissa; Jung Jesse J; Kabala Muana Mbuyi Rpa; Kabrawala Pratibha Balvant Md; Kahn David I Md; Kalasapudi Vasundhara Devi; Kalman Jill Md; Kaman Ghong; Kambo Varinder; Kang Josephine; Kang Miyoung; Kaphan Mitchell L Md Pc; Kaplan Donald; Kaplan Evan; Kapoor Anil Kany Md; Karantoni Olga; Karcnik Gregory Francis; Karen Clemente; Karibandi Karthik; Karkus Harvey D Md; Kartachov Carmen M; Kasat Kavita Md; Katari Nagendra Sagar Md; Katcher Oleg Md; Kathpalia Kusum Md; Kayaalp Emre; Ken C Wong Md; Kermani Sadi; Kern Jeffrey Howard Md; Kezerashvili Anna; Khaimov Daniel Md; Khalil Ahmed; Khalil Susan S; Khan Bitni Md: Khan Munibur: Khan Nasrin Akter Md: Khana Suresh Md: Khasak Dmitry Y Md: Khelemsky Igor Md: Klishtok Sofva S: Kim Seung Kwan Md: Kim Su A: Kim Woo Sup Md Pc: Kindo-Diouf Azetta: King Donovan Anthony Rpa; Kiouranakis Nikolaos; Kirmani Yasmeen Md; Kirschenbaum Linda A Md; Kitton Stuart E Dpm; Klein Pamela; Klurfeld Alex; Knight-Debrady Alicia P Md; Ko Steve Y; Ko Wilson Md; Kogan Irina; Kolodny James R Md; Komisar Arnold Md; Kong Xiang B Md; Kopelowitz Wally Md; Kosmas Constantine Elias Md; Kowacz Tomasz Wojciech Md; Kowalski Rebecca; Kraus Dennis H; Krespi Yosef P Md; Kruh Jonathan Nicholas; Krumholtz Ira; Krumholtz David; Kuan Jackson Hsun Md; Kuang Barbara Hwa Md; Kuang Liren Md; Kukar Atul Do; Kukar Narinder M Md; Kurland Etah Md; Kuznetsov Valery Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Lai Amy Y Md; Lam Henry Md; Kwauk Sam Tsung-Ming Md; Kymissis Carisa Maureen Md; Kyriannis Charles Md; Kwauk Sam Tsung-Ming Md; Kwau Larisa Koifman Md; Larosiliere Sabine Edeline Dpm; Lasic Zoran Md; Lata Vivian; Lau Christine Y-K Md; Lau David Hai-Pong; Laura Amram; Lautin Robert Frederic; Law Anna Md; Laysa Nestor Amon; Lazo Dante Md; Lazzaro Richard Stephen Md; Lechuga Maria Teresa Md; Lee Frances; Lee Jane A Md; Lee Michael Jerry; Lee Paul Chun-Kit Md; Lee Rachel; Lee Sangwoo Md; Lee Shi-Wen Do; Lee Simon X Md; Lee Wah Sang Md; Lehman Jennifer C; Leifer Gerald Dds; Leon Jayleen; Leriche Rose-Marie P Rpa; Lerman Oren Zvi Md; Letafat Kimia C; Leung Albert Cheuk Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Leybel Boris Md; Li Angie; Li Jianjun; Li Wensong; Li Yali Md; Levine Sander Mark; Lew Lily Quon Md; Levine Sander Mark; Lev Liang Lawrence Md; Libassi David; Lidoshore Karen; Lillis Jr Thomas E; Lim Jessica Wong Md; Lin Pearl Md; Lin Pi Tang Md; Lindsay N Price; Liotta Dara R; Lippman Marie Abarientos Md; Lk Better Health Medical Pc; Lo Calvin Md; Lo Kim Sing Do; Lochard Jean Joseph Md; Long Michele; Long Minhui; Lopez Manuel D Md; Lopez Manuel D Md; Lopez Margarita; Losier Robert J; Louis Martha Md; Louis Martine A; Lowe Teresa Ann Od; Lu Irene; Lu Xaiochum; Lubin Aviva; Lugo Joanelle; Lui Kin W: Luma Gregory Buyanow Md: Lumicao Lorna B Md: Lus Medical Associates Pllc: Lustbader Edward Seymour Dds: Ma Keyan Md: Machnicki Stephen Craig Md: Madama Sukanya Dpm: Maganoy Igor Anatolyevich Md: Magloire Tamara Md: Mahadevan Pooja; Makkawi Abed H; Maksumova Zoya Md; Malhotra Gulshan Kaur Md; Malhotra Shilpa Md; Malhotra Surinder Singh Md; Mallieckal Giles; Malik Sajid Md; Mallin David Md; Mallios Jenelle L; Maloratsky Anna; Mamdani Yusufali Md; Mandalaywala Jasodaben C Md; Maniar Rajen P Md; Mao Yongming Md; Marcelonis Debra A Dpm; Marcu Mariana Md; Marcus Sergiu Md; Marinbakh Alexander Y Md; Marino Nino D Md; Mariya Aranbayeva; Markowitz Mindy; Marmer Tracy Seth Rpa-C; Marrero-Figarella Arturo L Md; Marshall Elizabeth; Mashkabova Lyubov Dds; Mason Benjamin F Md; Mathews Daniel D Dpm; Matthew S Hepinstall Md; Matthew William Lorber; Mazur Justin David Md; Mcfarlene Kirk O; Mcgee Colleen Marie Rpa-C; Mcginty Geraldine Md; Mcinerney James V Dpm; Mcintosh James; Mclean James E; Mcpherson Christina; Mediavillo Rene S Md; Mehra Sonita; Mehta Asit; Mehta Nilesh; Mehta Rekha; Meikle Angela Vanessa Md; Meltzer Robert M Md; Mendelson Robert I Md; Mensah Bridget; Mensah Stacey; Mercado Arthur M Md; Merritt-Morrison Laverne; Micallef Joseph; Michael Rose; Mick Thomas Dr.; Mikheyeva Irina; Milford Eugene Paul Dds; Miller Andrew Robert Md; Miller Ricardo Anthony; Milosevic Milivoje Md; Minior Victoria K; Mlynarczyk Ewa Monika; Mo Lihua Md; Modica Patricia; Mohamad Erfani; Mohseni Hossain; Mok Victor Md; Montalbano Christin Md: Montelus Pierre Newton Md: Mora Maximo Md: Morales Gustavo Adolfo: Morano Mark: Morisco Antonietta I Md: Morris Rachel Emily: Moshiri Kourosh: Moskowitz Leo: Mosu Nicolae Md: Morales Gustavo Adolfo: Morano Mark: Morisco Antonietta I Md: Morris Rachel Emily: Moshiri Kourosh: Moskowitz Leo: Mosu Nicolae Md: Morales Gustavo Adolfo: Morano Mark: Morisco Antonietta I Md: Morris Rachel Emily: Moshiri Kourosh: Moskowitz Leo: Mosu Nicolae Md: Morales Gustavo Adolfo: Morano Mark: Morano Mar Alexander; Murphy-Cassidy Delores; Mutyala Manikyam Md; Myint Win Md; Naves-Ruiz Esperanza; Alexander; Murphy-Cassidy Delores; Mutyala Manikyam Md; Myint Win Md; Naves-Ruiz Esperanza; Nemes Petru Codrin Md; Nett Michael Patrick; Newman Ransford C Md; Ney Gershon C Md; Ng John Paul Tracy Md; Ngo Tammy Phuong; Nguyen Tracy Thuy; Nicolaou Nicos; Niederland Marta Md; Ninan Philip Mohan Md; Nisimova Meri Md; Norman Steven Yale Dpm; Norris Tracy M; Novogrodsky Raphael Md; Nunez Giovanny M Md; Nyein Roland Md; O'Leary Xiaoqing Lin; O'Reilly James; O'Young Bryan J Md; Obstbaum Stephen Allan; Oconnell William F Od; Opam Osafradu Md; Opher-Iosifescu Elana; Ortiz Grace; Ortiz Rafael A; Osahan Deepinder; Osborne Heather L; Ostrovsky Yakov Pt; Ozersky Norman; Pachas Yvanka; Palma James Md; Pamoukian Vicken Nichan Md; Pamulapati Vidyasagar; Pandit Ashwini; Pandya Sapna K Dpm; Paoli Gloria Rosario Md; Papaevagelon Nikolas; Parellada Alejo; Parikh Shobhana Mitesh Md; Park Jinhee; Park Sharon J; Parraga-Marquez Monica; Paschal Gehres Megan; Pasquale Deborah; Passmore Craig J Md; Pastori Luciano Juan; Patel Alkesh Navin; Patel Avani A Md; Patel Chetankumar P Md; Patel Chirag; Patel Jagruti Md; Patel Mahendra Chaturbhai Md; Patel Nirav Chandrakant Md; Patel Rajesh Kanubhai Md; Patel Sonia; Patel Yogita; Patel Sonia; Patel S Lorene Md: Patterson Stacev Ann Md: Pattett Kathreen: Paul Evelvne M Md: Paul-Basil Wayne: Paya Shagupta Md: Perk Katherine: Pearson Barry J: Pelczar Joseph Vincent Md: Perez Margarita De Los Angeles Md: Perk Gila Md; Perone Robert W Md; Persaud Narendralall; Persaud Yudhistira K Md; Pertsovsky Yuriy; Peteru Sachidanan; Pethani Ashish; Pfefferblit Susanna Md; Phelan Jane; Phokela Sarabjit Singh Md; Pierre Modeline; Pili Manuel R Md; Pineda Diana; Pinkhas Alex; Pinsker Richard W Md; Pinter David Michael; Piotrowski-Philipp Joan; Pirelli Luigi; Platsman Ninel Rpt; Ponieman Barbara L Md; Portello Joan K; Posner David H Md; Pou Ricardo E Md Pc; Prachi Sunil Dharia; Pramanik Bidyut Kumar Md; Prasanth Kaninghat; Premkumar Angel Grace Md; Preventive Diagnostics Inc; Prince Steven Leonard Dpm; Puma Joseph Anthony Md; Punzalan Betty N Md; Qiu William Weiguang Md; Quarcoo Stephen T Dds; Rahman Mohammad Mazibur Md; Rajanna Madhu Gundigere Md; Rajee Nirmala K; Rajput Ashok Kumar Md; Ramdas Mardai Mariapen Pa; Ramessar Daniel Nathaniel Pa; Rampersaud Rajendra Mark; Rana Thakor C Md: Rao Nagaraj Dharmavaram Md: Raoof Sabiha Md: Rassekhi Hamid Dds: Ravelo Ramon E Md: Rayappa Premalatha: Raymond L Yung Md Pc; Raza Seyed Mohamed Jaffar Ali Md: Recon-Bucevic Myra: Reddy Sarath Md: Ree June Hisu Md: Reichert James Michael; Reimers Carl Dietrich Md; Ren Lisa Sigin Md; Ren Lisa Sigin Md; Ren Sicong; Rhee Jai-Jeen; Rhee Michael Sangwook Md; Rimarachin Julio A Md; Ritter Steven; Rivera Gregory A Dpm; Rizvi Syedali Haroon; Rizzo Attilio; Rizzo Mariano;



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Advocate Community Providers (PPS ID:25)

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
Robbins David Herbert Md; Rodrigues Lucan T; Rogers Mark I Md; Monique J Md; Royes Patrina; Rubin Andrew Richard; Rudden Frar Saint-Hilaire Marlene; Saint-John Susan; Saintcyrus Evens; Salcedd Sangeorzan Adrian Md; Sanikam Sreenivasa Reddy Md; Sankholka Schaefer Steven David Md; Scharf Stephen Charles Md; Schiesel E Md; Schulman Erica; Schultz Anita Ellieen; Schwartz David L Md; S Severe Ernst Gerard Marie Md; Shabto Uri R Md Pc; Shalonov Artu Sharov Yakov; Shatzkes Deborah R Md; Sheflin Marla Sue Do; She Shulman Julia Paula; Silberman Emil Md; Silver Joyce; Silver Larry Md; Smith Robert H Md; Smith William; Soberano Consolacio; Sobo Ruffini Yelena; Sotelo-Garza Danilo; Soto Ana Berenice Md Mph; S Steinbaum Suzanne Md; Steiner Audra; Stepensky Leon Dpm; Stef Subotin Inna; Sukhraj Gopal Rpa; Sulh Muhammadsamir Abedrahm Balvir Krishan; Tan Edwin C Md; Tang Karen; Tartell Jay D Md; Tav Teyibo Thomas O Md; Thakore Hasit R Md; Thanneer Latha; Thau Winston Chet Ying Md; Tomanelli Toni Ann; Tomback David Adam; Tsounias Emmanouil; Tubens Frances Marilou; Tuccillo Nicole; Tun Md; Van Orsouw Jillian Suzanne; Vasquez Luis A Rpa; Vaval Jean Voskoboynik Irina Lcsw; Vuong Chinh Minh Md; Wadia Saloni; Wag Wang Da; Wang Hai Po Md; Wang Mei; Wang Mingke; Wang Willia Mitchell Md; Weinman Elizabeth; Weiss Reuven Phd; Weissman La Nathaniel Md; Wolfson Yan Md; Wolintz Robyn Joy Md; Wong Alex Md; Woolward Andrew; Wu Henry Dinh-Khon Md; Wu Jennifer; Wu Rosenberg Linli Md; Yang Andrea; Yang Fan; Yang Hyosol Dds; Ya Zinaida Md; Yeung Chung Kiang; Yeung Vincent Wah-Sang Md; Yir Yun Jean Shim Md; Yunov Arthur Md; Yurovitsky Alyssa; Yushuvay Zhan Frank Lei; Zhang David; Zhang Ting Ting; Zhang Victoria Do;	nces; Ruiz Peter Ro Osiris; Saleem Sar Deepak M Md; Elaine Leddomado Chwartz Evan G I I Md; Shamalov Oeldon Schwartz; Samark Dpm; Simo Di Norman J Md; Spaccavento Coletohens Nikeisha Alban; Sullivan Kevi Veras Fernando Tandrea; Thaw En Torres Diana; To Kan; Turan Naci Lionnel Md; Vayr Jhela Rachana; Wallivan Cheng Md Pholamer C; Wong A Richard Kar; Wulling Ian Yeng Md; Man Ho Dpm; Yin Jurev Eduard; Yves	R; Ruiz Teresital Sabrina; Sales M Santamaria Graco Md; Schiff Willia Md; Schwartz Glo Gennadiy; Shank Shen Ivy Md Pc; Son Gladys; Singh Soden Richard M tte M Md; Spenconastacia Rpa; Stin M Md; Sultana; Taylor Kevia; Taylor Ke	Dumo Md; Rutner Daniella; Ry Maria; Salvacion Ray Macasil; ce M; Santandreu Orlando; Salam M Md; Schiffer Mark Benjaenn Eliot Md; Sebolsky Paul; Star Adurthy Ananth; Shapsis A Sheth Sandip Pranlal Md; Shi Binoy Kumar Md; Singh Prabl I Od; Sohn Bret K; Solomon Rer Trudy I; Srivastava Malayaern Harvey Md; Stewart Amara Sharmeen Md; Sun Deqing Maylor Stuart William Md; Teixeran David H; Thompson Shard Fowner Robert A Md; Trasi Sulan David H; Thompson Shard Lolita; Turner-Booth Linda; Uloudios Alice Md; Verceles Caleph; Waite Rulon Jan Ii Md; Wirc Md; Westcott Mark A Md; Wong Jay Anthony; Wong Pel Md; Xiao Hui Fang; Xiao Yong Mg; Yap Laurel Win; Yaryin Llc; S; Yin Xuebin Md; Yoeli Gideabar Benjamin; Zambrana Ch	yndin Igor Md; Ryu Samad Rubina Md aravia Melissa Mari amin Md; Schleime Seidman David A Malexander Md; Shai Zhengzhuan; Shif hijyot; Singh Varind Jobert D Md; Solon Md; St Felix Raym anda Patrice; Stickle Md; Sun Diana K Md; Tel Jon Y; Thurm Craig Junil S Md; Trepeta Si Junil S Md; Trepeta S Md; Tr	Jae Shin Md; Sid; Samadi Davidie; Sawhney Saber Helen Lilli; Schud; Sekar Suryaraftkhah Martin Mark Md; Shim Filer P Md; Skipitanon Robert W Mond Md; Stammes Scott Michael Md; Swaminath Aller Katerina Md; Alan Md; Tian W Scott S Md; Tsaidom Izuka P Md thony Md Pc; Vir Walker Jenniferce; Watts Rakiyarn; Wiedershine C Md; Wong Stee Wang Md; Xu I Md; Yazdan Al Craig J Md; Youn Sheena M; Zaric I Sheena M; Zar	abzanov Eliono Md; Samboy Ja rina; Sayeed M neider Fran Iris Md; Sen Kama Md; Sharma Jay Ruth; Shin Dong ris Nicholas; Sk d; Solomowitz E Joseph Martin Do; Stillwell Ch run C Md; Sy M Tenembaum M Yenping; Tierney Nancy M.D.; T ; Udyawar Apai ray Jose F; Vive er; Walters Edlin a; Wee Julie Do Donn Jay Md; even Md; Wong Richard Li-Chei ri; Yazdanbakh g Chainllie; You Maja Md; Zasyp	ra Dds; Sachder azlen Rocio; San lajeed Ahmed M; Schreiner Robolendra; Sengupt rendra R Md; Shg-In; Shmukler Dolnick Blair; Slaustina Rpa; Stor lanuel C Md; Syloises Marcos My Patrick; Tiu Auseng Tiffany; Tsma P; Ulyana Klek Seetharaman P; Wenda Rols; Wei Alex; Wei Williams Alan; Wong; Xu Z Chan Psh Khashayar; Yung George P Hoayko Sergey; Zoayko Ser	v Karina; Sacks achez Jose Rafa ld; Schabes Georeta H Dds; Schar Trina; Sergey arma Josefina Dov Md; Shridha de Stella; Smith ld; Somrov Serge ara; Stearns Alar per Ian Sam; Stearns Alar Teresa Min Jora Tompar Moinis Mariya F Moinis Mariy	Harry G Dds; Sel De Leon; Sa orge A Dds; Schrier Amilia Md; ev Igor Md; Se or.; Sharma Midrani Sachin Dr. Clive Nicholas; Md; Soohoo So; Stein Marjorieroe Angela; Sty Md; Talmatch ung O Md; Terri; Tocco Michaed; Tsoumparioti ger Pamela Md; Md; Voli Josepner Milton Md; Weimin Qu; We Audene; Winte Yoke Hlen Md; Yan Richard X; o Md; Yee Vivi th Elizabeth Dpohamed Md; Zen	A Ira Md; Rousseau Sahai Anuraag; ndel Sherri Lynn Do; naefer Mark; Schron Deborah S rruya Jose Md Pc; ckey Pradeep Md; shugar Julia Ann; Smith Miriam Ann tephanie; Sorokinae Michelle Md; shel Elena B Do; Bernice; Tambar y Peter G Md; el Anthony; Tom s Spyros N Dpm; d; Useda Claudia A oh Fred Md; Wang Chuansheng; einberg Jeffrey r David Md; Wisch Wood Edward T Yan Weihong; Yanan See Ki Md; Yel m; Yukelis Igor Md; elmanovich Anat;
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. Providers Associated with Completion:		Provider	Mental Health	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

Providers Associated with Completion:

Advanced Ctr For Psychotherap; Aids Ctr Of Queens County Inc; Akhter Pervez Md; Alexander Anita; Alexander Julie; Allan Sean Thomas; Amato Peter; Arista Ctr For Psychotherapy; Badhey Vasantha Md; Bamji Dinshaw D Md; Barnes Heather; Baxi Ami S; Beckford Betina; Bhojani Shabnamzehra; Bisangwa Alexis Md; Bleuler Psychotherapy Ctr; Bridgeview Neuromed Care Pc; Brmc Medical Pllc; Brodsky Ella Md; Calabria Diego Gennaro; Canarsie Aware Inc; Catholic Charities Comm Svcs Arch; Catholic Charities Neighbhd Svcs; Cervantes Lober Guillermo Md; Chan Meghan P Md; Chen Daniel Chin Md; Chen Jimmy Md; Chester Adam R Md; Child Center Of Ny; Child Center Of Ny, The; Chu Peter Md; Cinquegrana Marco; Cohen Oksana Md; Comunilife Mental Health Cl; Creedmoor Pc; Cutler Alex Jay; Danielov Mikhail; Defreitas Michelle; Dhar Vinod K Md; Duran-Soriano Maria E Md; Edelman Martha J Md; Espeut Nicole; Estefan Bebsy C; Fernando Taveras Md Pc; Flushing Hsp Med Cnt; Francois Pierre L Md; Glass Jessica; Gomez De Vargas Mencia M; Gonzales Ma Lourdes Castillo; Gonzalez Fermin Pablo Md; Goodwill Industries Act Rc; Govind Prashil Md; Guan Nicholas Ning-Guang Md; Hadda Ceri Elizabeth Md; Hamilton-Madison House, Inc; Harlem East Life Plan; Help/Project Samaritan Svcs Corp; Henderson Tina; Hernandez Hilda; Hernandez Miguel Rafael Md; Isak Isakov Medical Pc; Jamaica Hospital Med Ctr; Jamaica Psychiatric Serv Pc; Jean-Bart Robert Y Md; Jewish Bd Of Fam Child Svc; Joseph Cohen; Joseph P Addabbo Family Hlth; Kalasapudi Vasundhara Devi; Khaimov Daniel Md; Khaldarov Yevgeniy Md; Khan Munibur; Kirmani Yasmeen Md; Kowacz Tomasz Wojciech Md; Laura Amram; Lawrence Y Liang Medical Pc; Lee Frances; Lenox Hill Hospital; Liang Lawrence Md; Lippman Marie Abarientos Md; Long Island Consultation Ctr; Lu Xaiochum; Malhotra Madhu B Md; Malieckal Giles; Maloratsky Anna; Marrero-Figarella Arturo L Md; Mashinic Elisabeth; Methae William Lorber; Mcintosh James; Mehta Rekha; Mental Hlth Prov/W Queens Mh; Metropolitan Ctr For Mntl Hlt; Michael Rose; Miguel R Hernandez Md Pc; Miller Ricardo Anthony; Montefiore Medical Ctr Ai; Mount Sinai Hospital; Murphy-Cassidy Delores; New Horizon Counseling Ctr; New York Foundling Hospital, The; Ninan Philip Mohan Md; Nisimova Meri Md; Norris Tracy M; Nunez Giovanny M Md; O'Reilly James; Pachas Yvanka; Paya Shagupta Md; Perez Margarita De Los Angeles Md; Peteru Sachidanan; Phelan Jane; Pinkhas Alex; Piotrowski-Philipp Joan; Ponieman Barbara L Md; Rajanna Madhu Gundigere Md: Raiput Ashok Kumar Md: Ravelo Ramon E Md: Riverdale Mental Hlth Cl: Rizzo Attilio: Rousseau Monigue J Md: Rovchoudhurv Kanchana Md: Rtf Childrens Village: Ruiz Peter R: Ruiz Teresita Dumo Md: Sanikam Sreeniyasa Reddy



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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
Md; Sankholkar Deepak M Md; Sebolsky Paul; Sen Kamalendra; S Taveras Fernando T; Tiu Aurora Tompar Md; Transitional Services Irina Lcsw; Wadia Saloni; Wang Da; Weiss Reuven Phd; Wiedershi	For Ny; Transition	nal Services/Ny;	Turner-Booth Linda; Udyawa	r Aparna P; Vivek	Seetharaman Md	; Vnsny Commi				
Task 1 With physician leads, Create ACP Million Hearts Campaign implementation and training materials.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2 Distribute Million Hearts Campaign implementation materials to all PCPs at physician engagement meetings, in person by Physician engagement team member, electronically.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3 Physician engagement team to provide PCPs training on million hearts campaign implementation to include BP checks without appointments, without copays, staff training and re-training and identifying a designated BP check area.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4 Working with community enterprises, organizations, MCOs and Physicians; ACP's Community Engagement team will negotiate and create patient compliance incentives to assist in motivating patients to adhere to treatment plans		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5 Develop processes in accordance with million hearts campaign including patient self-management educational materials to be distributed to target patients and training provided at point of care in provider office.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6 Develop patient training and educational materials for patient disease self-management techniques including how to monitor and record blood pressure levels at home.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task7 Develop Lifestyle modification teaching and training materials including nutritional counseling.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8 In accordance with Million Hearts Campaign, Develop staff retraining tools and manuals and use provider engagement team to provide individual practice's staff members retraining on how to monitor blood pressures to ensure that patients can walk in to the practice and have their BP checked by any staff member at any time. The process will ensure that each staff member knows the correct technique and value assessment at the time that the patient comes in and is trained on the process to bring out of		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1



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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
range values to the immediate attention of the provider.										
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	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Leverage existing relationships with MCOs to negotiate extended coverage for target and affected population. The negotiating to include coverage for items such as BP machines for every patient with Hypertension, Nutritional counseling, smoking cessation medications and counseling as well as others.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2 Utilize existing relationships to negotiate and form agreements with MCOs by which copays are waived for BP check exams.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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
Providers Associated with Completion:	1	1			•					
139 Medical P.C.										
Task 1 Leverage relationships within physician groups, IPAs, etc to engage physicians in ACP values.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Working with the finance department, formulate incentives for PCP participation.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Through physician engagement meetings, physician engagement teams, physician champions and other relationships; foster tight relationships with physicians and obtain agreements of participation with at least 80% of PCPs in ACP's network.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
Implement program to improve management of cardiovascular disease	
using evidence-based strategies in the ambulatory and community care	
setting.	
Ensure that all PPS safety net providers are actively connected to EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
share health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up, by the	
end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	
Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control	
(Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and	
elevated cholesterol.	
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.	
Provide opportunities for follow-up blood pressure checks without a	
copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure	
are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in	
the medical record but do not have a diagnosis of hypertension and	
schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when	
appropriate.	
Document patient driven self-management goals in the medical record	
and review with patients at each visit.	
Follow up with referrals to community based programs to document	



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Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

Milestone Review Status

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



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Advocate Community Providers (PPS ID:25)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.i.5 - IA Monitoring	
Instructions:	



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Advocate Community Providers (PPS ID:25)

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.

ACP sees the following two major risks:

- 1. Based on customs and culture. The ACP PPS providers serve ethnic populations that are accustomed to high carbohydrate diets, and have low education and health literacy rates. Changing eating patterns that are passed from generation to generation will represent a great challenge for the PPS. To meet this challenge the PPS plans to leverage its cultural diversity and the integration of its culturally aligned providers to reach not only the patient in a language and tone that they can understand and accept, but also to reach the families and caregivers of these patients who are many times responsible for providing for the needs of the patient. The PPS will also provide education at the Primary Care level with regard to disease, disease prevention and disease management, directly one on one, and through educational materials/handouts and via the website and population wide campaigns.
- 2. Changing the mechanics of a primary care office which is already stressed and overworked and will now have to incorporate more teaching time. The PPS plans to meet this challenge by providing strong support and training to all staff so that there is not just one or two people available, but rather any available staff member may provide the needed service. ACP will create the educational materials and have a communications and outreach team put together patient incentives. The PPS will also negotiate with MCOs to cover the full cost of blood pressure for all patients with hypertension in any of its forms.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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.

Benchr	narks
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	133,821

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	30,444	60,219	110,401	133,821
PPS Reported	Quarterly Update	0	60,219	0	0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%
IA Ammunud	Quarterly Update	0	112,002	0	0
IA Approved	Percent(%) of Commitment	0.00%	185.99%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (110,401) for 'DY3,Q3'

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Advocate Community Providers (PPS ID:25)

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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 In conjunction with physician leads who are endocrinologists and internists Develop evidence based protocols in accordance with ADA guidelines for evaluation and treatment of patients with Diabetes.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Disseminate and Implement protocols and procedures to physicians via physician engagement meetings, on site trainings and electronic format.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Based on protocol guidelines for evaluation, create a reporting system for using EMR registries to identify target patients, ie. HgbA1C, Kidney Function, Cholesterol levels.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4 Develop processes and procedures to comply with the protocols for identifying needed referrals, specialty needs and promoting referral for behavioral health and social and educational services as needed		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5 Disseminate evidence based protocols for implementation by ACP partners via physician engagement meetings as well as one on one by the physician engagement team members. Protocols are also be made distributed electronically to every provider.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 6 Develop a process and procedure manual for the		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1



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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
implementation of the protocols in a consistent way throughout the PPS, including the incorporation of processes within the EMR.										
Task 7 User friendly materials are created on how to implement the protocol and how to enter searchable information into EMR for ease of reporting and performance and engagement monitoring.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 8 Employ physician engagement teams to hand deliver protocols and process and procedure manuals to providers and office staff and provide training on implementation processes.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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
Providers Associated with Completion: 139 Medical P.C. Task 1 Leverage physician groups such as IPAs, physician champions, Hospital partners, etc. in to engage PCPs in the implementation of the project.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Physician engagement team members to visit all PCPs provide assistance and training. Through onsite visits and their one on one interactions foster relationships, provide assistance and training and obtain further commitments from PCPs toward the achievement of the 80% participation.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Care coordination teams are in place and include nursing staff,		Project		Completed	04/01/2015	12/31/2015	04/01/2015	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
pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Create IDS with two way information exchange between all ACP partners including physicians, hospitals, diagnostic entities, CBOs, homecare agencies, and others.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Develop a central care coordination/care management system platform that will interface with ACP providers and be able to receive referral data for timely care coordination and processing of services and will allow for referral data to be updated back to referring provider noting completion of task.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3 Develop ACP central back office consisting of Care coordinators, Care managers, Community Health Workers, diabetic educators, pharmacists and others to provide additional and enhanced care including patient education on disease self- management.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Develop processes for back office/care coordination and care management teams to provide intervention as needed based on information received at ACP's central back office. The care coordination team will be responsible for monitoring and following up on referrals and assisting the patient in receiving needed services including social services, transportation, etc.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If applicable, PPS has implemented Stanford Model through		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 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
partnerships with community-based organizations.										
Task 1 Perform CNA analysis to determine "hot spots". Determine neighborhoods with highest risk.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Utilize Community engagement teams to prepare Stanford Model meetings and educational materials in the hot spot neighborhoods. The implementation of the Stanford model shall be conducted in the language and culture of the target audience taking into account any and all cultural sensitivities.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3 Utilize EMR technology to gather pertinent information. Activate features within EMR to capture REAL information and make this capture mandatory within EMR to ensure compliance.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Utilize REAL data provided in EMR to arrange Stanford Model activities in location, language and culture of the population to be addressed.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5 Implement process to ensure that partner health homes and those that are members of the Care Teams are linked with patients meeting criteria and eligibility as per ACA.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1 Leverage existing relationships between physician groups and MCOs to bring to the table MCO executives for contract negotiations with ACP.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Produce reports with comparison analytic data on healthcare costs for complicated Diabetes patients versus ROI when preventative care is provided from onset of diabetes and throughout.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3 Leverage analytic data to negotiate on behalf of ACP patients		Project		Completed	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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to obtain extension of coverage for evidence based prescribed preventive services. Service to include eye and vision screening,										
smoking cessation therapy, Cardiovascular disease evaluation,										
periodic preventive Renal function testing, and several others.										
Milestone #6										
Use EHRs or other technical platforms to track all patients	DY2 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
engaged in this project.	5.24.	1 10,000	1471	Completed	0 1/0 1/2010	00/00/2010	0 1/0 1/2010	00/00/2010	00/00/2010	212 Q1
Task										
PPS identifies targeted patients and is able to track actively		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
engaged patients for project milestone reporting.		1 10,000		Completed	0 1/0 1/2010	00/01/2010	0 1/0 1/2010	00/01/2010	00/01/2010	211 Q1
Task										
PPS uses a recall system that allows staff to report which		l		1			,,			
patients are overdue for which preventive services and to track		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
when and how patients were notified of needed services.										
Task										
1 Create and instruct practices on input of information in										
structured format into EMR to be able to mine data for										
engagement and performance. Metric data will include use of										
home grown and CPT codes to monitor and extrapolate several		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
levels of care provided from lifestyle modification training to										
patients, to use of nutritional counseling CPT codes, EMR MU										
data dashboards that provide analysis of tobacco use										
assessment tools and counseling, among others.										
Task										
2 Create "how to" training tools to be provided at the practice										
level for simplified physician and staff training in order to increase		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
compliance and correct collection of data for monitoring		'								
engagement and performance.										
Task										
3 Develop EMR reports using EMR reporting tools for practice										
management, MU dashboards, registries to pull data relevant to										
project implementation, find target patients, monitor patient										
engagement, and attainment of goals. These data pulls will be		Drainet		Completed	04/04/0045	00/00/0040	04/04/0045	00/00/0040	00/00/0040	DV0.04
analyzed based on data collected such as HgbA1C levels,		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	מאַ מאַנען עונע צאַע
cholesterol levels, Medications and medication dosages, lifestyle										
modification techniques in place, counseling, number of										
encounters, referrals and completion of these, as well as other										
data as determined necessary by the PPS.										
Task										
4 ACP will leverage existing EMR systems and create recall		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
criteria to ensure that all patients are tracked and receive										



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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 timely. The criteria will include laboratory data such as last HgbA1c, visit data such as last visit, last comprehensive preventive physical, last eye exam and other criteria. Periodicity will vary depending on service.										
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		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		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 connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Survey and group all participating safety net providers into level of readiness. The strategy around this milestone will directly mimic what we have in place for project 2ai.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Develop plan, timelines, and assign resources for each level of readiness. This includes PPS-defined readiness levels with strategies that will vary based the different levels (ie those who are technologically integrated will have a different approach than providers who are still utilizing paper medical records).		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Establish communications / marketing plan and outreach to all ACP safety net providers that also identifies support resources.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Start to implement plan to ensure safety net providers achieve MU/PCMH Level 3 by end of DY3. Implementation plan includes support from resources including PCMH CCEs. Support may include internal or external resources.		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 Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management,	
specific to diabetes, in community and ambulatory care settings.	
Engage at least 80% of primary care providers within the PPS in the	
implementation of disease management evidence-based best practices.	
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.	
Develop "hot spotting" strategies, in concert with Health Homes, to	
implement programs such as the Stanford Model for chronic diseases in	
high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations	
serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	
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.	

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 & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Neme	Heer ID	File Time	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.c.i.5 - IA Monitoring	
Instructions:	



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Advocate Community Providers (PPS ID:25)

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

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

Instructions:

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

Major risks to implementation revolve around ascertaining environmental risk factor and trigger information and taking action to reduce or eliminate these. Many of the patients served by ACP are of Low Socio-economic status and have low health literacy rates. They may be accustomed to living conditions and environmental conditions that they believe to be normal or non-changeable and thus fail to report these. Asthma is a disease with high sensitivity to environmental factors. ACP plans to mitigate this risk by fostering tight bonds between the patient and the PCP so as to create and maintain open honest lines of communication. ACP will also provide the patients with health education both at the primary care setting as well as via the inclusion of CBOs to work with the patients and make them aware of disease management and prevention tools. ACP will also work closely with state and local departments to provide assistance with environmental hazards. ACP will also work closely with the Asthma coalition on patient education and attainment of services.

2. Another risk factor also related to health literacy but also involving other persons in contact with the patient revolves around schools, caregivers, and family members not knowing the appropriate action to take to help the asthmatic patient. ACP is implementing evidence based protocols and school/work and home/family Asthma action plans to better allow for the asthmatic patients to receive proper care in their current setting.



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Actively Engaged Speed Actively Engaged Scale			
Actively Engaged Speed	Actively Engaged Scale		
DY2,Q4	169,199		

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	29,610	76,139	126,899	169,199
PPS Reported	Quarterly Update	0	31,091	0	0
	Percent(%) of Commitment	0.00%	40.83%	0.00%	0.00%
IA Annuariad	Quarterly Update	0	27,502	0	0
IA Approved	Percent(%) of Commitment	0.00%	36.12%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (126,899) for 'DY3,Q3'

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	DY2 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 agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Working with physician leads who are internists, pediatricians, pulmonologist and in accordance with NIH guidelines, develop evidence based protocols for evaluation and management of Asthma in adults and children.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Implement Evidence based protocol throughout the PPS providers via provider engagement meetings, provider engagement team member outreach to providers, PMO distribution of electronic versions of protocols.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Develop processes for referrals as prescribed by evidence based protocol for referring patients to specialists and specialty services including community based organizations and programs. Process shall include care coordination by ACP's central back office care coordinator team.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Obtain signed service agreements between ACP and		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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
participating providers.										
Task 5 Establish relationships and agreements with schools and other community based organizations and programs that can be a part of the ACP Care Teams, provide necessary services to patients and assist/support in implementation of evidence based asthma management action plans.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6 Create IDS with two way information exchange between all ACP partners including physicians, hospitals, diagnostic entities, CBOs, homecare agencies, and others.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7 Develop a central care coordination/care management system platform that will interface with ACP providers and be able to receive referral data for timely care coordination and processing of services and will allow for referral data to be updated back to referring provider noting completion of task.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8 Utilize EMR interfaces, data feeds, interconnectivity capabilities to connect all providers within the PPS to be able to have more immediate information exchange between partners.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9 Develop processes for back office/care coordination and care management teams to provide intervention as needed based on information received at ACP's central back office. The care coordination team will be responsible for monitoring and following up on referrals and assisting the patient in receiving needed services including social services, transportation, etc.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Agreements with asthma specialists and asthma educators are established.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. Providers Associated with Completion:		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

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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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:		•		•	•					
Abakporo Theophine O Md										
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1 Develop ACP participating provider service agreements. The agreement shall include provider commitment to adhering to ACP developed evidence based protocols and processes and obtain Board approval.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Distribute agreement and obtain signed commitment from all providers of all provoder types to adhere to ACP evidence based protocols and processes. Obtaining signed agreements shall be a concerted effort on behalf of ACP and will leverage physician groups such as IPAs, as well as Hospital partner's relationships with providers in their area and physician engagement team.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Develop ACP central back office consisting of Care coordinators, Care managers, Community Health Workers, asthma educators, pharmacists and others to provide additional and enhanced care including patient education on disease self- management.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Develop processes for back office/care coordination and care management teams to provide intervention as needed based on information received at ACP's central back office. The care coordination team will be responsible for monitoring and following		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
up on referrals and assisting the patient in receiving needed services including social services, transportation, etc.										
Task 5 Develop telemedicine capabilities within the ACP central back office Care Coordination/ Care management.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6 Review "hot spotting" results and CNA resource analysis, ACP network analysis and REAL data to target patients meeting those criteria for telemedicine and in the language and culturally sensitive manner as appropriate		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7 Perform analysis of accessibility of broadband services in areas where CNA analysis reveals the need to implement telemedicine to augment services and bridge gaps.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8 PPS to leverage Community Engagement team to negotiate with broadband service providers in areas where this service is necessary for population wide reach of care for reduced rates and incentives.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Participating providers receive training in evidence-based asthma management.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Implement Evidence based protocol throughout the PPS providers via provider engagement meetings, provider engagement team member outreach to providers, PMO distribution of electronic versions of protocols.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Develop user friendly versions of the protocol and processes.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Develop Asthma action plans for home work and school that can be incorporated into EMR for ease of access, efficient implementation for patient and tracking within the EMR system for tracking engagement and performance within the EMR.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 4 Utilize physician engagement team to distribute process and procedure materials and provide on-site training on implementation of protocol and protocol processes at the		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
providers office to providers and staff.										
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 ACP will maintain close communications and information exchange with MCOs and Health Homes through direct feeds, referrals, data analysis and most over through these agency participation in the ACP Care Teams and PAC to ensure smooth coordination of care and creation of processes as necessary.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2 Develop processes for identification of HH eligible patients, referral of these patients to HH and coordinating transition and care through HH.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Establish ACP back office processes and procedures for coordinating care with MCOs obtaining necessary authorizations and fulfilling patient needs for services.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Leverage existing relationships with MCOs to negotiate extended coverage for target and affected population. The negotiating to include coverage for items such as nebulizers for every patient with asthma, smoking cessation medications and counseling as well as others.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1 Incorporate Asthma action plans into the provider's EMR for ease of access, avoidance of duplication and tracking control.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2 Work with EMR vendors and IT departments to structure fields in which data is entered when patient is engaged and then		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
extrapolated for tracking										
Task 3 Utilize EMR's patient registries, MU dashboards, PCMH capabilities to obtain reports on patients engaged and those needing to be reached. Process will include filters by ICD and appointment date as well as other data useful in ascertaining patient compliance and health risk stratification and to identify target patients		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4 Create processes and parameters within the EMRs that will also serve in the purpose of performance and compliance monitoring through flow sheets, interfaces with diagnostic entities to track disease progression efficacy of treatment, medication and dosing tracking, episode frequency and service utilization.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5 Create interconnectivity between provider EMRs the ACP platform, ACP will track Medication management, counseling, referrals and their completion.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between	
primary care practitioners, specialists, and community-based asthma	
programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional	
population based approach to asthma management.	
Establish agreements to adhere to national guidelines for asthma	
management and protocols for access to asthma specialists, including	
EHR-HIE connectivity and telemedicine.	
Deliver educational activities addressing asthma management to	
participating primary care providers.	
Ensure coordination with the Medicaid Managed Care organizations and	
Health Homes serving the affected population.	



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Advocate Community Providers (PPS ID:25)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Use EHRs or other technical platforms to track all patients engaged in	
this project.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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 3.d.iii.5 - IA Monitoring	
Instructions:	



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Advocate Community Providers (PPS ID:25)

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

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

Instructions:

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

Success with tobacco cessation has not been great historically. ACP anticipates that achieving success in this project will be difficult. ACP recognizes that addictions many times have multifactorial causes including:

- 1. Culture. Smoking is perceived as "cool" in many cultures and considered acceptable as a recreational tool. Therefore, patients are resistant to quitting for fear of alienation from peers. ACP will overcome this challenge by speaking to patients in a language and culturally relevant manner that the patient can understand and relate to. This will be overcome since ACP has over 2000 physicians who themselves are of the same minority as the patient.
- 2. Patient Adherence. Patient's acceptance and adherence to treatment plans and follow through will be a challenge. ACP will face this challenge by providing "warm" handoffs of the patient to one of our partners or to an employed counselor. The PPS will address this with increased, culturally sensitive educational efforts, ongoing monitoring and consistent implementation of the tobacco use cessation protocol across providers.
- 3. Cost. Currently, cessation programs may be expensive and the patient will not follow through for lack of sufficient income. ACP plans to address this challenge by negotiating with relevant MCOs to provide coverage for services and supplies needed in the treatment of tobacco addiction.
- 4. Monitoring. Another key challenge will be monitoring the metrics with such a large network of providers who have a variety of EHRs or paper documentation processes. We will establish a data warehouse to collect, store, and analyze data across these provider sources, and are planning a concentrated effort to expand EHR use across all providers.



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Advocate Community Providers (PPS ID:25)

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

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Data Analysis	Completed	Analyze CNA results to understand prevalence of tobacco use in specific areas.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 Identification of Hotspots	Completed	1 Analyze CNA data to determine "hotspots" (areas of highest incidence of tobacco use)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2 Complete Analysis	Completed	2 Complete analysis of CNA to identify resources within the "hot spot"	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Community Health Workers	Completed	3 Hire and train community health workers of the language and culture of the hot spot population served to provide outreach and promotion to populations underserved by most mass outlets and provide various degrees of engagement (large events, small group, etc).	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Develop and Implement Tobacco Use Cessation Protocol	Completed	Develop tobacco use cessation protocol and deploy to providers within PPS.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Develop Evidence Based Protocols	Completed	1 Develop and implement evidence based protocols for assessing tobacco use and implementing tobacco use cessation therapies working in conjunction with physician leads and in accordance with NIH guidelines.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Disseminate Protocols with Providers	Completed	2 Distribute protocols and procedures at physician engagement meetings, Care team meetings, electronically and utilizing provider engagement teams.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Educational Campaign	Completed	Develop and implement educational campaign and protocols for ACP providers	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Protocol Implementation	Completed	Utilize provider engagement team to provide on-site training and education at individual practices on implementing of protocols and procedures for assessing and treating tobacco use.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2 Promote Use of EHR	Completed	2 Promote amongst ACP's partners a workflow that includes the use of tobacco use assessment tools specifically the 5 A's incorporating the assessment tool into the EMR	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3 Implement Treatment Plan	Completed	3 Providers implement treatment plans in accordance with evidence based protocols for tobacco use cessation intervention	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Engage MCOs Regarding Benefit Package	Completed	Initiate tobacco reimbursement and benefit negotiations with MCO.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task	Completed	1 Analyze tobacco use costs to healthcare, including costs associated with	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1 Data Analysis		all secondary effects of tobacco, precipitation of disease, aggravation of disease.						
Task 2 Engage MCOs	Completed	2 Leverage relationships and partnerships between MCOs and physicians and physician groups to bring to the table high level administrators to negotiate coverage of evidence based treatments at no cost to the patient.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3 Present Cost Analysis	Completed	3 Present cost analysis and ROI for early intervention and cost of tobacco cessation treatment including treatment that is pharmaceutical and /or cessation counseling. Utilize analysis results to determine initiatives from incentives to outreach support.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4 Partnership Strategies	Completed	4 Use community health workers and community resources, pharmaceutical companies, MCOs and others to negotiate patient incentives for adherence to tobacco cessation programs and treatment plans and for successful attainment of goals.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone CBO Support and Resources	Completed	Seek out and establish a network of community-based support resources.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 Identify Key Providers and Support Agencies	Completed	1 Identify key contacts at and establish partnerships with local government and community based organizations that have established, proven track record in promoting tobacco use cessation. Such entities include NYQUITS, local community daycare and social centers, churches, schools. etc. to promote healthy lifestyle and tobacco free zones.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Educational Materials	Completed	2 In conjunction with physician leads, tobacco cessation champions, clinical quality committees develop educational materials in several languages and culturally appropriate manner educating patients on tobacco use and its effects and detriment to health at primary and secondary exposure. Educational materials will be shared with key providers and other support agencies.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Screening and Treatment Campaign	Completed	Implement population wide screening and treatment of patients with Media campaign with key partners, providers and other support agencies.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 Media Campaign	Completed	With communications team develop "Talk to your doctor about Tobacco" media campaign highlighting tobacco use effects, through primary and secondary exposure, Quit techniques and resources	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2 Educational Materials	Completed	2 In conjunction with tobacco cessation champion partners such as Jamaica Hospital; Develop educational materials on the effects and consequences of tobacco use.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3 Disseminate Educational Materials	Completed	3 Disseminate educational materials via print, visual, audio and electronic media. Utilize community health workers and CBOs to disseminate materials within the communities.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4 Engage Media Outlets to Increase Effectiveness	Completed	4 Leverage established relationships with key providers and stakeholders. Partner with New York City organizations which are already providing	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of Existing Campaigns		tobacco use cessation through the media to increase outreach to						
Task 5 Culturally Sensitive Educational Materials	Completed	communities that may not be attentive to them as of now. 5 Ensure that all materials are made available and distributed in the communities in a language and culture that is appropriate and sensitive.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Care Coordination Plans	In Progress	Develop Care Coordination Plans Using Evidence-Based Protocols As Part of the Integrated Delivery System	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 Evidence Based Protocols and Assessments	Completed	1 In conjunction with physician leads and in accordance with NCBI and CDC guidelines, Develop Evidence based tobacco cessation protocols which include assessments incorporated into EMR, treatment plans both pharmaceutical treatments as well as cessation counseling.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Disseminate Evidence Based Protocols	Completed	2 Disseminate and Implement evidence based protocols for tobacco use cessation. Physician engagement teams shall deliver and train practices on the use of the protocols and process and procedures contained within.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Care Coordination Processes	Completed	3 As mandated within protocol, develop processes for care coordination processes for referral and follow up and follow through of services. Develop Back Office/Care Coordination, Care Management teams to receive and follow through in the integrated model of care with completion of referrals/services and link to community resources and social services to assist and provide care for patients as requested by providers.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 Care Team Support	Completed	4 Structure Care teams to support tobacco use cessation intervention and provide Care Coordinators with appropriate information through ACP's IT platform to support the IDS	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5 Determine Success Factors	Completed	5 Measure effectiveness of care coordination and support. Success of programs will need to incorporate culture of population, ACP will establish processes and educational materials to ensure cultural definitions and images of tobacco use are addressed and corrected. ACP will use whenever possible warm handoffs to specialty services and programs, will prioritize needs and provide ongoing monitoring via the Care Coordination teams and Community Health Workers.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6 Connect to HIE with Provider Network	In Progress	6 Connect via EMR, RHIO, SHINY, ACP IT Platform; all network providers to provide efficient information exchange and expedite services. IT platform will include secure login for information exchange between PPS and community partners without EMRs.	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone Success Factors	Completed	Include Key Success Factors Within Plan Including Analytics to Determine Effectiveness of Programs	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1 Utilize EMR Data Capabilities Specific to Tobacco Use Cessation Initiative	Completed	Leverage existing EMR meaningful use data mining capabilities to identify, gather information on and target all tobacco users to develop reporting metrics	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Advocate Community Providers (PPS ID:25)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2 Establish Reporting Metrics	Completed	2 Develop algorithm and trending for evaluating success rates based on initial and follow up assessment tool responses. These include number of packs per day, number of cigarettes a day, how long after waking up in the morning, etc. Trending will show increases and decreases that can be used to evaluate care plan effectiveness.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3 Comparative Analytics and Application	Completed	3 Develop comparison data analytics between data mined from assessment tool responses/by zones (hot spots)/amount of created and disseminated educational resources/ACP partner to establish more population wide effectiveness of programs.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Partnerships with Other PPSs	Completed	Partner with Other PPSs for Comprehensive Population Health Initiatives	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 PPS Partnerships	Completed	Foster relationships with other PPS leads to discuss efforts being provided in tobacco use cessation.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2 Shared Campaigns and Initiatives	Completed	2 Meet with and provide other PPS' assistance and join resources for the creation and dissemination of population wide campaigns and initiatives.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3 Partnerships with City Agencies	Completed	3 Leverage existing relationship with New York City Department of Health to meet with other PPS' and establish collaborative efforts for city wide campaigns.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone Mid-Point Assessment	Completed	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Data Analysis	
Develop and Implement Tobacco Use Cessation Protocol	
Educational Campaign	
Engage MCOs Regarding Benefit Package	
CBO Support and Resources	



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Advocate Community Providers (PPS ID:25)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Screening and Treatment Campaign	
Care Coordination Plans	
Success Factors	
Partnerships with Other PPSs	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

IPQR Module 4.b.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.

ACP recognizes the following risks to this project:

- 1. Health Literacy. Many PPS patients are of low socio-economic status (SES) and have English as a second language. This leads to gaps in care, since they may not be familiar prevention strategies and lack the economic stability to cover costs. ACP is ready to overcome this challenge in its educational plan to hold population wide campaigns on disease prevention and early detection. Besides the population wide initiatives, ACP providers will follow written protocols for how, when and on whom to perform screening exams as well as whom to provide with preventive care and education. ACP will establish CDSS alerts, run registry reports to send reminders, to provide providers with the tools that they need to engage patients effectively and timely.
- 2. Provider Culture. Changing the provider internal workflow and culture will be a challenge since new workflows may require more work and more documentation. ACP is prepared to address this using the Support Center to provide on-going training and guidance. Care coordinators and care managers will be available to help facilitate communication and connection between the patient and the providers.
- 3. Pediatric Patient Engagement. Engaging the parents and educating them in the benefits of vaccination and children about safe sex will be challenging in cultures where there is much taboo around these topics. ACP is prepared to face this challenge by providing education to parents through media, print and engaging the assistance of pharmaceutical companies' expertise in mass education campaigns.
- 4. Reimbursement. ACP anticipates challenges in patient compliance due to cost. The PPS serves a low income population that cannot absorb the cost of preventive services. ACP will negotiate with MCOs to provide coverage for all preventive services at no cost to the patient as well as with its partners to provide more timely lower cost services. ACP will also establish compliance based incentives for patients such as pink ribbon items, etc.



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Advocate Community Providers (PPS ID:25)

IPQR Module 4.b.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 CNA Analysis	Completed	ACP analyzed CNA data to understand prevalence of diseases in particular areas. It is developed to achieve primary goal of chronic disease prevention, early detection of chronic disease and early intervention. ACP has the following protocol targets: - Colon Cancer: Colorectal cancer screenings through fecal occult blood yearly, colonoscopy for both sexes at and after 50, every 5 years if negative, and yearly if positive findings are encountered - Breast Cancer: Promote and educate on periodic breast self-exams, provide Mammogram after age 40, every year - Prostate Cancer: Rectal prostate exam at and after age 50, yearly and/or PSA levels - Cervical Cancer: Pap Smears yearly - Lung Cancer: CT scan yearly for smokers - Hepatitis B and C: Safe Sex education and vaccination - HPV: Vaccination promotion for females ages 11 to 26 and males 11-21 - Promote other vaccinations in both children and adults as prescribed by CDC such as Pneumonia, Measles, etc. CNA data indicates an opportunity for optimal cancer management, preventative care and screening protocols. ACP will expand current programs and leverage strengths to respond to these challenges and to meet the project requirements. ACP created a funds model to provide PPS partners with funding to implement high-quality protocols to address gaps in screening and disease management. ACP will use the broad network of providers to provide more education and assist the patient to gain access to preventive services available within their community. This will include collaboration with community-based organizations (CBOs) to identify locations and resources to best meet the needs of patients. MCO discussions will be broadened to include identification of additional reimbursement models for disease management.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1 Identify Hotspots	Completed	Complete analysis of CNA results to identify "hot spots" of high prevalence of diseases such as Cancer and Hepatitis	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2 Resources Within Hotspots	Completed	2 Complete analysis of CNA to identify resources within the "hot spot"	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Evidence Based Protocols	Completed	Create and implement evidence based protocols for prevention and screening for Chronic diseases.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1 Develop Protocol	Completed	In conjunction with physician leads and in accordance with national standards develop protocol for screening, educating and providing preventive care to target population.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2 Protocol Criteria	Completed	2 Protocols will stipulate criteria on how, when and on whom to perform screening exams as well as whom to provide with preventive care and education.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3 Achievement of Goals	Completed	3 Care Teams and Clinical Quality Committees will review protocol and for compliance with specified ACP project goals in accordance with American Cancer Society and CDC Recommendations: -Colon Cancer: Colorectal cancer screenings through fecal occult blood yearly, colonoscopy for both sexes at and after age 50, every 10 years if negative -Breast Cancer: Promote and educate patient on periodic Breast self exams, and provide Mammogram after age 40, every year and every 2-3 years for women in their 20's and 30's -Prostate Cancer: Starting at age 50, providers should talk to the patient about the pros and cons of testing so they can decide if testing is the right choice for them. For African American men or those who have a father or brother who had prostate cancer before age 65, this talk should start at age 45. If patient agrees to testing, then PSA test and/or Rectal prostate exam shall be performed. -Cervical Cancer: Pap Smears every 3 years -Lung Cancer: CT scan for those who are at high risk of lung cancer due to cigarette smoking. If all of the following: 55 to 74 years of age, In fairly good health, has at least a 30 pack-year smoking history AND is either still smoking or has quit smoking within the last 15 years -Hepatitis B and C: Safe Sex education and Hep B vaccination -HPV: Vaccination promotion for females ages 11 to 26 and males 11-21 -Promote other vaccinations in both children and adults as prescribed by CDC such as Pneumonia, Measles, etc	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone Target Population	Completed	Understand Target Population for Engagement	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1 CNA Population Trends	Completed	Drill down CNA results to identify patterns and trends amongst populations. CNA data will be analyzed on algorithms matching neighborhood, culture, ages, immigrant status, primary language, ethnic	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
		background to the receipt of preventive services and to disease prevalence.						
Task 2 Employ Community Health Workers (CHW)	Completed	2 Employ Community Health Workers from the communities identified that understand the language and culture. CHWs will be used by ACP to outreach to the population for general outreach and promotion of preventive care.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3 Community Based Organizations	Completed	3 Identify specific areas of concern and need and utilize community organizations to assist in outreach and development of culturally sensitive educational materials.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 CBO Agreements	Completed	4 Establish service agreements with CBOs within the target communities to provide care, services and bridge gaps in care.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5 Registries to Target Non-Compliant Population	Completed	5 Utilize physician EMR registries to target patients who have not had or missed preventive services such as Mammograms, vaccinations, colorectal screenings, etc. This data will be used by ACP, CHWs, CBOs and other outreach staff to ensure patients are connected with their physicians for preventive services.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Leverage Existing Resources	Completed	Leverage Existing Resources to Promote Preventive Health	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1 Engage Medical Societies and Other Community Stakeholders	Completed	1 Establish relationships and work with American Cancer Society, NYC DOH, American Academy of Pediatrics, Community Stakeholders, and Pharmacology Companies on enhancing care and providing population wide educational campaigns on chronic disease prevention.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Care Coordinator and CHW Patient Outreach	Completed	2 Employ care coordinators and community health workers to reach out to patients identified through registries and connect them with PCP and preventive care providers and services.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3 Engage With CBOs	Completed	3 Identify and establish agreements with community-based organizations (CBOs) to access locations and resources to best meet the needs of patients in providing services and educational campaigns and bridge gaps in care and resources.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4 CBO Education and Outreach	Completed	4 Leverage agreement with CBOs to provide language and culture appropriate information and service to target patients.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5 MCO Engagement for Incentive Models	Completed	5 Establish or enhance reimbursement and incentive models with partners and MCOs to increase delivery of high-quality chronic disease prevention and management services. For those services not covered by MCO benefit package, review options regarding 'Services Not Covered' portion of DSRIP budget.	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone Establish Formal Preventive Care Model	Completed	Negotiate and establish processes in which PPS partners offer recommended clinical preventive services at PPS network sites and connect patients to community-based preventive service resources.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1 Outreach via Community Service Events	Completed	1 Establish agreements with and assist PPS partners in incorporating prevention agendas into hospital community service plans and events within each physician specialty which will in turn work in an integrated fashion with community based preventive services.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Deploy Outreach via Community Service Events	Completed	2 Incorporate Prevention Agenda goals and objectives into hospital Community Service Plans, and coordinate implementation with local health departments and other community partners.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Use of EHRs for Clinical Decision Support	Completed	Adopt and use certified electronic health records, especially those with clinical decision supports and registry functionality.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Clinical Decision Support System (CDSS) and Patient Registries to Identify and Target Patients	Completed	1 Utilize EMRs to establish CDSS alerts, run registry reports to send reminders, to provide providers with the tools that they need to engage patients effectively and timely.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2 Establish Workflow Steps on Patient Engagement	Completed	2 Set periodicity for sending recalls and reminders to patients for preventive and follow-up care, and identify community resources available to patients to support disease self-management	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone Medical Home or Team Based Care Models	Completed	Adopt medical home or team-based care models.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1 Care Team Based Model	Completed	1 Create a care team based model to ensure whole-person preventive care to patient. Care teams are regional providers who will clinically integrate to deliver care. The PPS will provide administrative support such as care coordination and care management to ensure care teams, physicians and patients are engaged.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2 Deploy Care Team Based Model	Completed	2 Build on care team structure, and work through community and provider engagement teams to strengthen and expand our existing network of medical homes.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone Clinical Benchmarks	In Progress	Establish and provide feedback to clinicians around clinical benchmarks.	01/01/2016	04/30/2018	01/01/2016	04/30/2018	06/30/2018	DY4 Q1
Task 1 Align Incentives	In Progress	1 Align incentives with delivery of preventive care as well as outcomes.	01/01/2016	04/30/2018	01/01/2016	04/30/2018	06/30/2018	DY4 Q1
Task 2 Establish Performance Metrics	In Progress	2 Establish performance metrics to be used for monitoring adherence to protocols and procedures as well as performance. Metric shall include CPT codes obtained from claims data sources such as salient, MCOs denoting procedures performed and billed for comparison data analytics, and data pulls from EMR patient registry data and PCMH and MU level data regarding resulted screenings and vaccinations.	01/01/2016	04/30/2018	01/01/2016	04/30/2018	06/30/2018	DY4 Q1
Task 3 Establish Monthly Meetings to Understand Performance	In Progress	3 As per ACP governance structure, establish monthly monitoring on all performance measures for project-specific goals. Create reports to distribute to providers to tie performance to desired outcomes.	03/01/2016	04/30/2018	03/01/2016	04/30/2018	06/30/2018	
Milestone	Completed	Reduce or eliminate out-of-pocket costs for clinical and community	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Address Out of Pocket Costs for Patients for		preventive services. The PPS is already working with MCOs in enhancing						
Preventive Services		coverage for preventive services						
Task 1 Engage with MCOs	Completed	1 PPS will negotiate with partner MCOs in enhancing coverage for preventive services. Leverage existing relationships with MCOs to open discussions regarding broadening the scope of services covered to include additional preventive care services such as vaccines at no cost to patient.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 2 Engage with Pharmaceuticals	Completed	2 PPS to negotiate with pharmaceutical companies to provide incentives to patients for compliance, for example providing cost reduction, copay and/or coinsurance assistance for vaccinations.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Milestone Care Coordination Plans	Completed	Develop Care Coordination Plans Using Evidence-Based Protocols As Part of the Integrated Delivery System	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1 Establish Centralized Care Management System	Completed	1 Establish a centralized Care Management system that will have Care Managers, Care Coordinators, Educators and Social Workers and incorporate many aspects of the Medical Home/Team-Based Models.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2 Use Centralized CM System for Care Coordination	Completed	2 Utilize the centralized Care management system to coordinate care across the expansive integrated network of specialty, social services providers, and community stakeholders to ensure all stakeholders participate in the care and compliance of the patients. ACP will also leverage MediSys experienced network of PCMH clinics and expand that model to other areas of the PPS.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3 Centralized System IT	Completed	3 Integrate Care management as part of IT solution which includes centralized functions, workflows that incorporate the protocols and effective communication channels between partners.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4 System Training	Completed	4 Provide proper training and education to the workforce to ensure processes are followed and included within partner organizations' workflows.	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Partnerships with Other PPSs	Completed	Partner with Other PPSs for Comprehensive Population Health Initiatives	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1 Establish PPS Partnerships	Completed	1 Identify key personnel in surrounding PPS' and set up negotiations and collaboration/partnerships structure with all PPS' in ACP's geographical area.		12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2 Develop Shared Initiatives	Completed	2 Develop and deploy shared initiatives for each PPS that focus on preventive services.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Mid-Point Assessment	Completed	Project narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Advocate Community Providers (PPS ID:25)

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
CNA Analysis	
Evidence Based Protocols	
Target Population	
Leverage Existing Resources	
Establish Formal Preventive Care Model	
Use of EHRs for Clinical Decision Support	
Medical Home or Team Based Care Models	
Clinical Benchmarks	
Address Out of Pocket Costs for Patients for Preventive Services	
Care Coordination Plans	
Partnerships with Other PPSs	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	The IA recognizes the completion of the Milestone: "Leverage Existing Resources to Promote
Pass & Ongoing	Preventive Health"



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IPQR Module 4.b.ii.3 - IA Monitoring		
Instructions:		



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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 inforr	mation and check the box below:		
that, following initial s	•	•	 t is true and accurate to the best of my knowledge uant only to documented instructions or documen	-
Primary Lead PPS Provider:	TALLAJ RAMON MODESTO			
Secondary Lead PPS Provider:				
Lead Representative:	Mario Paredes			
Submission Date:	03/23/2018 01:40 PM			
		-		
Comments:				



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DSRIP Implementation Plan Project

	Status Log				
Quarterly Report (DY,Q)	Quarterly Report (DY,Q) Status Lead Representative Name User ID Date Timest				
DY3, Q3	Adjudicated	Mario Paredes	mrurak	03/30/2018 09:51 AM	



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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The DY3, Q3 Quarterly Report has been adjudicated by the IA.	mrurak	03/30/2018 09:51 AM



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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
Castian OF	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
ection 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
ection 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
ection 10	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed



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Section	Module Name	Status
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IT Requirements	Completed
	IPQR Module 10.6 - Performance Monitoring	Completed
	IPQR Module 10.7 - Community Engagement	Completed
	IPQR Module 10.8 - IA Monitoring	
	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.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.d.iii.2 - Patient Engagement Speed	Completed
3.d.iii	IPQR Module 3.d.iii.3 - Prescribed Milestones	Completed
	IPQR Module 3.d.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 3.d.iii.5 - IA Monitoring	
	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
4.b.i	IPQR Module 4.b.i.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.i.3 - IA Monitoring	
	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
4.b.ii	IPQR Module 4.b.ii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	



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Section	Module Name / Milestone #	Review Statu	IS
	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	(P)
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	(F)
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
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	
	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
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	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	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	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
	Module 3.1 - Prescribed Milestones		
Section 03	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review Status
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Complete
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Complete
	Milestone #7 Support member IPAs in fulfilling VBP Roadmap requirements by creating VBP contracting entity (Somos IPA).	Pass & Ongoing
	Milestone #8 Support VBP entity in VBP implementation for providers.	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
	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
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 & Complete
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing
	Module 6.1 - Prescribed Milestones	
Section 06	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete
Section 07	Module 7.1 - Prescribed Milestones	
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete
	Module 8.1 - Prescribed Milestones	
Section 08	Milestone #1 Develop population health management roadmap.	Pass & Complete
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review Status
Section 09	Module 9.1 - Prescribed Milestones	
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing
	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete
	Module 11.2 - Prescribed Milestones	
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete
Section 11	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete
	Milestone #5 Develop training strategy.	Pass & Complete
	Module 11.10 - Staff Impact	Pass & Ongoing
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Project ID Module Name / Milestone # **Review Status** 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, Pass & Complete 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. Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' Pass & Complete strategy towards evolving into an IDS. Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, Pass & Complete post-acute care, long term care and public health services. 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 Pass & Ongoing messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 2.a.i Pass & Ongoing standards and/or APCM by the end of Demonstration Year 3. Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted Pass & Complete patient registries, for all participating safety net providers. 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 Pass & Ongoing standards by the end of DY 3. Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment Pass & Complete Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient Pass & Ongoing outcomes. Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging Pass & Ongoing community health workers, peers, and culturally competent community-based organizations, as appropriate. Module 2.a.iii.2 - Patient Engagement Speed Pass & Ongoing 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 Pass & Complete care coordination within the program. Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient 2.a.iii Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care Pass & Ongoing accreditation by Demonstration Year (DY) 3. Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information

Pass & Ongoing

exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging),

alerts and patient record look up.



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DSRIP Implementation Plan Project

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



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Complete
	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
	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
	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 & Complete
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Complete
	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 & Complete
3.a.i	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Complete
	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 & Complete
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Complete
	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 & Complete
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Complete



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Project ID	Module Name / Milestone #	Review Status
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & 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 & Complete
	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 & Complete
	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 & Complete
	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 & Ongoing
	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 #	Review Status
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Complete
	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.c.i.3 - Prescribed Milestones	
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete
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 & Complete
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Ongoing
	Module 3.d.iii.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.d.iii.3 - Prescribed Milestones	
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Pass & Ongoing
3.d.iii	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Pass & Ongoing
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Complete
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Complete
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing



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Advocate Community Providers (PPS ID:25)

Providers Participating in Projects

					(Selected Projects	3				
	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.iii	Project 4.b.i	Project 4.b.ii	Project
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY3 Q4	DY2 Q4	DY2 Q4	DY3 Q4	DY3 Q4	DY2 Q4			

Provider Categor	у	Project Select Comn	ted /	Project Select Comm	ted /	Projec Selec Comr		Projec Selec Comr	ted /	Project Select Comn	ted /	Project Select Comm	cted /	Project Select Comm	ted /	Projec Selec Comr	cted /	Project Select Comr		Sele	ct 4.b.ii cted / mitted	Sele	oject ected / mitted
Practitioner - Primary Care	Total	883	828	883	828	883	-	883	828	883	828	883	521	883	521	883	828	883	-	883	-		
Provider (PCP)	Safety Net	600	577	600	577	600	577	600	577	600	577	600	409	600	409	600	577	600	-	600	-		
Practitioner - Non-Primary Care	Total	1,195	941	1,195	941	1,195	-	1,195	941	1,195	941	1,195	941	1,195	941	1,195	941	1,195	-	1,195	-		
Provider (PCP)	Safety Net	399	398	399	398	399	-	399	398	399	398	399	398	399	398	399	398	399	-	399	-		
Hognital	Total	10	7	10	-	10	-	10	7	10	-	10	-	10	-	10	-	10	-	10	-		
Hospital	Safety Net	9	10	9	-	9	2	9	10	9	-	9	-	9	-	9	-	9	-	9	-		
Clinia	Total	27	19	27	19	27	-	27	-	27	19	27	19	27	19	27	19	27	-	27	-		
Clinic	Safety Net	22	23	22	23	22	23	22	-	22	23	22	23	22	23	22	23	22	-	22	-		
Case Management / Health	Total	19	8	19	8	19	-	19	8	19	-	19	8	19	8	19	8	19	-	19	-		
Home	Safety Net	11	7	11	7	11	7	11	7	11	-	11	7	11	7	11	7	11	-	11	-		
Mental Health	Total	162	123	162	123	162	-	162	-	162	123	162	123	162	123	162	-	162	-	162	-		
Wentai nealth	Safety Net	74	85	74	85	74	-	74	-	74	85	74	85	74	85	74	-	74	-	74	-		
Cubatanas Abusa	Total	39	32	39	32	39	-	39	-	39	32	39	32	39	32	39	-	39	-	39	-		
Substance Abuse	Safety Net	38	32	38	32	38	-	38	-	38	32	38	32	38	32	38	-	38	-	38	-		
Nursing Home	Total	41	27	41	-	41	-	41	-	41	-	41	-	41	-	41	-	0	-	0	-		
Nursing Home	Safety Net	40	27	40	-	40	-	40	-	40	-	40	-	40	-	40	-	0	-	0	-		
Dharmany	Total	16	5	16	5	16	-	16	-	16	-	16	5	16	5	16	5	16	-	16	-		
Pharmacy	Safety Net	13	6	13	5	13	-	13	-	13	-	13	5	13	5	13	5	13	-	13	-		
Hospice	Total	6	3	6	-	6	-	6	-	6	-	6	-	6	-	6	-	0	-	0	-		



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Advocate Community Providers (PPS ID:25)

		Projec	ct 2.a.i	Projec	t 2.a.iii	Projec	t 2.b.iii	Projec	t 2.b.iv	Projec	ct 3.a.i	Projec	ct 3.b.i	Proje	ct 3.c.i	Project	3.d.iii	Projec	t 4.b.i	Projec	t 4.b.ii	Proj	ject
Provider Categor	ry	Selec Comr	cted / nitted	Select Comm			cted / nitted	Selec Comr	cted / nitted	Selec Comr	cted / mitted	Selec Comr	cted / nitted		cted / nitted	Selec Comm		Selec Comr			cted / nitted	Selec Comm	cted / nitted
	Safety Net	3	1	3	-	3	-	3	-	3	-	3	-	3	-	3	-	0	-	0	-		
Community Based	Total	65	15	65	15	65	-	65	15	65	15	65	15	65	15	65	15	65	-	65	1		
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		1
All Other	Total	1,925	1,347	1,925	1,347	1,925	-	1,925	1,347	1,925	1,347	1,925	1,347	1,925	1,347	1,925	1,347	1,920	-	1,920	-		
All Other	Safety Net	979	900	979	900	979	-	979	900	979	900	979	900	979	900	979	900	976	-	976	-		
Uncategorized	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		1
Officategorized	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	1		
Additional Providers	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Home and Community Based	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Services	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	Project	Selected	Committed
Emergency Departments with Care Triage	2.b.iii	0	4

,												
	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.iii	4.b.i	4.b.ii	
Cai Min	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	
Ahmed Shamim Md	Practitioner - Primary Care Provider (PCP)											
Farhat Samir Ali Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Changey 2.1 2		Participating in Projects	jects									
E Procitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Made Practitioner - Primary Care Provider (PCP) IX I	Octaviani-Reyes Melba E	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
Mark Practitioner - Primary Carle Provider (PCP) V<	Metwally Ashraf Ahmed Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
Made Practitioner - Primary Care Provider (PCP) C C C C C C C C Add Practitioner - Primary Care Provider (PCP) C C C C C C Practitioner - Primary Care Provider (PCP) C C C C C C Practitioner - Primary Care Provider (PCP) C C C C C Practitioner - Primary Care Provider (PCP) C C C C C Practitioner - Primary Care Provider (PCP) C C C C Practitioner - Primary Care Provider (PCP) C C C C Practitioner - Primary Care Provider (PCP) C C C C Practitioner - Primary Care Provider (PCP) C C C Practitioner - Primary Care Provider (PCP) C C Practitioner - Primary Care Provider (PCP) C C Practitioner - Primary Care Provider (PCP) C C C Practitioner - Primary Care Provider (PCP) C C Practitioner - Primary Care Pro	Rampersaud Rajendra Mark	Practitioner - Primary Care Provider (PCP)										
Pacitioner - Primary Care Provider (PCP)	Perez Stephen Barnes Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
Immaris C Mid Practitioner - Primary Case Provider (PCP) X	Janny A Ozuna Md Pllc	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
Practitioner - Primary Care Provider (PCP)	Mcdonald Annmarie C Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
mn R Nod Practitioner - Primary Case Provider (PCP) IX <	Xu Min Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<
Marinh Mod Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) <th< td=""><td>Raport Miriam R Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Raport Miriam R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ist Mid Practitioner- Primary Care Provider (PCP) IX IX <t< td=""><td>Sharaftkhah Martin Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Sharaftkhah Martin Md	Practitioner - Primary Care Provider (PCP)										
A. M.d.	Garcia Quinones Saribel	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	<	<	ζ.	<	<	〈
IA Mid Practitioner - Primary Care Provider (PCP) IX IX <th< td=""><td>Cohen David L Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Cohen David L Md	Practitioner - Primary Care Provider (PCP)										
lapi Physician Pc Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Marte Grecia A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Bhavana R Japi Physician Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mid Practitioner - Primary Care Provider (PCP) V <td>Haque Sayera Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Haque Sayera Md	Practitioner - Primary Care Provider (PCP)										
Miliza Md Practitioner - Primary Care Provider (PCP) C <t< td=""><td>Sun Deqing Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Sun Deqing Md	Practitioner - Primary Care Provider (PCP)										
Md Practitioner - Primary Care Provider (PCP) C <td>Vinas Sonia Miliza Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Vinas Sonia Miliza Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Choi Sangil Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Choi Sangil Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) Image: Company Car	Chen Haifan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
S Patricia W Md Practitioner - Primary Care Provider (PCP) V	Rishe Eric Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
rester A Md Practitioner - Primary Care Provider (PCP) X Practitioner - Primary Care Provider (PCP) X Practitioner - Primary Care Provider (PCP) X Practitioner - Primary Care Provider (PCP)	Hermogenes Patricia W Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Isenike Practitioner - Primary Care Provider (PCP) Image: Company Care Provider (Ozoude Sylvester A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
practitioner - Primary Care Provider (PCP) X Practitioner - Primary Care Provider (PCP) X Practitioner - Primary Care Provider (PCP) practitioner - P	Adeyemo Adenike	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
vonica Practitioner - Primary Care Provider (PCP) V	Nunez Denise Joanna Md	Practitioner - Primary Care Provider (PCP)										
vonica Practitioner - Primary Care Provider (PCP) V </td <td>Cai Renee</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Cai Renee	Practitioner - Primary Care Provider (PCP)										
X Practitioner - Primary Care Provider (PCP) Image: C	Wiltshire Veronica	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
X Practitioner - Primary Care Provider (PCP) V<	Chen Zu Yu	Practitioner - Primary Care Provider (PCP)										
mon R Md Practitioner - Primary Care Provider (PCP)	Yan Richard X	Practitioner - Primary Care Provider (PCP)										
mon R Md Practitioner - Primary Care Provider (PCP) V	Wong Helen	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
isco Md	Pimentel Ramon R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (P	Torres Francisco Md	Practitioner - Primary Care Provider (PCP)										
	Ghavami Zia	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Consegory 2.1		Participating in Projects	Projects									
Depot March March Predictioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.					3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Depart Mart	Patel Nilesh R Md	Practitioner - Primary Care Provider (PCP)	<		<	<	<	<	<	<	<	<
Arca Mart Mart Mart Mart Manathory - Primary Cane Provider (PCP) Pri Privancia (Hahn Mart Mart Mart Mart Mart Mart Mart Mart	Bolon David Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<	<	<	<
Informatic Lipsch Mode Promisery Coare Provider (PCP)	Nazir Azra Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
United Miller Practitioner - Primary Care Provider (PCP) X	Qureshi Pervaiz Iqbal Md	Practitioner - Primary Care Provider (PCP)	<	_	_		<	<	<	<	<	<
CreScott Sissan Carlo Sissan Carlo Sissan Carlo Sissan Carlo Sissan Carlo Carl	W Liangs Medical Office	Practitioner - Primary Care Provider (PCP)	<		_		<	<	<	<	<	ζ.
Fractioner - Primary Care Provider (PCP)	Law Anna Md	Practitioner - Primary Care Provider (PCP)										
Sino S Molozzo Mid Pe Praeditioner - Primary Care Provider (PCP) IX IX </td <td>Calliste-Scott Susan</td> <td>Practitioner - Primary Care Provider (PCP)</td> <th><</th> <td><</td> <td><</td> <td>ζ.</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td> <td>〈</td> <td>ζ.</td>	Calliste-Scott Susan	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	ζ.	<	<	〈	ζ.
Le Sophia Mad Practitioner - Primary Cane Provider (PCP) Wishie Ma Practitioner - Primary Cane Provider (PCP) Wishie Maddal Practitioner - Primary Cane Provider (PCP) Practitioner - Primary Can	Dr Mario S Malonzo Md Pc	Practitioner - Primary Care Provider (PCP)	<		_	<	<	<	<	<	<	<
Inspiration Annith An	Streete Sophia Md	Practitioner - Primary Care Provider (PCP)	<		_	<	<	<	<	<	<	<
Igian Aline Ann Practitioner - Primary Care Provider (PCP) IX	Jothianandan Kanthimathi Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<	<	<	<
w Kalle Md Practitioner - Primary Care Provider (PCP) W Manuel G Md W Manuel G Md W Manuel G Md W Manuel G Md Practitioner - Primary Care Provider (PCP) W Manuel G Md W Manuel G Md </td <td>Shehigian Aline Ann</td> <td>Practitioner - Primary Care Provider (PCP)</td> <th><</th> <td></td> <td></td> <td></td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Shehigian Aline Ann	Practitioner - Primary Care Provider (PCP)	<				<	<	<	<	<	<
Manuel GMM Practitioner - Primary Care Provider (PCP) X <	Sionov Katie Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<	<	<	<
Family Medical Practice Pc Practitioner - Primary Care Provider (PCP) X	Perez Manuel G Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<	<	<	<
N Fang Medical Pc Practitioner - Primary Care Provider (PCP) X	Grace Family Medical Practice Pc	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<
tal Rosseann T Md Practitioner - Primary Care Provider (PCP) X	Chixin Fang Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<
han Sucheer Singh Md Practitioner - Primary Care Provider (PCP) IX IX <td>Spiotta Roseann T Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <th><</th> <td></td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Spiotta Roseann T Md	Practitioner - Primary Care Provider (PCP)	<		<	<	<	<	<	<	<	<
Othury Ataul Hakim Practitioner - Primary Care Provider (PCP) Wester F Practitioner - Primary Care Provider (PCP) Wester F	Chauhan Sudheer Singh Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ra Girish M Md Practitioner - Primary Care Provider (PCP) W	Chowdhury Ataul Hakim	Practitioner - Primary Care Provider (PCP)										
by Peter F Practitioner - Primary Care Provider (PCP) Image: Company Care Provider (PCP) Image: Comp	Bulsara Girish M Md	Practitioner - Primary Care Provider (PCP)										
Vincent J Md Practitioner - Primary Care Provider (PCP) V	Harvey Peter F	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
In Nicole E Practitioner - Primary Care Provider (PCP) Image: Contingent of the provider of the provider of the provider of the practition of the practit	Rella Vincent J Md	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
ei Guo Md Pc Practitioner - Primary Care Provider (PCP) V <	Jordan Nicole E	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
lanos Valentin Pardo Md Practitioner - Primary Care Provider (PCP) Image: Care Prov	Lin Wei Guo Md Pc	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
a Nader Ramses Md Practitioner - Primary Care Provider (PCP) V	Jovellanos Valentin Pardo Md	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
Jun Practitioner - Primary Care Provider (PCP) V	Hanna Nader Ramses Md	Practitioner - Primary Care Provider (PCP)	<					<	<	<	<	<
d Cornell Cardiology Pc Practitioner - Primary Care Provider (PCP) V	Kang Jun	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<	<	<	<
en Nina Thi Practitioner - Primary Care Provider (PCP)	Grand Cornell Cardiology Pc	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<	<	<	<
Lili Md Practitioner - Primary Care Provider (PCP) V	Nguyen Nina Thi	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<	<	<	<
t Harold Murray	Ren Lili Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Ji Lin	Practitioner - Primary Care Provider (PCP)										
	Alpert Harold Murray	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	ojects	<u>-</u>								
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Scott Stanley Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Li Paul	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	ζ.	ζ.	<	<	<	ζ.	<
Tan Reynaldo G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hill Mark A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Desir Mergie X Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mohseni Haleh G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cruz Erlinda S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Li Jim	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Sunil C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Raoof Nabil Pc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rincioaga-Huhulea Mihaela	Practitioner - Primary Care Provider (PCP)										
Cristinoiu Lucia L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hsu Warren W	Practitioner - Primary Care Provider (PCP)										
Wong Martha Shih Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lin Ya Li	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bhuiyan Shamsul	Practitioner - Primary Care Provider (PCP)										
Cadet-Valeus Sergelyne	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sung John Hsiyang	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wu Shuyi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dua Rakesh K Md	Practitioner - Primary Care Provider (PCP)										
Ng Norland Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khanijou Rita Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rizvi Firdous Md	Practitioner - Primary Care Provider (PCP)										
Mohan Santha Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rotkowitz Louis Philip Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Reyes-Rigor Rosario H	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Park Jinhee	Practitioner - Primary Care Provider (PCP)										
Kim Yong Jun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cabatic Thelma Ocampo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ravins Claudia Md	Practitioner - Primary Care Provider (PCP)										
Rodriguez Lilly M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name	Provider Category 2	2.a.i	2.a.iii	2 h iii							3
				2.5.111	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Ashkar John Antonios	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	〈	<	<	<
Spyropoulos Alex C	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Li Ka Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	〈	ζ.	<	<	ζ.	<	<	ζ.
lm Soyoun	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Xinmei Li	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Mazza Michael Anthony Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<	<	<
Valdivia Martha Maria Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Losco Donna Marie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Kalepu Mallikharjanudu Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Correa Michael Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Bregman Zachary	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Farhat Laila Ali Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Mohd A Hossain	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Kreuze Jeanette	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Su Yeon	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Montalbano Christin Md	Practitioner - Primary Care Provider (PCP)										
Ramirez Alvaro Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Bilik Ilya V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Torres Marino A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Trager Jonathan David K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Chen Henry S	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Wang Fei Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Kintzoglou Alexander Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Nicoleau Aryel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Srivastava Malaya Md	Practitioner - Primary Care Provider (PCP)										
Kissin Esther Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Laks David Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Kam Yi Sheng	Practitioner - Primary Care Provider (PCP)										
Karayil Ajith	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Teng Rui Er Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Freyle Hanna Bathia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii		4.b.ii
Macenat Jean R Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	〈			<
Odnopozova Mariya Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
Amr Nayel Md Pc	Practitioner - Primary Care Provider (PCP)	〈	ζ.	<	<	<	<	〈	<		<
Lin Kevin N T	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<		〈	<
Griffith-Reece Wendy	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<			<
Mejia Manuel Eligio Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<			<
Sudar Singh Prabahar Cynthia Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	〈			<
Cohen Stanley Bart Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Nazarian Habib	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Guseynov Luiza Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Patel Bhupendro R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Gonzalez Fausto A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Berkowitz Israel Steven Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mohr Christina Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Chung Bruce K Md	Practitioner - Primary Care Provider (PCP)										
Acosta Dalisa J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yanliang Sun	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rivera Carmina Ramona N Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wang Chuansheng	Practitioner - Primary Care Provider (PCP)										
Hung Stephanie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wu Xuxia	Practitioner - Primary Care Provider (PCP)										
Fulgencio-Delmonte Jose A	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mangla Arun Kumar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chen Xin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lyo Rosie Yen-Cho Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Solinas Alessandro Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jiangping Gan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rashid Mohammed K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lederman Elliot Charles Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chiu Karen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Martinez Francisco Antonio Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Maltez Janet Miraldo	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	〈	<
Nahar Most L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	〈	<	<	<
Mak Cecilia Sze Man	Practitioner - Primary Care Provider (PCP)										
Mejia Enrique F	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fathallah-Mammo Aysar B Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	〈	<
Vilnits Anatoliy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Go Teresita Alo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Basello Gina M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Nolan Marc A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rodriguez Rafael Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chen Yuqing Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bukhman Leonid Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Galibov Vyacheslav Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Malonzo Mario Supan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Liao Kevin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Akbani Mohammed Adnan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gold Richard Elliott Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Odoom Ebenezer Kofi Bentum Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
A T Adebayo Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zheng Hanbin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ferdous Razia Khan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jing Wuhua	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ponieman Diego Andres Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Osmani Mohammed Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Singh Daljeet Md	Practitioner - Primary Care Provider (PCP)										
Tom Winston Chet Ying Md	Practitioner - Primary Care Provider (PCP)										
Jiansheng Zhao Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hassid Babak	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Huang Ai Lin	Practitioner - Primary Care Provider (PCP)										
Kamenshchikova Marina Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Category 2.4 2.4 2.5		Participating in Projects	Projects									
Abenic CMA Placitioner - Primary Care Provides (PCP) X <t< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.b.iii</th><th>2.b.iv</th><th>3.a.i</th><th>3.b.i</th><th>3.c.i</th><th>3.d.iii</th><th>4.b.i</th><th>4.b.ii</th></t<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Baben C Mdd Pacalitionar - Primary Cane Provides (PCP) W	He Yong Kang Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Pez Bacaldoner - Primary Case Provider (PCP) Practitioner - Primary Case Provider (PCP) It vi	Mandalaywala Jasodaben C Md	Practitioner - Primary Care Provider (PCP)										
Peacliticoner - Primary Care Provider (PCP) Pacliticoner - Primary Care Provider (PCP) MM	Jerez Jose R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	〈	<	<	<
Practitioner - Primary Care Provider (PCP)	Magloire Tamara Md	Practitioner - Primary Care Provider (PCP)										
d Practitioner - Primary Care Provider (PCP) Practitioner - Prima	Springfield Pediatric Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Practitioner - Primary Care Provider (PCP)	Garcia-Albarran Carmen M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Practitioner - Primary Case Provider (PCP) X X X X X X X X X	Anwar Arshad Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Decoo Ydelfonso A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Practitioner - Primary Care Provider (PCP)	Aggarwal Om Parkash Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	〈	<
Practitioner - Primary Care Provider (PCP)	Gaweda Oskar Adam	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Dinabel Peralta-Reich	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Hon John Wingsun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) Image: Company Car	Ahmed Nayaz Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Arumugam Thangamuthu R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Mercado Arthur M Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) X	Nyein Roland Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Dhillon Lakhbir	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Jaes Pablo Hector	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Karim Rukshana Omar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Gonzales Aurora Laurel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Reyes Elsa Jacqueline	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Add Practitioner - Primary Care Provider (PCP) V	Walker-Adamson Sonia E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Haider Qazi Kamal Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ieriatrico Of Quee Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V <th< td=""><td>Md Aticul Islam</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td></th<>	Md Aticul Islam	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
leriatrico Of Quee Practitioner - Primary Care Provider (PCP) IV IV <td>Ahn Myung Cha</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Ahn Myung Cha	Practitioner - Primary Care Provider (PCP)										
ard Practitioner - Primary Care Provider (PCP) via Md Practitioner - Primary Care Provider (PCP)	Cuidado Medico Y Geriatrico Of Quee	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ard Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Kang Miyoung	Practitioner - Primary Care Provider (PCP)										
xia Md Practitioner - Primary Care Provider (PCP) V <	Gonzalez Paul Edward	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V	Perez Luisa Altagracia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Wang Yuancong Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Kaman Ghong	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	7 i d c	٥ -	3 h i	3 c i	3 d iii	4 h i	4 h ii
1					7.5.14	J.ä.	0.0.1		2		1.5
Reyes Nelton E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wu Cheryl Tsai-Luen Md	Practitioner - Primary Care Provider (PCP)										
Tapia-Mendoza Juan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hidalgo Maria Del Carmen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Burris-Warmoth Patricia R Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	ζ	<	<
Nancy Han	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Haroon Sameera N Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moiz A Hamdani	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hyojeong Lee	Practitioner - Primary Care Provider (PCP)										
Bowen Marc X Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Malamud Enrique Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guzman Damiani Rodolfo W	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Khandker Ferdous Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Alwani Salima	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Krumholz David Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Kevin J Guo Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tellus Francois G Md	Practitioner - Primary Care Provider (PCP)										
Ray-Sen Piyali Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Belliard Christian Arturo Estevez	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Al-Waili Noori Siraj Dawood	Practitioner - Primary Care Provider (PCP)										
Carreno-Rijo Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gad Medical Pllc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ballas Mayer Md Pc	Practitioner - Primary Care Provider (PCP)										
Rahman Mohammed Matiur Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Diner Alan E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hasan Shaikh Nusrat	Practitioner - Primary Care Provider (PCP)										
Ahmad Laeeq Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Maslova Alla Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Haque Muhammad Misbah-UI Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Featherstone Melvin T Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Viray Jose F	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mercado Agueda Md
										Practitioner - Primary Care Provider (PCP)	Skipitaris Nicholas
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Zhu Ming Md
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Su Amy Md
										Practitioner - Primary Care Provider (PCP)	Concepcion Elizabeth Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Li Jack
										Practitioner - Primary Care Provider (PCP)	Frolova Alina
										Practitioner - Primary Care Provider (PCP)	Kezerashvili Anna
										Practitioner - Primary Care Provider (PCP)	Huang Dara
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Singiri Archana
										Practitioner - Primary Care Provider (PCP)	El-Khawam Rania
											Charles-Gonsalves Shurla A
<	<	<	<	<	<	<	<	<	<	d Practitioner - Primary Care Provider (PCP)	Beekman Karen Press Md
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Shani Dana Md
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Cohen Lourdes
<	<	<	<	<	<	<	<	<	ζ.	d Practitioner - Primary Care Provider (PCP)	Setru Udayashankar K Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Perez Jose Md
										Practitioner - Primary Care Provider (PCP)	Zhou Chen
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mesbah Reza
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Kevin N T Lin Md Pc
										th Car Primary Care Provider (PCP)	Ms Family Medicine Health Car
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Tafreshi-Oraee Parisa Md
										Practitioner - Primary Care Provider (PCP)	Oruwariye Tosan N Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Soto-Alcantara Lilliam Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Guillen-Santana Roselia
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Henoch Avraham Md
										ne Practitioner - Primary Care Provider (PCP)	Van Orsouw Jillian Suzanne
<	<	<	<	<	<	<	<	<	<	M D P C Practitioner - Primary Care Provider (PCP)	Muhammad Sanni Adam M D
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Rodriguez Rhina Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Quijada Reucar Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Pulle Dunston Md Pc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Name Provider Category	יי
									jects	Participating in Projects	



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<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Raoof Suhail Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Cheng Jenny Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Sam Mirela Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mastan Alina
										Practitioner - Primary Care Provider (PCP)	Hong Sungsil
										Practitioner - Primary Care Provider (PCP)	Diaz Guerrero Emmanuel
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chopra Manju Rattan
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Awan Khurram Shahzad
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Patel Reena J
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Patel Prakashkumar Govindbhai Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chou Christina Lee Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Saint-Laurent Mario
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Wu Benjamin Zibin Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Hasan Muhammad A Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lyo Thomas
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lee Alice K Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Zhao Jingbo
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Jianlin Wu
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Azra Wiqas Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Peralta Victor Emilio Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Florence P Golamco
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Belding Michele Frances
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Hispaniola Medical Care, Pc
										Practitioner - Primary Care Provider (PCP)	Adeniran Adebukola
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Sirya Rosalynn H
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lee Norman N Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Bangug Samuel Pio Allado Md
										Practitioner - Primary Care Provider (PCP)	Chiu Sungwai Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Jafri Yumna Saeeda Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Cornielle Jorge Luis Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chattooo Premetesh Do
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Syalee Jogesh Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mercedes Betty Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	ζ.	<	ζ.	<	<	<	<
Ramirez-Baron Diana Maria	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	ζ.	<	<	ζ	ζ.
Kimyagarova Irina	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rumana Alauddin Rahman	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yin Xiaoqin S	Practitioner - Primary Care Provider (PCP)										
Kim Ji Young	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	ζ.	<	<	ζ.	<
Spencer Trudy I	Practitioner - Primary Care Provider (PCP)										
Soni Sharad	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
D'Augustine Jean Mars Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rozo Alberto L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yusuf Fazlul Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Huang Le Kiong Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hanau Lawrence H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Verna Yves Georges Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Louis Joseph	Practitioner - Primary Care Provider (PCP)										
Chabla Juan Francisco Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rahman Mohammad Mazibur Md	Practitioner - Primary Care Provider (PCP)										
Otero Ramirez Lauren	Practitioner - Primary Care Provider (PCP)										
Ramanathan Deepak	Practitioner - Primary Care Provider (PCP)										
Chowdhury Utpal	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pawlik Anna Teresa Md	Practitioner - Primary Care Provider (PCP)										
Masih Emmanuel B Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Liu Zova Zhuohua Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Siu Singmay Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Huang Qinghong Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Vela Anthony T P J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Benjamin Wu Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Win Yin Yin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fahimuddin Muhammad Md	Practitioner - Primary Care Provider (PCP)										
Drepaul Loris Omesh	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name Provider Canagory 2.1		Participating in Projects	ojects									
Practitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Case Provider (PCP)	Green Debora	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Case Provider (PCP)	Daniels Kathryn Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Jing Tong	Practitioner - Primary Care Provider (PCP)										
Id. Mid Predictioner - Primary Care Provider (PCP) IX IX <t< td=""><td>Majumder Mujibur Rahman Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Majumder Mujibur Rahman Md	Practitioner - Primary Care Provider (PCP)										
Islands Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Shusterman Arkadiy Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	ζ.	<	<	<	<
Ilips Practitioner - Primary Care Provider (PCP) In Pn.Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) In Pn.Md Practitioner - Primary Care Provider (PCP) In	Gega Renato Cantada Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	<	<	<	<
Practitioner - Primary Cane Provider (PCP)	Abraham Susan Philips	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) C	Blum Isaac Facs Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Gao Medical Plic	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Mao Yongming Md	Practitioner - Primary Care Provider (PCP)										
Bractitioner - Primary Cate Provider (PCP) C C C C C C C C C	Pertsovsky Yuriy	Practitioner - Primary Care Provider (PCP)										
Immit Md Practitioner - Primary Care Provider (PCP) Image: Control of the control of	Demoz Abraham Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
an Pc Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Associates Pc Practitioner - Primary Care Provider (PCP) Id Id Id Id Id Id Id Id Id I	Apoeso Taiye Olubunmi Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) C	Kyaw Myint Physician Pc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Associates Pc Practitioner - Primary Care Provider (PCP) X	Patel Asvinkumar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Associates Pc Practitioner - Primary Care Provider (PCP) IX	Zambon Roberto	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) Image:	Manhattan Pediatric Associates Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) CV	Kazmann Luis Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Martinez Sergio A Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Martinez Sergio A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
• Mid Practitioner - Primary Care Provider (PCP) C<	Patel Mayank Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Primary Care Provider (PCP) V <td>Dove Arthur Renner Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Dove Arthur Renner Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) ✓	Choy Lawrence T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ome Md Practitioner - Primary Care Provider (PCP) V	Ahmadi Ladan M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V V	Francis Charles Jerome Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Pc Practitioner - Primary Care Provider (PCP) V<	Nwaishienyi Silas E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
anny Md Practitioner - Primary Care Provider (PCP) Image: Control of the provider	Patel Baldevbhai V Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) Image: Control of the provider of the provider of the practition of	Garrido-Valencia Fanny Md	Practitioner - Primary Care Provider (PCP)										
Id Practitioner - Primary Care Provider (PCP) V	Vladimir Osipov Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Castanos Dilia M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Doshi Kaushik J	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	<	<	<	<	<
	Sarkar Samir Kanti	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Canagoyy 24 24 24 24 24 24 24		Participating in Projects	ects									
Paraditioner - Primary Care Provider (PCP) 2	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
MM Pacitions - Primary Care Provider (PCP) CX CX <td>Clarke Fred C Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td>	Clarke Fred C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	ζ.	<	<
Id Id<	Khan Rehana Iqbal Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Same Placutioner - Primary Case Provider (PCP) IX	Lopez Ernesto M Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	〈	<	<	ζ.	<	<
Samm Mid Parabitioner - Primary Care Provider (PCP) X <th< td=""><td>Ravi Venkata Ramana</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td>ζ.</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td></th<>	Ravi Venkata Ramana	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	ζ.	<	<
Surya Epacitions - Primary Case Provider (PCP) Image:	Adam Muhammad Sanni Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Kancherla Prakash Surya	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	〈	<	ζ.	<	<
Annucobor Mid Probationer - Primary Care Provider (PCP) C.V. <	Alwani Abdulla Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	ζ.	<	ζ.	<	<
bin MMd Practitioner - Primary Case Provider (PCP) CX CX <t< td=""><td>Gillego Azucena Manucdoc Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td></t<>	Gillego Azucena Manucdoc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	ζ.	<	<
In In Mid Proteitioner - Primary Care Provider (PCP) IX	Woods Kim Benjamin Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	ζ.	<	<
dinno Lose Practitioner - Primary Care Provider (PCP) IX	Shukla Mayank Arun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	ζ.	<	<
Abdelkader Practitioner - Primary Care Provider (PCP) IV	D Oleo Vargas Maximo Jose	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a Practitioner - Primary Care Provider (PCP) Image: Control of the co	Elbahloul Ossama Abdelkader	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Anne Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Image	Uzor Jennyfer Paola	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ane Practitioner - Primary Case Provider (PCP) X <td>Le Jimmy Chung</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Le Jimmy Chung	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Addam Md ## Practitioner - Primary Care Provider (PCP) ## Addam Md ## Addam	Miglino Christine Jane	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) Image: Continuous of the continuou	Gazzara Paul C Md	Practitioner - Primary Care Provider (PCP)										
dd Practitioner - Primary Care Provider (PCP) C <td>Yoon Chung Hee Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Yoon Chung Hee Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Adam Md Practitioner - Primary Care Provider (PCP) CV CV <t< td=""><td>Agrawal Jugal K Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Agrawal Jugal K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
In the control of the contro	Schwimmer Joshua Adam Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
NMd Practitioner - Primary Care Provider (PCP) V <td>Urena Andres F Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Urena Andres F Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Itonio Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Robinson Sandra A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Itonio Practitioner - Primary Care Provider (PCP) V	Wang Yaoming Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
uil Practitioner - Primary Care Provider (PCP) Image:	Valencia Hector Antonio	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
uil Practitioner - Primary Care Provider (PCP) S <td>Karibandi Karthik</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Karibandi Karthik	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) S	Tsounias Emmanouil	Practitioner - Primary Care Provider (PCP)										
ar Md Practitioner - Primary Care Provider (PCP) V <td< td=""><td>Alberto Glendalyz</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></td<>	Alberto Glendalyz	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ar Md Practitioner - Primary Care Provider (PCP) IN	Alex Bernstein	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Beethoven Practitioner - Primary Care Provider (PCP) V	Nienaber Cameron	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Beethoven Practitioner - Primary Care Provider (PCP) V	Shah Sangita Tushar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Reddy Mallikarjuna D Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Pena-Miches Cervantes Beethoven	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Canagory 2.41		Participating in Projects	ects									
Pacilitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Case Provider (PCP)	Chopra Rajpal S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Padatitioner - Primary Care Provider (PCP)	Patel Ratilal T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) X	Austin Lu Medical Pllc	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ.	ζ.	<	ζ	<
Pacitioner - Primary Case Provider (PCP)	Petrov Petya Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ	<	〈	<
Padationer - Primary Case Provider (PCP) X X X X X X X X X	Alam Anis	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	He Fu Fu Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ	<	〈	<
Pacitioner - Primary Care Provider (PCP)	Singh Kabul Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Molina Alveris Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ.	ζ.	<	ζ	<
Pacitioner - Primary Care Provider (PCP)	Tayab Samia A Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Zoe Liu Medical Pc	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Tovbina Inna Md	Practitioner - Primary Care Provider (PCP)										
max Md Practitioner - Primary Care Provider (PCP) V	Choi Mi Ja Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
inia	Pozdnyakova Rimma Md	Practitioner - Primary Care Provider (PCP)										
Rafael Antonio Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Berezovskaya Sabina	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
dD Practitioner - Primary Care Provider (PCP) V <td>Ching Companioni Rafael Antonio</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Ching Companioni Rafael Antonio	Practitioner - Primary Care Provider (PCP)										
dD Practitioner - Primary Care Provider (PCP) V <td>Alam Salma</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Alam Salma	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Hallenbeck Richard D	Practitioner - Primary Care Provider (PCP)										
gar A Md Practitioner - Primary Care Provider (PCP) V <th< td=""><td>Depaz Javier</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Depaz Javier	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
gar A Mid Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Lam Henry Md	Practitioner - Primary Care Provider (PCP)										
riel Md Practitioner - Primary Care Provider (PCP) V	Flores-Castillo Edgar A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Edward Practitioner - Primary Care Provider (PCP) V	Charnoff Judah Azriel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Edward Practitioner - Primary Care Provider (PCP) Image: Care PCP) Image: Care P	Boccio John S Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
berto A Md Practitioner - Primary Care Provider (PCP) V <	Redcross Kenneth Edward	Practitioner - Primary Care Provider (PCP)										
d Practitioner - Primary Care Provider (PCP) U	Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) V	Zilberstein Olga Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Nicoleau Carl A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
htilal Md Practitioner - Primary Care Provider (PCP) Pc Practitioner - Primary Care Provider (PCP)	Bronfman Ida Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ayantilal Md Practitioner - Primary Care Provider (PCP) V	Marie-Nirva Blaise	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Pc Practitioner - Primary Care Provider (PCP) IV	Patel Rajesh Jayantilal Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Pou Ricardo E Md Pc	Practitioner - Primary Care Provider (PCP)										
	Goldman Jack Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



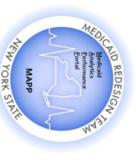
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Advocate Community Providers (PPS ID:25)

Dravider Name											
LIONING! Maille	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Zheng Xiangsheng	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	ζ.	<	ζ.	<	<
Banad Sheela Premanath Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	ζ.	ζ	ζ.	<	<
Winter David Md	Practitioner - Primary Care Provider (PCP)										
Yang Nancy S L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Abedin Jahidul	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	ζ.	<	ζ.	<	<
Beltran Kathleen Gamido	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gulati Gagan Jagdish Md	Practitioner - Primary Care Provider (PCP)										
Ajah Onyemachi George Md	Practitioner - Primary Care Provider (PCP)										
Sahgal Sumir P Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shen Kuan Hung Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Barbery Maria-Pilar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Falk Bryan M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Amodio Stefano Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gamundi-Joaquin Rosa E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chen Yuchun	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ani Samuel Onyemuwa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pastori Luciano Juan	Practitioner - Primary Care Provider (PCP)										
Roychoudhury Kanchana Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cheng King Shek Eric Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Norowitz Kevin	Practitioner - Primary Care Provider (PCP)										
Wu Jennifer	Practitioner - Primary Care Provider (PCP)										
First Step Pediatrics Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ramaiah Chandhini Md	Practitioner - Primary Care Provider (PCP)										
Cecilia Griselda Calderon Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Archbold Maritza Stella Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jimenez Marcial	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pena Clotilde B Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guttal Dakshayani R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
West Denise	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rahman Rounak	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rebecca Anne Mazurkiewicz	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name Provider Name Provider Conagony 2.1		Participating in Projects	rojects									
Practitioner - Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Pacilitorer - Primary Care Provider (PCP)	Bouallali Hind	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mad Pacalitioner - Primary Care Provider (PCP) Pa	Sullivan Erinmarie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<	<	<
MM Placatitioner - Primary Care Provider (PCP) X <td>Gao Pei</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td> <td>ζ</td> <td><</td> <td><</td> <td><</td>	Gao Pei	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ	<	<	<
Mod Practitioner - Primary Care Provider (PCP) X <td>Brown Tyrone Anthony Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Brown Tyrone Anthony Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
MMd Practitioner - Primary Care Provider (PCP) X <td>Pathak Naveen Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Pathak Naveen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
O MM Practitioner - Primary Care Provider (PCP) C </td <td>Sahni Gunjeet Mandvi Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Sahni Gunjeet Mandvi Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Isl Mid Practitioner - Primary Care Provider (PCP) IX IX <t< td=""><td>Herrera-Acevedo Luis O Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Herrera-Acevedo Luis O Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacititioner - Primary Care Provider (PCP)	Gonzalez Carlos Manuel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Drukman Liliya Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ininal Lyowna Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP)	Atluri Subha Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Carle Provider (PCP) CV	Korneeva-Vladimirsky Irina Lvovna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Jayman-Aristide Razia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
An PC Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP)	Li Yanlun	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
an Pc Practitioner - Primary Care Provider (PCP) V<	Sayad Karim Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mad Practitioner - Primary Care Provider (PCP) V <td>Reza Chowdhury Physician Pc</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Reza Chowdhury Physician Pc	Practitioner - Primary Care Provider (PCP)										
Md Practitioner - Primary Care Provider (PCP) Column (PCP)	Hon King Chen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) Image:	Cohen Nadine	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
vid Practitioner - Primary Care Provider (PCP) Image: Care PCP) Image: Care PC	Punsalan Imelda Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Information (PCP) Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Chapalamadugu Rajeev Md	Practitioner - Primary Care Provider (PCP)										
Infig Mid Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Gorodnitskiy Alexander	Practitioner - Primary Care Provider (PCP)										
fliq Md Practitioner - Primary Care Provider (PCP)	Liong Fei Lien Helen Md	Practitioner - Primary Care Provider (PCP)										
Iffig Mid Practitioner - Primary Care Provider (PCP) V <t< td=""><td>Romanello Paul P</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Romanello Paul P	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Chaudhry Muhammad Rafiq Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Zeng Lingling Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ad Practitioner - Primary Care Provider (PCP) CV CV<	De La Cadena Flor S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Pilarte Juan Jose Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Acevedo Mabel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V<	Cruz Alcedo Anselmo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Orlovskiy Aleksandr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Pena Pena Yomaris Mercedes Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Alleyne Michael George 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.iii	4.b.i	4.b.ii
Mun Sun Ok	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	ζ	<	<	〈
Olivero Matos Ana Rita Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	ζ	<	<	<
Yahodaei Kamran Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	〈
Leviashuili Natela Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chiao Marie	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	<	<	<	<
Tam Kenneth C Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	<
Sheldon Schwartz	Practitioner - Primary Care Provider (PCP)										
Master Kalpana Rashmin	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	ζ	<	<	〈
Rim An Moo Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	<
Aguilh-Figaro Toycina	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Waseem Faisal Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chacko Varughese P Md	Practitioner - Primary Care Provider (PCP)										
Patin Michael	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Long Ann Yongzhou Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Degoy Ana	Practitioner - Primary Care Provider (PCP)										
Spadafina Sarah Marie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lefevre Cluny P Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tariq Muhammad Md	Practitioner - Primary Care Provider (PCP)										
Tsoumpariotis Apostolis	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Nazir Ahsan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Masub Hosneara Md	Practitioner - Primary Care Provider (PCP)										
Chhipa Mohammad Haroon Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stybel Elena B Do	Practitioner - Primary Care Provider (PCP)										
Cheema Manjit Singh Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Oseitutu Nanna	Practitioner - Primary Care Provider (PCP)										
Grassi Armando E Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guido Giancarlo R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ng Hung Fai Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dave Devang Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rainbow Pediatrics Pc	Practitioner - Primary Care Provider (PCP)										
Gonzalez Adrian Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

<	ζ	ζ	<	ζ.	ζ.	ζ.	〈	ζ.	<	Practitioner - Primary Care Provider (PCP)	Edwards Wendy S A Md
•	•	•	•	•	•		•	•		Flacilioner - Filliary Cale Floyider (FCF)	Colles Juail Do
3	ζ.	ζ.	K	ζ.	3	3	K	ζ.	ζ.	Practitioner - Primary Care Provider (PCP)	Cortes Juan Do
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chung Wendy Wei Md
										Practitioner - Primary Care Provider (PCP)	Malhotra Shilpa Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Kairam Indira R Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Syed Ahmad Physician Pc
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chennareddy Swaminathan
										Practitioner - Primary Care Provider (PCP)	Deleon Jose L Dpm
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<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chadda Veena Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Kan Sang Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Cordoba Vargas Sandra Edith
										Practitioner - Primary Care Provider (PCP)	Yazdanbakhsh Khashayar
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Hector Holson S Md
										Practitioner - Primary Care Provider (PCP)	Kartachov Carmen M
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Wong Tina Md
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										Practitioner - Primary Care Provider (PCP)	Max Leonore Beth Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Paddu Upadhyaya Padmanabh
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<	<	<	<	<	<	<	<	ζ.	ζ.	Practitioner - Primary Care Provider (PCP)	Uritskaya Faina Md
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										Practitioner - Primary Care Provider (PCP)	Green Young Sam
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<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Tallaj Ramon Modesto Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	

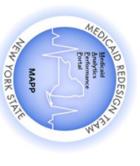


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										Practitioner - Primary Care Provider (PCP)	Kirschenbaum Linda A Md
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										Practitioner - Primary Care Provider (PCP)	Gough James W Md
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										Practitioner - Primary Care Provider (PCP)	Yuen Benny
										Practitioner - Primary Care Provider (PCP)	Ramirez Agramonte Sahira Giselle
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										Practitioner - Primary Care Provider (PCP)	Sherman Marc Noel Md
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										Practitioner - Primary Care Provider (PCP)	Yunov Arthur Md
										Practitioner - Primary Care Provider (PCP)	Chusid Boris Gregory Md
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										Practitioner - Primary Care Provider (PCP)	Phokela Sarabjit Singh Md
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										Practitioner - Primary Care Provider (PCP)	Washington Sharon Denise
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<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Ahuja Anita I Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chung David Ingook Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	

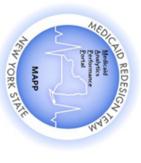


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Advocate Community Providers (PPS ID:25)

Provider Name Provider Canagory 24. 24.11 24		Participating in Projects	ects									
Practitions - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Care Provider (PCP)	Hana Mervat	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V V V V V V V V V	Avany Lucia Victor	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Practitioner - Primary Case Provider (PCP)	Jin Yan Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	ζ.	<	<	ζ.	<	<	<
Practitioner - Primary Care Provider (PCP)	Marc K Rybstein Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Kumar Manish	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Persaud Indrani	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	<	<	ζ.	〈	<	<
Practitioner - Primary Case Provider (PCP)	Maddineni Durga Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Perez Andrea	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Loo Nelly T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Ahuja Kishore Kanayalal Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<	<	<
dascular Medicine Practitioner - Primary Care Provider (PCP) X	Shah Tushar Laxmichand Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stephanie Practitioner - Primary Care Provider (PCP) X <t< td=""><td>New York Cardiovascular Medicine</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td></t<>	New York Cardiovascular Medicine	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Stephanie	Lodha Ajay K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
r-Sim Md Practitioner - Primary Care Provider (PCP) IX <	Ambrose-Flaherty Stephanie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ly Medical Pc Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Chan Thomas Kin-Sim Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
n A Md Practitioner - Primary Care Provider (PCP) Column (PCP)	Ny Hispanic Family Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Indexestion of the provider (PCP) Image: Control of the provid	Colasacco Joseph A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Idar Practitioner - Primary Care Provider (PCP) Image: Care PCP) <	Shah Vinay J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
odar Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Image	Lidoshore Karen	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V	Aung Kyawt Thandar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Md Practitioner - Primary Care Provider (PCP) V<	Ferdaus Akash	Practitioner - Primary Care Provider (PCP)										
Mid Practitioner - Primary Care Provider (PCP) V <td>Rizzo Mariano</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Rizzo Mariano	Practitioner - Primary Care Provider (PCP)										
3 Md Practitioner - Primary Care Provider (PCP) X <th< td=""><td>Byfield Celecia</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td></th<>	Byfield Celecia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Malhotra Madhu B Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Malhotra Madhu B Md	Practitioner - Primary Care Provider (PCP)										
an Md Practitioner - Primary Care Provider (PCP)	Chan Robin Y C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
Md Practitioner - Primary Care Provider (PCP) V V	Sangeorzan Adrian Md	Practitioner - Primary Care Provider (PCP)										
Md Practitioner - Primary Care Provider (PCP) Image: Continuous of the primary Ca	Reddy Sarath Md	Practitioner - Primary Care Provider (PCP)										
d Practitioner - Primary Care Provider (PCP)	Klein Sherman M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<	<	<
a Md Practitioner - Primary Care Provider (PCP)	Castillo Alfredo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Fokas Anastasia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Chan Alfonso Y	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name	Participating in Projects	ects	2.a.iii	2.h.iii	2.b.iv	ည ည	3.h.i	3.c.i	3.d.iii	4.b.i	4 b ii
Melamedoff Gustavo R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	\	<u> </u>	S	<	<	<
Ottaviano Paul Gerard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Qadri Syed S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rydzewski Mark Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Katherine F Zeng Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Leonid Isakov	Practitioner - Primary Care Provider (PCP)										
Awad Mary Z Md	Practitioner - Primary Care Provider (PCP)										
Boccardo Daniel A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Go Eddie Sim Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kumar Yogesh Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Ghumman Chaudhry Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Morales-Diaz Mirza Enid Md	Practitioner - Primary Care Provider (PCP)										
Zheng Jean Qingjun Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Hangjun Jang Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Mcgeachy Ogadinma Okoro	Practitioner - Primary Care Provider (PCP)										
Mensah Nana	Practitioner - Primary Care Provider (PCP)										
Huang Hua Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tullo Luigi Giovanni Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chowdhury A Y M Maksudul A Md	Practitioner - Primary Care Provider (PCP)										
Felix-Peralta Ingrid Ivanna	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Ngai Yi Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Bundoc Susana Dugang Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Alba Juan Andres Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Reynoso Elsa Sofia Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Khan Nasrin Akter Md	Practitioner - Primary Care Provider (PCP)										
Hyndman Rhonald	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Hu Yuhe	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Chua Betty A Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Butt Rahila Md	Practitioner - Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Roth Ira Md	Practitioner - Primary Care Provider (PCP)										
Minutillo John Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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		Jecro									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Metzger Benjamin Lowell	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ares Luz Delia Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ.	<	<	<	<	<
Arce Samuel Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	ζ.	<	<	<	<	<
Wang Yan Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Carvajal Ruben U Md Pc Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	ζ.	<	<	<	<	<
Pearce Katherine	Practitioner - Primary Care Provider (PCP)										
Uzor Elizabeth	Practitioner - Primary Care Provider (PCP)										
Giannetti Cynthia	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	ζ.	<	<	<	<	<
Pena Jacobo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
He Zili	Practitioner - Primary Care Provider (PCP)										
Charles Michel-Jose Md	Practitioner - Primary Care Provider (PCP)										
Michael Armine Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zhang Han Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lippman Sheldon Bruce Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mederos Mariano Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Alla Vijayakumar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jindal Michelle Anne Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Barone Kellie Lynn	Practitioner - Primary Care Provider (PCP)										
Nassim Roland Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Olayo Alvaro A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rodriguez Maria D Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Das Provat Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Varghese Betsy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Velasquez Luis	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shin Dong-In	Practitioner - Primary Care Provider (PCP)										
Dellatto Patricia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Holly M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ditchek Alan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Barua Aruna Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rojas Ana Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Batoon Sherwin Bumanglag Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	i 2.b.iii	i 2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Leers Ella Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Richter Michael	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Malhotra Madhu Md	Practitioner - Primary Care Provider (PCP)										
Skeivys Saulius J Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	ζ.	<	<	ζ.	<	<
Hughes Reginald D Md	Practitioner - Primary Care Provider (PCP)	<			ζ.	ζ.	ζ.	<	ζ.	〈	<
David Marian Md	Practitioner - Primary Care Provider (PCP)										
Zheng Yi Xiu	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	ζ.	<	ζ.	<	<
Johnston Mark R Md	Practitioner - Primary Care Provider (PCP)										
Pantaleo Nicholas	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	<	<	ζ.	<	<
Jo Jihyun	Practitioner - Primary Care Provider (PCP)	<		〈	<	<	<	<	ζ.	<	<
Thomas Johnny Md	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<	<	<	<
Wagner Ira J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Brena M Desai Pediatrician Pc	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<	<	<	<
Huey Howard E Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cerri Ruben Walter	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Flores Judith Md	Practitioner - Primary Care Provider (PCP)										
Khorets Boris A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sen Debabrata Md	Practitioner - Primary Care Provider (PCP)										
Cheung William Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Villegas Emilio Md Pc	Practitioner - Primary Care Provider (PCP)	<		<	<	<	<	<	<	<	<
Mendez Jose Manuel Md	Practitioner - Primary Care Provider (PCP)	<	_	<	<	<	<	<	<	<	<
Batikov Aleksandr Md	Practitioner - Primary Care Provider (PCP)	<		<	<	<	<	<	<	<	<
Sundaresh Mamatha Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Elshoff Kathryn	Practitioner - Primary Care Provider (PCP)	<		<	<	<	<	<	<	<	<
Lee Karen Tin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mitchell Harrison Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Adlersberg Jay B Md	Practitioner - Primary Care Provider (PCP)										
Hasan Choudhury S Md	Practitioner - Primary Care Provider (PCP)										
Tin Hui Hing Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chiu Sungkin Md	Practitioner - Primary Care Provider (PCP)										
Yang Fan	Practitioner - Primary Care Provider (PCP)										



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	i ai iicipaiiiig iii i i ojecia	Tojecto									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Jeon Eunjeong	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<	<	<
Tarife Karen	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	ζ.	ζ.	ζ.	ζ.	<	<
Abdullah Ghazanfar Syed Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	〈	〈	〈	<	<	<
Batlle Jose E Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Caro Sixto R Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<	<	<
Comprehensive Community Pediatrics	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sheridan Bernadette Lizina Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<	<	<
Hall George Clinton Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yu Ann Marie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lao Wilfredo Sy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Papaevagelon Nikolas	Practitioner - Primary Care Provider (PCP)										
Olivo-Mercedes Yohanna M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
So Agnes Laiping Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tardio Julio Alberto Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Foster Sharon Md	Practitioner - Primary Care Provider (PCP)										
General Medical Services Of Queens	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Florimon-Delarosa Hector B Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Albarran Marzan Julio E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marone Freya Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sinha Ashok	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kuo Josephine Y Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Santos Marissa T	Practitioner - Primary Care Provider (PCP)										
Pignanelli Eduardo L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Qureshi Shahina Murtaza	Practitioner - Primary Care Provider (PCP)										
Lam Terry Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pierre-Thompson Tamara	Practitioner - Primary Care Provider (PCP)										
Rigaud Nathalie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Allen Theodore Elias Pc Md	Practitioner - Primary Care Provider (PCP)										
He Lan Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pierre Joseph Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Begum Shamin Ara Md	Practitioner - Primary Care Provider (PCP)										



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Golestaneh Nasser Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Babubhai I Patel Physician Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	〈	<	<
Cheung Sandy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	〈	<	<	<
Zhang Yuqing	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ooi Yen Hoong	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	ζ.	<	<
Lewis Kamica Lynn	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mailian-Oganova Lilia Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	ζ.	ζ.	<	<
Bagheri Farshad	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	<	<
Peichev Mario Atanasov Md	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	<	<	ζ.	<	<
Di Franco Fortunato Santi Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Sanjay Narottambhai Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Molnar Thomas	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sencion Franklin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
M & M Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Nahar Jebun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Vijaykumar Sudha Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Mohammed Abdul Wahid	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Espinal Alberto Comas Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Liriano Octavio Antonio Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Mina Bushra Ayad Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tu Joseph	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Zhang Jian Wei	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Enu Christopher Chukwuemeka	Practitioner - Primary Care Provider (PCP)										
Sultana Naheed Md	Practitioner - Primary Care Provider (PCP)										
Kukar Narinder M Md	Practitioner - Primary Care Provider (PCP)										
Chakrabarti Chhaya Md Pc	Practitioner - Primary Care Provider (PCP)										
Oodal Ravichand Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Aponte Jose Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Jhaveri K Meenakshi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
George Jacob V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Talwar Sumit	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Changery 23, 23, 23, 23, 23, 23, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24		Participating in Projects	ojects									
PeadStorer - Primary Case Provider (PCP) O Diajumoke Nd PeadStorer - Primary Case Provider (PCP) A Mal	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Pacilitioner - Primary Cane Provider (PCP)	Domond Jacques	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<
Coblighancele Midd Pacatitiones - Primary Case Provides (PCP) IX	Barayev Vladimir	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Cate Provider (PCP) X	Adeyanju Olufunmilayo Olajumoke Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<
Practitioner - Primary Care Provider (PCP) X	Liu Ho-Mau Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	ζ.	<	<
Pacitioner - Primary Care Provider (PCP)	Dovnarsky David Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	ζ.	<	<
Practitioner - Primary Case Provider (PCP)	Koshy George P Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	ζ.	<	<
Pactitioner - Primary Care Provider (PCP)	Patel Babu A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<
Il Office Pc Pacititioner - Primary Cate Provider (PCP) IX	Jung Josephine O Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) INC.	Eric Zhou Medical Office Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Productioner - Primary Care Provider (PCP) X X X X X X X X X	Estevez Juan T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<
Practitioner - Primary Care Provider (PCP) S S S S S S S S S	Wan Soo Lee Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Imendation Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) <th< td=""><td>Advani Deepak</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Advani Deepak	Practitioner - Primary Care Provider (PCP)										
Simon Md Practitioner - Primary Care Provider (PCP) V <th< td=""><td>Campusano Clarinelda</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Campusano Clarinelda	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Idea Patel Physician Pc Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) <td>Shnayder Rafail Simon Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Shnayder Rafail Simon Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) CV CV<	Baldevbhai Vithaldas Patel Physician Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Date Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Image	Haro Mario R Md	Practitioner - Primary Care Provider (PCP)										
Oolanda Piannonte Md Practitioner - Primary Care Provider (PCP) Colon Care Provider (PCP)	Ortiz Luis A Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<
Volanda Plamonte Md Practitioner - Primary Care Provider (PCP) Image: Control of the CPC of the C	Fung Ngan	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
J Mid Practitioner - Primary Care Provider (PCP) Image: Note of the provider of the p	Patron Maria Yolanda Piamonte Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
LMd Practitioner - Primary Care Provider (PCP) Image:	Edasery Beppy J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Example of the control of th	Berman Bruce L Md	Practitioner - Primary Care Provider (PCP)										
Ez Practitioner - Primary Care Provider (PCP) C <td>Li Brian</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Li Brian	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
at Oluwakemi Practitioner - Primary Care Provider (PCP) IX IX<	Alfonso A Ortiz	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Fractitioner - Primary Care Provider (PCP) Company Care Provider (PCP)<	Kasumu Simbiat Oluwakemi	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Ca	Jacob Sunitha	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Ravindra Md Practitioner - Primary Care Provider (PCP) V	Paik Woong Ki	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Ravindra Md Practitioner - Primary Care Provider (PCP) V <td>Cardona Erica</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Cardona Erica	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V<	Akhand Abdul	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
ndra Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Normal Md Practitioner - Primary Care Provider (PCP) Normal Md Practitioner - Primary Care Provider (PCP) Normal Md No	Saleem Sabrina	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Gandhi Sneha J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
	Dholakia Kush Ravindra Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Production Pro		Participating in Projects	jects		-	-						_
Made Mid	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Mids Practitioner - Primary Cane Provider (PCP) CI C	Martinez De Pimentel Nadia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
MM Practitioner - Primary Care Provider (PCP) X <td>Jinna Rajender R Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Jinna Rajender R Md	Practitioner - Primary Care Provider (PCP)										
said Md Practitioner - Primary Case Provider (PCP) X	Flaminiano Lourdes M Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Castellanos Roman Dario Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) C C C C C C C C C	Hoffman Howard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Coss Pic Practitioner - Primary Care Provider (PCP) X <th< td=""><td>Petryk Grzegorz Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>〈</td><td><</td></th<>	Petryk Grzegorz Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	〈	<
Pactitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Procare Medical Services Pc	Practitioner - Primary Care Provider (PCP)	ζ.	〈	<	ζ.	<	ζ.	<	<	ζ.	<
Practitioner - Primary Care Provider (PCP)	Chakote Jyoti V Md	Practitioner - Primary Care Provider (PCP)	ζ.	〈	<	ζ.	<	ζ.	<	<	ζ.	<
Practitioner - Primary Care Provider (PCP)	Xiaoxia Zhang Md Pc	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Chak Ada Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) V V V V V V V V V	Laud Sheela G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) X X X X X X X X X	Chatterjee Partha P Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
shwawanath Practitioner - Primary Care Provider (PCP) X <	Minhas Seema Jalil	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Internationer - Primary Care Provider (PCP) Image: Care Provider (PCP)	Puttaswamygowda Vishwawanath	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Konig Michael P	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Id Practitioner - Primary Care Provider (PCP) Image:	Simons Stephan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
uro Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP) <t< td=""><td>Khaldarov Yevgeniy Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Khaldarov Yevgeniy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) X	De Lara Francisco Arturo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Starosta Elena Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Shen Jie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Idd Practitioner - Primary Care Provider (PCP) Image:	Li Xiao-Qing Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
CPC Mid Practitioner - Primary Care Provider (PCP) V	Bharel Virendra M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ie Lorena Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) a Sagar Md Practitioner - Primary Care Provider (PCP)	Chawla Satish K Pc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ile Lorena Practitioner - Primary Care Provider (PCP) V <	Agarwal Ruchi	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V </td <td>Hernandez Angie Lorena</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Hernandez Angie Lorena	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a Sagar Md Practitioner - Primary Care Provider (PCP) a Sagar Md Practitioner - Primary Care Provider (PCP) b Practitioner - Primary Care Provider (PCP) Ce P Md Practitioner - Primary Care Provider (PCP) Company Car	Parekh Sejal	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V<	Cheng Jennifer	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ce P Md Practitioner - Primary Care Provider (PCP) V	Katari Nagendra Sagar Md	Practitioner - Primary Care Provider (PCP)										
Do Practitioner - Primary Care Provider (PCP)	Hecker Lawrence P Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Lee Hung-Sam Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Park Yohan Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name		Participating in Projects	ojects									
Bactitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Produtioner - Primary Cane Provider (PCP)	Nina Ortega Luis Cesar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Practitioner - Primary Carle Provider (PCP)	Chan Chun-Kit	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	<	<	<	<
Practitioner - Primary Case Provider (PCP)	Auguste Jean K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Ahern Barbara Ann	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Schneider Fran Iris	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Yu Christine	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Ben-Meir Amos David	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	<	<	ζ	<
Practitioner - Primary Care Provider (PCP) X	Cheuk W Lau Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	<	<	ζ	<
Practitioner - Primary Care Provider (PCP)	Lee Shuk	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Chee Benjamin Anted	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	First Step Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Primary Care Provider (PCP) X <td>Jain Suresh P Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Jain Suresh P Md	Practitioner - Primary Care Provider (PCP)										
e Pc Practitioner - Primary Care Provider (PCP) X </td <td>Benchabbat Abraham A Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Benchabbat Abraham A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Interestioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Doctor Yio Medical Service Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Add Practitioner - Primary Care Provider (PCP) Image:	Duaban Maria Paz Md Pc	Practitioner - Primary Care Provider (PCP)										
Add Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP) <t< td=""><td>Chen Yanfeng Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Chen Yanfeng Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)<	Numann Sousan Munim Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
And Practitioner - Primary Care Provider (PCP) V <td>Wallach Nancy Eliana Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Wallach Nancy Eliana Md	Practitioner - Primary Care Provider (PCP)										
Indication Practitioner - Primary Care Provider (PCP) Image: Care PCP Image: Care PCP <th< td=""><td>Dheeraj Khurana Mbbs</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Dheeraj Khurana Mbbs	Practitioner - Primary Care Provider (PCP)										
Add Practitioner - Primary Care Provider (PCP) C <td>Yiu John</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Yiu John	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) CV CV<	Uduevbo Jerry Ainene Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Krivitskaya Nataliya</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Krivitskaya Nataliya	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) V	Bunyavanich Sommai T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) V<	Duda Olha	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Fukilman Ocas Jorge Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Association Practitioner - Primary Care Provider (PCP) V	Hiza Ashley Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Narcisse Joseph Rpa-C	Practitioner - Primary Care Provider (PCP)										
are Pc Practitioner - Primary Care Provider (PCP)	Ramzan Muhammad Masood	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Knickerbocker Medical Care Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
	Almonte Maria Isabel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Yan Henry Jiann Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Patel Chirag	Practitioner - Primary Care Provider (PCP)										
Gu Kangxia	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	〈	<	<	<
Wanda Rodriguez Md	Practitioner - Primary Care Provider (PCP)										
Jones Shauntay	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Zhu Dening	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Ishvarbhai S Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	ζ.	<	ζ	<
Li-Hirashiki Vivian Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Licht Warren Bret Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sauro Natalie Margaret	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Li Michael Yang Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Mo Shengjie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Checo Yuderqui Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Li Xian Min Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kutnick Richard	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Rahman Mohammad M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Chung Nakchin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Byssainthe Paul Harold Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Anjum Naheed Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Familia Carmen	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Lu Li	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Gu Yeon Sook	Practitioner - Primary Care Provider (PCP)										
Akinboboye Olakunle O	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cruz Philip M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Huang Yanhan Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Cohen Nelly Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Perello Robert Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Eisenstein Howard Charles Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Trinh Tuyen T Do Pllc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moarefi Mehran-Reza Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khan Zahida Md	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

Provider Nume		Participating in Projects	Projects									
Practitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Care Provider (PCP)	Hailiu Zuo Physician Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Machitoner - Primary Care Provider (PCP) Image: Care Provider (PCP) <td>Salcedo Osiris</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Salcedo Osiris	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Case Provider (PCP)	139 Medical P.C.	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Case Provider (PCP)	Dontineni Nripen	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	ζ.	<	<
Beatitioner - Primary Care Provider (PCP)	Goris Jose Armando Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ	ζ	<	<
Orige Mid Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Hannan Mohammad A Md	Practitioner - Primary Care Provider (PCP)										
orge Md Practitioner - Primary Care Provider (PCP) CV CV <t< td=""><td>Goyal Madhulika Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>ζ</td><td><</td><td><</td><td><</td></t<>	Goyal Madhulika Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ	<	<	<
Middle (PCP) IX		Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Govind Prashil Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Govind Prashil Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V <td>Wong Chun Tung Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Wong Chun Tung Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) IX IX<	Yee Lily Fong Cho Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) IX IX<	Liverpool Steven Fitzroy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) C	Cheung Yiu Cheung Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) X	Kim Yoojin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Control of the control of	Lin Sun Co	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) C	Chatha Arshad Ali Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Image: Continuor of the provider of the practitioner - Primary Care Provider (PCP) Image: Continuor of the provider of the	Raoof Rebecca G Pc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP)	Bhuiyan Rafique Ahmed	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Made Practitioner - Primary Care Provider (PCP) V </td <td>Leinbach Lindsey</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Leinbach Lindsey	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) X X X X Practitioner - Primary Care Provider (PCP) X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Md Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X Practitioner - Primary Care Provider (PCP) X X X X X X	Samuel Cho Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Miller Andrew Robert Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Roth Alan Robert Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Remy Prospere Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
g Practitioner - Primary Care Provider (PCP) V<	Singh Amarjit Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
d Practitioner - Primary Care Provider (PCP) Image: Control of the provider of the practition o	Singh Amarjit Md	Practitioner - Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Karimi Mahmood M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ar Md Practitioner - Primary Care Provider (PCP) Image: Continuous of the practition of the pra	Williams Lorraine E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ar Md Practitioner - Primary Care Provider (PCP) V	Julian Maximo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Norberto Candido Cesar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Perea Annette Md	Practitioner - Primary Care Provider (PCP)										
	Wou Margaret Lee Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Reday Assuma Daubrica Madu Provider Catagory 2.1		Participating in Projects	Projects									
Modificated Add Paraliticate - Primary Case Provider (PCP) V	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Care Provider (PCP)	Reddy Kavitha Dadithota Md	Practitioner - Primary Care Provider (PCP)	〈	<	<	<	<	<	ζ.	<	ζ.	<
Med Practitioner - Primary Care Provider (PCP) ILabebh Md Practitioner - Primary Care Provider (PCP) Wind Practitioner - Primary Care Provider (PCP) R Mod Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Mod Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Mod Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Mod Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Pr	Chen Chao Do	Practitioner - Primary Care Provider (PCP)	〈	<	<	<	<	<	ζ.	〈	ζ.	<
Labeb Md	Myers Cynthia E Md	Practitioner - Primary Care Provider (PCP)										
Md Practitioner - Primary Care Provider (PCP) X <td>Santana Rita Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Santana Rita Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mid Paciditioner - Primary Care Provider (PCP) X <td>Eskaros Saphwat Labeeb Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Eskaros Saphwat Labeeb Md	Practitioner - Primary Care Provider (PCP)										
Mailtonin Md	Goldman Adam Y Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	〈	<
R MM Practitioner - Primary Case Provider (PCP) Image: Case Provider (PCP) Image	Armington Kevin John Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	ζ.	ζ.	<
Anthony Md Practitioner - Primary Care Provider (PCP) C <	Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
dd MM Practitioner - Primary Care Provider (PCP) CV	Frousios Costas Anthony Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ad Mid Practitioner - Primary Care Provider (PCP) V	Aslam Mohammad Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Primary Care Provider (PCP) Image: Control of the c	Hamid Muhammad Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Singh Sherry A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Sang Koky	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Chao Elaine Lynn	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) C <td>Moshiri Kourosh</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Moshiri Kourosh	Practitioner - Primary Care Provider (PCP)										
Md Practitioner - Primary Care Provider (PCP) C <td>Wong Irene</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Wong Irene	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Meltzer Robert M Md	Practitioner - Primary Care Provider (PCP)										
iet Md Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Gu Xi Freda Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
iet Md Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Alcindor Claudia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP) V	Nguyen Dustin Triet Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP) Practitioner - Pri	Adler Carl M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
ne Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP)	Kim Jeongwon	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
ne Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP) Practit	Coplan Neil L Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Carreno Jacqueline Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP)	Derek Sun	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V	Tan Victoria H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
IMd Practitioner - Primary Care Provider (PCP) V	Majeed Salamat Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Salim-Ortiz Jadiyi Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V	Galanis Tommy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
	Singh Amandeep	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Kuznetsov Valery Md	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Huang Zheng-Bo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ahuja Rita K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zaman Rehana A Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	<
Gilani Tajammal H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Phang Christopher Andrew Md	Practitioner - Primary Care Provider (PCP)										
Chen Charlie Chin-Song Do	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<	ζ.	ζ.	<	<
Ann Young Medical P.C	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	〈	<	ζ	ζ.	<	ζ.
Lim Vivien Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<	<	ζ.	<	<
Leung-Eng Lucy Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	\	<	<	ζ.	<	<
Lazala Polanco Carmen Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Gonjon Cheng Antonio Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Israel Igor Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zayat Gabriel G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rao Sudha	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Wang Jy Ming Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Pichardo Jesus Manuel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Xu Richard Li-Cheng	Practitioner - Primary Care Provider (PCP)										
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Morales Gustavo Adolfo	Practitioner - Primary Care Provider (PCP)										
Raza Nadeem Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Zilber Nora Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Palencia David Jose Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stanley Ng Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Myint Win Md	Practitioner - Primary Care Provider (PCP)										
Mallick Shahla S Md	Practitioner - Primary Care Provider (PCP)										
Sencion Sergio M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Seung Hee Kang	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Harris Michael Eli	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Zhao Mengjia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kim Hyoseong	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Patel Sureshchandra G Md	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Haimi Joseph Shayani Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Cho Won Sup Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	〈	<	<	<	<	<
Zabarskiy Roman Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	〈	<	〈	<	<	<	<	<
Khan Zaber Ahmad Md	Practitioner - Primary Care Provider (PCP)										
Dairo Oluwatoyos	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Modern East West Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Alapati Prameela	Practitioner - Primary Care Provider (PCP)										
Diaz Angel A	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mayard Jules	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jamaica Family Practice &	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Petrov Manana Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wahid Abdul	Practitioner - Primary Care Provider (PCP)										
Meng Hsiang-Chi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Figueroa-Martinez Silkia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rafique Bhuiyan Medical Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Crupi Robert S Md	Practitioner - Primary Care Provider (PCP)										
Ahsan Mohammad Md	Practitioner - Primary Care Provider (PCP)										
Price Hobart C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tokar Svetlana Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Duggirala Rudrama D Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rawal Jagat M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dominguez-Echevarria Alvaro	Practitioner - Primary Care Provider (PCP)										
Khan Naznin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Denny Martin	Practitioner - Primary Care Provider (PCP)										
Feng Yun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Magalie Alfred M D Pediatric Office	Practitioner - Primary Care Provider (PCP)										
Alvarado-Rivera Jorge V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rosario-Amaro Francisco Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Francisco Richard L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tan Chyne C Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Hwu Charles Joseph	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Ortiz Carlos A Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ahmad Syed T Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ	<	<	<	<	ζ	<	〈
Boursiquot Jean Robert Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moussa Zobidatte Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ	<	<	<	<	ζ	<	〈
Charles Antoine V Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ	<	<	<	<	ζ.	<	〈
Guilbe Rose M Md	Practitioner - Primary Care Provider (PCP)										
Sheydina Yelena Zinovjevna Md	Practitioner - Primary Care Provider (PCP)										
Arthur Jude Kwame Md	Practitioner - Primary Care Provider (PCP)										
Perez Emilio Ivan	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ghaffar Tahira Farooqi Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Perfetto-Tullo Maria	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Andrade Gloria Floresca	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
llyaev Stella	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Panhani Ramkumar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sharma Hita Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Crespo-Gomez Efrain Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pinckney Isaiah Howard li Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chowdhry Mohammed Idris	Practitioner - Primary Care Provider (PCP)										
Francisco Dalmacio H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Vaccarino Robert A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sharma Jayendra R Md	Practitioner - Primary Care Provider (PCP)										
Cao Shimin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Coupet Nadege Marie Md	Practitioner - Primary Care Provider (PCP)										
Tajian Rosa Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gupta Rakesh Md	Practitioner - Primary Care Provider (PCP)										
Fashakin Emmanuel O Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sabogal Gonzalo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tetrok Mikhail S Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khanna Suresh Md	Practitioner - Primary Care Provider (PCP)										
Nejati Golali Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rahman Ahmadur Md	Practitioner - Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Canagory 2.1		Participating in Projects	rojects									
Practitioner - Primary Cane Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Primary Care Provider (PCP)	Sms Medical Services PIIc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Zaric Maja Md	Practitioner - Primary Care Provider (PCP)										
C Practitioner - Primary Care Provider (PCP) Practitioner - Prima	Dahan Shayna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pactitioner - Primary Care Provider (PCP)	Jimenez Ramos Farrah Del C	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Blan Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP) <	Gonzalez Astacio Gustavo J	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	ζ.	<
sian Peatitioner- Primary Care Provider (PCP) X <td>Badin Shadi</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>ζ.</td> <td><</td>	Badin Shadi	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	ζ.	<
Practitioner - Primary Care Provider (PCP)	Dr Rosario H Reyes-Rigor Physician	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Hu Jiong-Ming Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Liu Shin-Hua	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Raince Gurmukh S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Linetskaya Yelena Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Shen Christine	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) X	Zanger Daniel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)<	Toronjadze Tamar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)	Wang Bin	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) V	Ellington Marty Jr Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) V </td <td>Mora-Mclaughlin Fernando S Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Mora-Mclaughlin Fernando S Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Holland Piret	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V	llashuk Andriy	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Practitioner - Primary	Pinero-Bernardo Shirley J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Lasic Zoran Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Zheng Dan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Santana Domingo A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V </td <td>Henao Joseph</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td>	Henao Joseph	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Piacente Dominick N Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP) V V V V V Practitioner - Primary Care Provider (PCP) V V V V V V Practitioner - Primary Care Provider (PCP) V V V V V V V	Soto Maria B	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Gupta Indranil Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Primary Care Provider (PCP) V	Haque Muhammad Mazharul Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mayor Md Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V	Lui Sheung Bun Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Kothari Purnima Mayor Md	Practitioner - Primary Care Provider (PCP)										
	Silva Lourdes G	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Chan Angela Mei Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Juan T. Estevez Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kapoor Mariela	Practitioner - Primary Care Provider (PCP)										
Lee Michael Jerry	Practitioner - Primary Care Provider (PCP)										
Medvedovsky Mihail Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Lam Kin Yui Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	<
Holalkere Rajagopal Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Patel Himanshu A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ginebra Fernando Arturo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rezkalla Laurence L Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Grossmann Rami R Md	Practitioner - Primary Care Provider (PCP)										
Ramirez Julio Alberto Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sanchez Janet I	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zhao Jiansheng	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stona Lurline P	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Buzinover Alla B	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Priyeva Raisa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chan Bennett	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Martinez Virginia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Abakporo Theophine O Md	Practitioner - Primary Care Provider (PCP)										
Rasheed Qaesar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lavelanet Mario Md	Practitioner - Primary Care Provider (PCP)										
Ablan Danilo Nagtalon	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Puma Joseph Anthony Md	Practitioner - Primary Care Provider (PCP)										
Chaughtai Khalid Akhtar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Maniar Rajen P Md	Practitioner - Primary Care Provider (PCP)										
Shan Zihe Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fung Sandy M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gebrezgi Sebhatu Tewolde	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Karibandi Ramakrishna V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Vaz Geraldine Sandra Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Braunstein Edward Allen
										Practitioner - Non-Primary Care Provider (PCP)	Nozius Herne
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mathews Daniel D Dpm
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Karkus Harvey D Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Patel Chetankumar P Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rampersaud Rajendra Mark
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Lai Amy Y Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Schaefer Steven David Md
										Practitioner - Non-Primary Care Provider (PCP)	Jacobs Jennifer
										Practitioner - Non-Primary Care Provider (PCP)	Jamison Sarah Grace
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Zapata Sheena M
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ho Vanessa
										Practitioner - Non-Primary Care Provider (PCP)	La Rosa Anita
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Prince Jose Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Xin Pang
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Wang John Tsihsian Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Tam Cynthia J Md
										Practitioner - Primary Care Provider (PCP)	Latina Medical Office Pc
										Practitioner - Primary Care Provider (PCP)	Massop-Flowers Alicia Do
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Fernandez Oscar E Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Johnson William G Md
										Practitioner - Primary Care Provider (PCP)	Wu Qiong
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Cordice-Ford Candida
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Primary Care Provider (PCP)	Shi Shelly Md
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Primary Care Provider (PCP)	Bunyavanich Sanga Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Huang Liwen
										Practitioner - Primary Care Provider (PCP)	Sohn Bret K
ζ.	ζ.	<	<	<	<	<	<	ζ.	<	Practitioner - Primary Care Provider (PCP)	Lee Sophia Y
ζ.	ζ.	<	<	<	<	<	<	ζ.	<	Practitioner - Primary Care Provider (PCP)	Glenn Christophe
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Burgos Javier P
<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Borrero Melissa
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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Problemail C Md Problem Problem Problem Case C		Participating in Projects	ects									
Predictioner - Non-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Case Provider (PCP)	Sy Manuel C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pactitioner - Non-Primary Care Provider (PCP)	Har-El Gady Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mallin David Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ	ζ.	ζ.	<	<	<	<	<
Practitioner - Non-Printary Care Provider (PCP)	Sirkis Oleg Md	Practitioner - Non-Primary Care Provider (PCP)										
Patatitioner - Non-Primary Care Provider (PCP)	Kiouranakis Nikolaos	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacitioner - Non-Primary Cate Provider (PCP)	Turan Naciye	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Louis Martine A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pactitioner - Non-Primary Care Provider (PCP)	Gorski Matthew Gabriel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Rajee Nirmala K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Institutioner - Non-Primary Care Provider (PCP) Image: Care Provider (Millwood Racquel K	Practitioner - Non-Primary Care Provider (PCP)										
los I Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control o	Blum Corinne E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X	Del Pin Christina A Md Facs I	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
by mathitioner - Non-Primary Care Provider (PCP) Image: Care Provider	Coven David L Md	Practitioner - Non-Primary Care Provider (PCP)										
om Practitioner - Non-Primary Care Provider (PCP) Image: Comparison of the control o	Sharaftkhah Martin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
om Practitioner - Non-Primary Care Provider (PCP) C	Dolin Natalia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the co	Prince Steven Leonard Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Jeanmichel Marieange	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Basu Amit	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Continuous of the continuo	Cohen David L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Zhang Victoria Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Verceles Caroline	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Haque Moinul Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Sun Deging Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
a Md Practitioner - Non-Primary Care Provider (PCP) a Md Practitioner - Non-Primary Care Provider (PCP) a Md Practitioner - Non-Primary Care Provider (PCP) ur Md Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Josephine Huang Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
a Md Practitioner - Non-Primary Care Provider (PCP) IV <	Katz Norma	Practitioner - Non-Primary Care Provider (PCP)										
ria Teresa Md Practitioner - Non-Primary Care Provider (PCP)	Sheflin Marla Sue Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Shan Kaur Md Practitioner - Non-Primary Care Provider (PCP) IV IV <t< td=""><td>Lechuga Maria Teresa Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td></t<>	Lechuga Maria Teresa Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Kaplan Evan</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td></t<>	Kaplan Evan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Malhotra Gulshan Kaur Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Ponieman Barbara L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
	Islam Tanvira	Practitioner - Non-Primary Care Provider (PCP)										



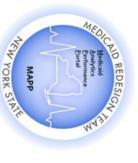
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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Gazi Farhad M	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	〈	<	<	<	<
Arzu Sade Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Wang Da	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cai Renee	Practitioner - Non-Primary Care Provider (PCP)										
Zetoune Tarek Samih	Practitioner - Non-Primary Care Provider (PCP)										
Yan Richard X	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	ζ.	<	<	<	<
Veloudios Alice Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	ζ	<	<	<	<
Law Anna Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jung Jesse J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kilshtok Sofya S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fung-Nicholson Sonia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dauhajre Jacqueline Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marinbakh Alexander Y Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cohen Oksana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Vaval Jean Lionnel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<	<	<
Anam Sadrul M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Falagario-Wasserman June	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Piotrowski-Philipp Joan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rubin Andrew Richard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Goldstein-Steuerman Erika Beth	Practitioner - Non-Primary Care Provider (PCP)										
Kermani Sadi	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<	<	<
Prenner Allen I	Practitioner - Non-Primary Care Provider (PCP)										
Metropolitan Center For Mental Health	Practitioner - Non-Primary Care Provider (PCP)										
Yushuvayev Eduard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Udeh Ngozi Julia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Pineda Diana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Terrance	Practitioner - Non-Primary Care Provider (PCP)										
Crevecoeur Evans Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name Provider Cotago 2		Participating in Projects	ects									
Plactitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
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Practitioner - Non-Primary Care Provider (PCP)	Rincioaga-Huhulea Mihaela	Practitioner - Non-Primary Care Provider (PCP)										
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ida Practitioner - Non-Primary Care Provider (PCP) Image: Control of the Control of	Phelan Jane	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ina Dr. Practitioner - Non-Primary Care Provider (PCP) IX	Henderson Alicia	Practitioner - Non-Primary Care Provider (PCP)										
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Practitioner - Non-Primary Care Provider (PCP)	Bhuiyan Shamsul	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Paquette Brain	Practitioner - Non-Primary Care Provider (PCP)										
BB Practitioner - Non-Primary Care Provider (PCP) X	Tam Anthony	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Idd Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Steinway Amy B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Thuy Practitioner - Non-Primary Care Provider (PCP)	Choi Mark Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ana Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider of the provider of the provider of the provider of the practition of the practitio	Nguyen Tracy Thuy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP)	Slevin Joanna	Practitioner - Non-Primary Care Provider (PCP)										
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Practitioner - Non-Primary Care Provider (PCP)	Fok Eric Chi-Cheung Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Guttenberg Michael Gary Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name Provider Name Provider Coangroup 2 a. 2 a		Participating in Projects	ects									
Parallelone - Non-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Ravins Claudia Md	Practitioner - Non-Primary Care Provider (PCP)										
Medicale Productioner - Non-Primary Care Provider (PCP) X	Mota Martinez Mercedes	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Neddal Pc Pacitioner - Non-Primary Care Provider (PCP) X	Chawla Kiran Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Medical Pc Practitioner - Non-Primary Care Provider (PCP) X	Klurfeld Alex	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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ased Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Young Chainllie</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Young Chainllie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
n Sinon Pacitioner - Non-Primary Care Provider (PCP) n Y Practitioner - Non-Primary Care Provider (PCP) All Md Practitioner - Non-Primary Care Provider (PCP) practitioner - Non-Primary Care Provider (PCP) All Care Provider (PCP) practitioner - Non-Primary Care	Pinter David Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
n Y Pactitioner - Non-Primary Care Provider (PCP) X	Zimmerman Jason Simon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	\
Practitioner - Non-Primary Care Provider (PCP)	Thompson Sharon Y	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Shankey Katelyn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Bhalla Sonya	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Kim Changrae	Practitioner - Non-Primary Care Provider (PCP)										
r J Mid Practitioner - Non-Primary Care Provider (PCP)	Strawn Lauren M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the co	Rizzo Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)										
n R Md Practitioner - Non-Primary Care Provider (PCP) Image: Comparison of the control of the contr	Dhar Vinod K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d. Practitioner - Non-Primary Care Provider (PCP) X	Hakshouri Shimon R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Maria Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care	Ansari Parswa Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
pt Practitioner - Non-Primary Care Provider (PCP) Image: Control of the Control of t	Gonzalez Ferro Maria	Practitioner - Non-Primary Care Provider (PCP)										
tot Practitioner - Non-Primary Care Provider (PCP) Common Frimary Care Provider (PCP) Code	Torres Diana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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nily Practitioner - Non-Primary Care Provider (PCP)	Hughes Joan Marie Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP)	Habib Salma	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Aziz Tasnia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Sultana Noushin	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Nicolaou Nicos	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mohamad Erfani	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rocio Practitioner - Non-Primary Care Provider (PCP) V	Basharian, Omar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Barnes Heather	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Samboy Jazlen Rocio	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Practitioner - Non-Primary Care Provider (PCP) V<		Provider Category	2.a.i	Z.a.III	2.b.III	Z.b.IV	s.a.l	3.D.I	3.C.I	3.Q.III	4.0.1	4.b.II
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Practitioner - Non-Primary Case Provider (PCP)	Wee Julie Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Wong Alfredo Sicat Md		<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Balmaceda Casilda Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Lillis Jr Thomas E	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	<	<	ζ.	ζ.	<
Practitioner - Non-Primary Case Provider (PCP)	Alex Santhosh Madathil Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	ζ.	<	ζ.	ζ.	ζ.	<
Patatitioner - Non-Primary Care Provider (PCP)	Brodsky Ella Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	ζ.	<
Practitioner - Non-Primary Care Provider (PCP) X<	Samad Rubina Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Srivastava Malaya Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Westcott Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP) V<	Baxi Ami S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP) X<	Drucker George	Practitioner - Non-Primary Care Provider (PCP)										
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Practitioner - Non-Primary Care Provider (PCP)	Mejia- Gonzalez Juliana Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Noble Joshua	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V<	Hershenson Kimberly											
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Trasi Sunil S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Gottlieb Marc D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Ad Practitioner - Non-Primary Care Provider (PCP)	Hayes Richard M Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP)	Pinsker Richard W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Javit Daniel Joel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Hyatt Phyllis S	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Giglio James F Md											
Practitioner - Non-Primary Care Provider (PCP)	Rogers Mark I Md		ζ.	<	<	<	<	<	<	<	<	<
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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Andrews Robert Anthony	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Estrella Gerard A	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	ζ	<	<
Golub Ashley D	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	<	<	<	<	ζ	<	<
Lim Jessica Wong Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	ζ.	<	<
Deng Jing Md	Practitioner - Non-Primary Care Provider (PCP)										
Ostrovsky Yakov Pt	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ	<	<
Benitez Joachim Alano	Practitioner - Non-Primary Care Provider (PCP)										
Robbins David Herbert Md	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	ζ.	<	<	<	ζ	<	<
Ginzburg Vladimir Md	Practitioner - Non-Primary Care Provider (PCP)										
Silver Larry Mark Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Krumholz David	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Passmore Craig J Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
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Greenblatt Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Persaud Yudhistira K Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Hubbard Natalie	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Wang Chuansheng	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chan Doris	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Wu Xuxia	Practitioner - Non-Primary Care Provider (PCP)										
Novogrodsky Raphael Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Khan Bitni Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sukhraj Gopal Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Stein Marjorie Michelle Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Frasca-Ponce Ada	Practitioner - Non-Primary Care Provider (PCP)										
Vuong Chinh Minh Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Opam Osafradu Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Doctor Dilip Shikharchand Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Depasquale Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Buka Robert Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zhao Peng	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Decident Name Provider Name Provider Collegiony 2.1		Participating in Projects	jects									
Practitioner - Non-Primary Care Provider (PCP) 4	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Defreitas Michelle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Sachdev Karina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacitioner - Non-Primary Case Provider (PCP)	Wilson-Bennett Renee	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	〈	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Naghi Jessica Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Pacitioner - Non-Primary Case Provider (PCP)	Ali Saima I	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Nagappan Nagammai	Practitioner - Non-Primary Care Provider (PCP)										
Add Practitioner - Non-Primary Carle Provider (PCP) Image: Control of the Control of	Cheng Yu Yan Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Pacitioner - Non-Primary Care Provider (PCP)	Schwartz Glenn Eliot Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
MMd Practitioner - Non-Primary Care Provider (PCP) V	Singh Varinder P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
dis Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Sayeed Majeed Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Schreiner Roberta H Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Shalonov Artur Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Fretwell Kenneth R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) IX IX <th< td=""><td>Cantu Roberto Jr Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Cantu Roberto Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider (PCP) Image: Control	Dodds Roxanne	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the co	Chime Chudi G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Kelly Renee	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP)	Cherenfant Lucot	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Lata Vivian	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Fischer Maureen	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Salame Ghadir M	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Id Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Royes Patrina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Add Practitioner - Non-Primary Care Provider (PCP) Add Pr	Bittle Stephanie	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Weiss Reuven Phd	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Romsaitong Diane P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Yin June	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Lee Wah Sang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Lazo Dante Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Wu Zhenqing Brett Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Knight-Debrady Alicia P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Recon-Bucevic Myra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	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.iii	4.b.i '	4.b.ii
Correa Nereida Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zhan Frank Lei	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<		<			<
Karantoni Olga	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	〈	<	<	〈	<		<	<
Arnouk Madhat A	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<		<			<
Alexander Julie	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	\			<
Woolward Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Etienne Stephanie	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ	〈	<	<		<
Hayes James	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<			<
Michaelson Chloe	Practitioner - Non-Primary Care Provider (PCP)										
Yaryin Llc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kaphan Mitchell L Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rafal Richard Md	Practitioner - Non-Primary Care Provider (PCP)										
Lee Sangwoo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dabovich Ivonne Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<				<
Tom Winston Chet Ying Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Sotelo-Garza Danilo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<		<
Jean-Jacques Trevor Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Matthew S Hepinstall Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<				<
Hernandez Hilda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gonzalez Jose Jr	Practitioner - Non-Primary Care Provider (PCP)										
Smith William	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	〈	<	<
Spinato Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)										
Isanova Zarrina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	〈	<	<
Huang Ai Lin	Practitioner - Non-Primary Care Provider (PCP)										
Eckstein Carrie	Practitioner - Non-Primary Care Provider (PCP)										
Amighi Chloe	Practitioner - Non-Primary Care Provider (PCP)										
Mandalaywala Jasodaben C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<
Thurm Craig Alan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<
Magloire Tamara Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<				<
Pamoukian Vicken Nichan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Chun Hajoon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Chen Jimmy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Azamy Taufiq	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Elstein Irwin D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shamalov Gennadiy	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Shridharani Sachin Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Narasimhan Gopal	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Subotin Inna	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Muhammad Imran Kafeel	Practitioner - Non-Primary Care Provider (PCP)										
Gaweda Oskar Adam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dinabel Peralta-Reich	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kraver Lauren	Practitioner - Non-Primary Care Provider (PCP)										
Henderson Tina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Li Angie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mensah Bridget	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Alessandra Pacino	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gialvsakis John Peter	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Unger Pamela Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Obstbaum Stephen Allan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Samadi David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Duvalsaint Fregens G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Francois Pierre L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cheng Ling Ouyang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Saintcyrus Evens	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rao Nagaraj Dharmavaram Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mercado Arthur M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Nyein Roland Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cooper Joanna Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Daniel Mathews, Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tsai Nancy M.D.	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Reichert James Michael	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	〈	<	<	<	<	<
Carpo Minda S Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Jiang Ming Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Ramessar Daniel Nathaniel Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Maloratsky Anna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Saravia Melissa Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ahn Myung Cha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Tubens Frances Marilou	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Klein Andrei Md	Practitioner - Non-Primary Care Provider (PCP)										
Malieckal Giles	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Khalil Susan S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kang Miyoung	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Tseng Tiffany	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
O'Connor Carol	Practitioner - Non-Primary Care Provider (PCP)										
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Kaman Ghong	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Huo Jerry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Taveras Fernando T	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Dumitru Marian Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Pandya Sapna K Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Byrne Kristin Colleen	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Kaplan Donald	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Kabrawala Pratibha Balvant Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Leriche Rose-Marie P Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
He Cong Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Stickles Scott Michael Do	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Yang Hyosol Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
O'Reilly James	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Lo Calvin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Godbout Brandon J	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Sengupta Trina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Sonia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fung Karen	Practitioner - Non-Primary Care Provider (PCP)										



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Hyojeong Lee Terry Peter G Md Roa Jose Aristides Dds	Practitioner - Non-Primary Care Provider (PCP) Dractitioner Non-Primary Care Provider (PCP)	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Hyojeong Lee Terry Peter G Md Roa Jose Aristides Dds	Practitioner - Non-Primary Care Provider (PCP)	<	〈	\							
Terry Peter G Md Roa Jose Aristides Dds	Prostition of Non Primon, Corp Brouder (BCB)			<	<	<	<	<	<	<	<
Roa Jose Aristides Dds	riactitioner - Noti-Filliary Care Flovider (FCF)	<	<	<	<	<	<	<	<	<	<
	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	〈
Wiedershine Donn Jay Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	ζ.	<	<	<	ζ.
Ritter Steven	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ruiz Peter R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Xiao Yong Hong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Anderson Darlene S Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pazur Beverly Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gerlach Kecia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cooper Braffett Stacey	Practitioner - Non-Primary Care Provider (PCP)										
Condon Maureen Kathryn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tipawan Helen	Practitioner - Non-Primary Care Provider (PCP)										
Yurovitsky Alyssa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Casado-Frankel Tomas Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Cai James	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patrice R Powell	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yazdan Ari	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mcknight James Md	Practitioner - Non-Primary Care Provider (PCP)										
Norman Steven Yale Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mo Lihua Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Larosiliere Sabine Edeline Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Drew Michael S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mendelson Robert I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jacinto Francisco Gertrude Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kukar Atul Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Larisa Koifman Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Freedman Todd W Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Golio Dominick Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kuang Barbara Hwa Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Viray Jose F	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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

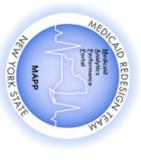
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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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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.iii	4.b.i	4.b.ii
Yang lan Yeng Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Scheffer John Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Surdhar Amarjot Singh	Practitioner - Non-Primary Care Provider (PCP)										
Fox Patricia A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Washington Debra	Practitioner - Non-Primary Care Provider (PCP)										
Castillo Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	<	<	<	<	<	<	<
Demko Monika	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Penn Emily	Practitioner - Non-Primary Care Provider (PCP)										
Mclaurin Frankie	Practitioner - Non-Primary Care Provider (PCP)										
Van Orsouw Jillian Suzanne	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	<	<	〈	<	<	<	<
Bush Fredrick	Practitioner - Non-Primary Care Provider (PCP)										
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sekar Surya Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Liu Fong	Practitioner - Non-Primary Care Provider (PCP)										
Wei Huachen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wood Edward T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fohn Gila	Practitioner - Non-Primary Care Provider (PCP)										
Lustbader Edward Seymour Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kabala Muana Mbuyi Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Santandreu Orlando	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Lopez Margarita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Malik Sajid Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Soto Ana Berenice Md Mph	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Eagan Joanne	Practitioner - Non-Primary Care Provider (PCP)										
Zhang Ting Ting	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Chow Philbert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Hamian Kimberly Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Steinbaum Suzanne Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fried Ethan D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Chen Jianping Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chu Chien-Jung J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	jects				•	•				:	
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	
Premkumar Angel Grace Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Iglesias Ricardo Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Charles-Gonsalves Shurla A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	〈	〈	<	<	<	<	
Puthumana Philip Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
El-Khawam Rania	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Mikheyeva Irina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Giaquinto Beth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Nemes Petru Codrin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Fils-Aime Marsha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Kezerashvili Anna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Thompson Michael Joel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Dupree Shashonna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Gosturani Artur	Practitioner - Non-Primary Care Provider (PCP)											
Damsky Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Concepcion Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Skipitaris Nicholas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Harris-Cobbinah Deborah Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Xing-Jie Wang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Chu Peter Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Smikle Marlene	Practitioner - Non-Primary Care Provider (PCP)											
Chiu Sungwai Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Jean Carl	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Best Tasby Lugene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Bornstein Eran	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Gheewala Parul A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Waghela Rachana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Sebolsky Paul	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Amato Peter	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Adeniran Adebukola	Practitioner - Non-Primary Care Provider (PCP)											
Liang Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	
Schiesel Elaine Leddomado Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hong Sungsil
										Practitioner - Non-Primary Care Provider (PCP)	Sionit Katayoun
										Practitioner - Non-Primary Care Provider (PCP)	Varghese Shiny
										Practitioner - Non-Primary Care Provider (PCP)	Jones Michelle
										Practitioner - Non-Primary Care Provider (PCP)	Xu Guan
										Practitioner - Non-Primary Care Provider (PCP)	Amatenstein Sherry Ann
<	<	<	<	<	ζ.	<	<	ζ.	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Becker Linda
<	<	<	<	<	<	<	<	ζ.	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Wong Timothy
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Dholakia Shashikant Vrajlal
<	<	<	<	<	ζ.	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Mcintosh James
<	<	<	<	<	<	<	<	ζ.	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Silberman Emil Md
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Hazelwood Arthur
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rajanna Madhu Gundigere Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Perk Gila Md
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Azar Sasan Md
<	<	<	<	<	ζ.	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Teller Katerina Md
<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Ngo Tammy Phuong
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Elsheryie Ahmed A Md
<	<	<	<	<	<	<	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Young George P H Md
<	<	<	<	<	<	~	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Chan Richard Md
										Practitioner - Non-Primary Care Provider (PCP)	Riano Marin Ervin Rene
<	<	<	<	<	<	<	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Dye Colleen
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Leon Jayleen
<	<	<	<	<	<	~	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Shugar Julia Ann
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Merritt-Morrison Laverne
										Practitioner - Non-Primary Care Provider (PCP)	Dietz Jr Vernon
										Practitioner - Non-Primary Care Provider (PCP)	Reiss Eugene H
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Desai Savitri J Md
										Practitioner - Non-Primary Care Provider (PCP)	Perez Linda Md
<	<	<	<	<	<	<	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Briley James
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Thierman David H
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	ne Provider Category	Provider Name
									ets	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wilford Eugene Paul Dds
			 								
〈	〈	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rahman Mohammad Mazibur Md
										Practitioner - Non-Primary Care Provider (PCP)	Fiskus Rachel
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Lippman Marie Abarientos Md
										Practitioner - Non-Primary Care Provider (PCP)	Abernathy Jeanine
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Huang Albert Md
<	<	<	<	<	<	<	〈	<	<	Practitioner - Non-Primary Care Provider (PCP)	Basit Mohammad Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Schiffer Mark Benjamin Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Stamm Joseph Martin Od
										Practitioner - Non-Primary Care Provider (PCP)	Mcconkey Sarah
										Practitioner - Non-Primary Care Provider (PCP)	Freedman Margaret
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Spencer Trudy I
										Practitioner - Non-Primary Care Provider (PCP)	Patel Monica Sidharaj
										Practitioner - Non-Primary Care Provider (PCP)	Khurana Divya
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mcpherson Christina
<	<	<	<	<	<	<	〈	<	<	Practitioner - Non-Primary Care Provider (PCP)	Espeut Nicole
										Practitioner - Non-Primary Care Provider (PCP)	Pressler Sarah
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Yin Xiaoqin S
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kaur Manpreet
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Gomez De Vargas Mencia M
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Tocco Michael Anthony
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Slade Stella
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Sandel Sherri Lynn Do
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Behfarin Parviz Md
										Practitioner - Non-Primary Care Provider (PCP)	Ambrose Mark D Md
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Chen Daniel Chin Md
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Perez Margarita Dds
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Towner Robert A Md
										Practitioner - Non-Primary Care Provider (PCP)	Rosenmann Carl Jay
<	<	<	<	<	<	<	~	<	<	Practitioner - Non-Primary Care Provider (PCP)	Pfefferblit Susanna Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Marble Hill Dental Office Pc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									pjects	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

	ranticipating in Frojects	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.iii	4.b.i	4.b.ii
Cahill Kevin Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pandit Ashwini	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Arbilo Maryclaire Arboleras	Practitioner - Non-Primary Care Provider (PCP)										
Kindo-Diouf Azetta	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bengeloun Nor Sabah	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ramanathan Deepak	Practitioner - Non-Primary Care Provider (PCP)										
Garratt Kirk Noel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yim Ho Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Meikle Angela Vanessa Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yeung Chung Kiang	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Thanneer Latha	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Kyriannis Charles Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Libby Charles	Practitioner - Non-Primary Care Provider (PCP)										
Rousseau Monique J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Babayev Dina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marino Nino D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Preventive Diagnostics Inc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jha Madhuri	Practitioner - Non-Primary Care Provider (PCP)										
Confident Marie M Lpn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Williams Ayesha Audene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Antonacci Anthony C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ward Andrea Maria Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Soberano Consolacio	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rhee Michael Sangwook Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Qiu William Weiguang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moskowitz Leo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mao Yongming Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gardenswartz Mark H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mutyala Manikyam Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Astiz Mark E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

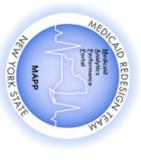


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Advocate Community Providers (PPS ID:25)

Predictionally Visity Productor Name Product Casegory Predictional - Non-Princip Case Provider (PCP) Rus Story MA Man Ma Ma Mark Man Predictional - Non-Princip Case Provider (PCP) Rus Story MA Mark Mark Mark Predictional - Non-Princip Case Provider (PCP) Rus Story MA Mark Mark Mark Predictional - Non-Princip Case Provider (PCP) Rus Story MA Mark Mark Mark Predictional - Non-Princip Case Provider (PCP) Rus Story Mark Mark Mark Predictional - Non-Princip Case Provider (PCP) Rus Story Mark Mark Mark Mark Princip Case Provider (PCP) Rus Story Mark Mark Mark Mark Mark Mark Mark Mark		Participating in Projects	ects									
Unity Practitioner - Non-Primary Carle Provider (PCP) CM	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Un IMMA Productioner - Non-Primary Carle Provider (PCP) CI	Pertsovsky Yuriy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mohammed Jaffer Al Mod Practitioner - Non-Primary Care Provider (PCP) IX IX <th< td=""><td>Jen Albert Sun Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Jen Albert Sun Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Abdase Practitioner - Non-Primary Care Provider (PCP) X <	Raza Seyed Mohamed Jaffar Ali Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bass Practitioner - Non-Primary Care Provider (PCP) V <th< td=""><td>Lee Frances</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Lee Frances	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a a Practitioner - Non-Primary Care Provider (PCP) C	Figueroa Nicholas	Practitioner - Non-Primary Care Provider (PCP)										
Biles Shiria	Siniscalchi Alexa	Practitioner - Non-Primary Care Provider (PCP)										
Gracy Mid Practitioner: Non-Primary Case Provider (PCP) Image: Case Provider (PCP) <	Rosenbaum-Roller Shira	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	<	ζ	<	<	<
and Gall Practitioner - Non-Primary Case Provider (PCP) V	Ng John Paul Tracy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
without Practitioner - Non-Primary Care Provider (PCP) W	Williams-Copeland Gail	Practitioner - Non-Primary Care Provider (PCP)										
Mid Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Ruiz Teresita Dumo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Patatitioner - Non-Primary Care Provider (PCP)	Marcu Mariana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a Fanny Md Practitioner - Non-Primary Care Provider (PCP) X	Ford Edwina	Practitioner - Non-Primary Care Provider (PCP)										
no Practitioner - Non-Primary Care Provider (PCP) C	Garrido-Valencia Fanny Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
eva Practitioner - Non-Primary Care Provider (PCP) CV CV <t< td=""><td>Christina Mannino</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Christina Mannino	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
inite Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control o	Mariya Aranbayeva	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
nie Practitioner - Non-Primary Care Provider (PCP) IX IX <t< td=""><td>Alikakos Maria</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Alikakos Maria	Practitioner - Non-Primary Care Provider (PCP)										
ia L Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Soohoo Stephanie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ah Danielle Practitioner - Non-Primary Care Provider (PCP) Company Care Provider (PCP)	Hernandez Maria L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
bl Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Zuckerman Sarah Danielle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
David Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PC	Patel Jagruti Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of t	Bogart Sydney David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V Sabel Dds Practitioner - Non-Primary Care Provider (PCP) V V V V V V V Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V ena Q Rn Practitioner - Non-Primary Care Provider (PCP) V<	Carroccio Alfio Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
And Practitioner - Non-Primary Care Provider (PCP) V <	Lin Pi Tang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
sabel Dds Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V </td <td>Carpati Charles Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Carpati Charles Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Ulerio Bonilla Ysabel Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ena Q Rn Practitioner - Non-Primary Care Provider (PCP)	Somrov Serge Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Deblois Magdalena Q Rn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Anderson Todd	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) IV	Zelman David	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Grant Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
	Deleon Stephen L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Patel Nirav Chandrakant Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Etienne Valcy Mary Md	Practitioner - Non-Primary Care Provider (PCP)										
Schabes George A Dds	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	〈	<	<	<	<	<	<
St Felix Raymond Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Weissman Laurence Roy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bover Elina Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mason Benjamin F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Auricchio John Steven Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bulnes Victor M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Useda Claudia A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Abraham Cynthia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Smith-Menjivar Eleise	Practitioner - Non-Primary Care Provider (PCP)										
Oconnell William F Od	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Punzalan Betty N Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Shi-Wen Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Turner Sandra Md	Practitioner - Non-Primary Care Provider (PCP)										
Bernik Stephanie Falcone Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ulyana Khaldarov Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Addonizio Devon Kimberly Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yan Weihong	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Borowski Allison Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bhojani Shabnamzehra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Karibandi Karthik	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tsounias Emmanouil	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rodas Olga	Practitioner - Non-Primary Care Provider (PCP)										
Collazo Susie	Practitioner - Non-Primary Care Provider (PCP)										
Ziel Valerie	Practitioner - Non-Primary Care Provider (PCP)										
Lim Mi Mi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chopra Jaideep	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kuang Liren Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ackerman David Charles	Practitioner - Non-Primary Care Provider (PCP)										

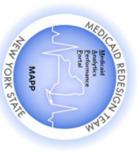


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Zheng Peter Shuangwu Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mediavillo Rene S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Mashinic Elisabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Pachas Yvanka	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pirelli Luigi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Liotta Dara R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Morshed Monzur	Practitioner - Non-Primary Care Provider (PCP)										
Sen Kamalendra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Howell Gregory Allen	Practitioner - Non-Primary Care Provider (PCP)										
Tovbina Inna Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Astacio Caroline Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Watts Rakiya	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Orodio Alvin Pascua	Practitioner - Non-Primary Care Provider (PCP)										
Sasagawa Kaya	Practitioner - Non-Primary Care Provider (PCP)										
Ching Companioni Rafael Antonio	Practitioner - Non-Primary Care Provider (PCP)										
Appleman Avraham S	Practitioner - Non-Primary Care Provider (PCP)										
Eid Dahlia	Practitioner - Non-Primary Care Provider (PCP)										
Hallenbeck Richard D	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Beinart Clifford Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lam Henry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rutner Daniella	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sanchez Jose Rafael De Leon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sobol Norman J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rosen Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zilberstein Olga Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mora Maximo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lim Pearl Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fein Alan Marc Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Georges Joseph L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pou Ricardo E Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Badalov Isak Y Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

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Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green	

	Participating in Projects	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.iii	4.b.i	4.b.ii
Winter David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wong Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khalil Ahmed	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Cox Anika Jonnelle	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	<	<	<	<	<
Long Michele	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	〈	ζ.	<	<	<	<
Glazer Kate	Practitioner - Non-Primary Care Provider (PCP)										
Feliz Claudia	Practitioner - Non-Primary Care Provider (PCP)										
Romano Heather	Practitioner - Non-Primary Care Provider (PCP)										
Mcconnell Megan	Practitioner - Non-Primary Care Provider (PCP)										
Gulati Gagan Jagdish Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kosmas Constantine Elias Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Raziyev Jacob	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Miller Ricardo Anthony	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Parraga-Marquez Monica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Louis Martha Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mehta Rekha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Losier Robert J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Foong Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tsoumpariotis Spyros N Dpm	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Krespi Yosef P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Parellada Alejo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rayappa Premalatha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sahai Anuraag	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Ding Cheng Yang	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pinkhas Alex	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pastori Luciano Juan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moroz Georges Md	Practitioner - Non-Primary Care Provider (PCP)										
Tai Chin-Cheng	Practitioner - Non-Primary Care Provider (PCP)										
Saint-John Susan	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Chan Jeffrey Chi Keung Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Gutnik Zhanna Valerievna Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

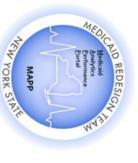


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Advocate Community Providers (PPS ID:25)

Provider Name Provider Conaggory 2.1		Participating in Projects	jects									
### Practitioner - Non-Primary Case Provider (PCP) ### City City City City City City City City	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
ent Y Mds Practitioner - Non-Primary Case Provider (PCP) X	Shim Ruth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mobilishamed Md Probabilishorer - Non-Primary Case Provider (PCP) M <td>Jean-Bart Robert Y Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Jean-Bart Robert Y Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Michanned Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid Mid Mid Mid Mid Mid Mid Practitioner - Non-Primary Cane Provider (PCP) Mid	Wu Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
and WMM Practitioner - Non-Primary Care Provider (PCP) X	Zeitoun Khaled Mohamed Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
strt WMM Practitioner - Nun-Primary Care Provider (PCP) Image: Control of the Contro	Lus Medical Associates Pllc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pay Mid Practitioner - Non-Primary Care Provider (PCP) C.V. C.V. <t< td=""><td>Solomon Robert W Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Solomon Robert W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
on Mids Proaditioner - Non-Primary Care Provider (PCP) V	Kapoor Anil Kany Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
cost MS. Precitioner - Non-Primary Care Provider (PCP) V	Zheng Ronglan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ath Practitioner - Non-Primary Care Provider (PCP) X	Goldfarb Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)										
ah Practitioner - Non-Primary Care Provider (PCP) V	Hershman Elliott B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mild	Sudran Deborah	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V	Vo Tracy T Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
tal Practitioner - Non-Primary Care Provider (PCP) IX IX <t< td=""><td>Narula Tara K Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Narula Tara K Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
E Practitioner - Non-Primary Care Provider (PCP) V<	Alexander Anita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
her L Practitioner - Non-Primary Care Provider (PCP) X <t< td=""><td>Harris Helene E</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Harris Helene E	Practitioner - Non-Primary Care Provider (PCP)										
beth Practitioner - Non-Primary Care Provider (PCP) IX <	Osborne Heather L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a Mid Practitioner - Non-Primary Care Provider (PCP) All Carlos Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) All Carlos Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practiti	Marshall Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
shael A Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider	Ann Prokofieva Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
g Practitioner - Non-Primary Care Provider (PCP) All Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mrs. Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP	Feuerstein Michael A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
enda Practitioner - Non-Primary Care Provider (PCP) enda Practitioner - Non-Primary Care Provider (PCP) aa Practitioner - Non-Primary Care Provider (PCP) Mrs. Practitioner - Non-Primary Care Provider (PCP) Practitioner	Chen Morgan	Practitioner - Non-Primary Care Provider (PCP)										
enda Practitioner - Non-Primary Care Provider (PCP) a Practitioner - Non-Primary Care Provider (PCP) Mrs. Practitioner - Non-Primary Care Provider (PCP) Mrs. Practitioner - Non-Primary Care Provider (PCP) Practitio	Leung Ho Ning	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Aa Practitioner - Non-Primary Care Provider (PCP) Mrs. Practitioner - Non-Primary Ca	Maldonado Brenda	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Winkler Karyn	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) A Dds Practitioner - Non-Primary Care Provider (PCP)	Yekutiel Shira Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
A Dds Practitioner - Non-Primary Care Provider (PCP)	Disanto Gregory	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
A Dds Practitioner - Non-Primary Care Provider (PCP)	Li Yali Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
A Dds Practitioner - Non-Primary Care Provider (PCP)	Li Wensong	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Watson Catherin Pace	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Rodriguez Esperanza A Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Li Jianjun	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Cotago 23.1 2		Participating in Projects	ects									
Pacilitions - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Cane Provider (PCP)	Ravelo Ramon E Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	<	<	ζ.	<	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Ryndin Igor Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP)	Rhee Jai-Jeen	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Atluri Subha Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Brown Elaine P Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	<	<	ζ.	<	ζ	<
Practitioner - Non-Primary Care Provider (PCP)	Stern Harvey Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pactitioner - Non-Primary Care Provider (PCP)	Liciaga Nellie	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Carter Casimiro Cambi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Bolsom Lara	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Lee Rachel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ga Mid Practitioner - Non-Primary Care Provider (PCP) V <	Perez Gisell	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) C<	Mahankali Bhavani Durga Md	Practitioner - Non-Primary Care Provider (PCP)										
Mid Practitioner - Non-Primary Care Provider (PCP) CONTROL	Teresa Min Jung O Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Add Practitioner - Non-Primary Care Provider (PCP) IX IX <t< td=""><td>Frank Paul Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Frank Paul Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dds Practitioner - Non-Primary Care Provider (PCP) C	Chapalamadugu Rajeev Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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d Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Imag	Feistmann Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Abraham Julie Robin Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Huang Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V<	Rudden Frances	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) dd Practitioner - Non-Primary Care Provider (PCP)	Gorodnitskiy Alexander	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Miller Susan</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Miller Susan	Practitioner - Non-Primary Care Provider (PCP)										
Id Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider of the provider of the practition of the pract	Ney Gershon C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Bromley Gary Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Romanello Paul P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
id Md Practitioner - Non-Primary Care Provider (PCP)	Voskoboynik Irina Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
vid Md Practitioner - Non-Primary Care Provider (PCP) Vid Md Practitioner - Non-Primary Care Provider (PCP) V	Khrom Tatiana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Najac Richard David Md	Practitioner - Non-Primary Care Provider (PCP)										
	Mosu Nicolae Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Real Load Sign hold Provider Name Provider Canagogy 24 24 24 25 25 25 25 25		Participating in Projects	ojects									
d.d.d. Practitioner - Non-Primary Case Provider (PCP) X <	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
3 Md Practitioner - Non-Primary Care Provider (PCP) X <td< td=""><td>Ren Lisa Siqin Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></td<>	Ren Lisa Siqin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
SMds Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Wong Steven Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Wong Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Lumicao Lorna B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Preditioner - Non-Primary Care Provider (PCP)	Walker Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mid Practitioner - Non-Primary Case Provider (PCP) Image: Control of the CPP Ima	Grinman Lev	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Bangaru Babu S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
liable Practitioner - Non-Primary Cate Provider (PCP) Image: Chem	Ossey Sarah	Practitioner - Non-Primary Care Provider (PCP)										
ImgChen	Turner Carol Lolita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ining-Chen Practitioner - Non-Primary Care Provider (PCP) V	Goncharov Dimitry	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Yeh Jonathan Ching-Chen	Practitioner - Non-Primary Care Provider (PCP)										
Inal Add Placitioner - Non-Primary Cate Provider (PCP) V	Karen Clemente	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
In a Mid Practitioner - Non-Primary Care Provider (PCP) Image: Control of the contro	Drozdowicz Linda	Practitioner - Non-Primary Care Provider (PCP)										
Auyanow Md Practitioner - Non-Primary Care Provider (PCP) IX	Gavrilova Svetlana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X	Luma Gregory Buyanow Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Ma Keyan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
NMd Practitioner - Non-Primary Care Provider (PCP) X	Micallef Joseph	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
R.M.d Practitioner - Non-Primary Care Provider (PCP) X <t< td=""><td>Cheng Nancy Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Cheng Nancy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
rtz Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Chester Adam R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
nn Practitioner - Non-Primary Care Provider (PCP)	Sheldon Schwartz		<	<	<	<	<	<	<	<	<	<
nn Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Xiao Hui Fang	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
h L Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Hasanovic Adnan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Shapiro Deborah L	Practitioner - Non-Primary Care Provider (PCP)										
Shell Practitioner - Non-Primary Care Provider (PCP) V V V V V Shell Practitioner - Non-Primary Care Provider (PCP) V V V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V Le Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Weinstock Joan</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Weinstock Joan	Practitioner - Non-Primary Care Provider (PCP)										
Shell Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Lu Irene</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Lu Irene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
hel Practitioner - Non-Primary Care Provider (PCP)	Degoy Ana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Eisenberg Rachel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Merow Renee											
Practitioner - Non-Primary Care Provider (PCP)	Cooke David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Pierre Modeline	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Long Minhui	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
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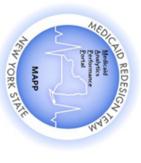


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Advocate Community Providers (PPS ID:25)

Leifer Gerald Dds Dorsten Joseph F Md Frankel Phoebe Khan Munibur Lui Kin W Stybel Elena B Do Farrous Abmed	Provider Category Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	2.a.i	₹ ₹ 1 1 1 1 1 1 1 1 1 1	2.b.iii	2.b.iv	3.a.	3.6.	3.6.	3.d.iii	4.b.i	4.b.ii
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Stybel Elena B Do		<	<	<	<	<	<	<	<	<	<
Earliage Ahmed	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
י מומקמי אייייינים	Practitioner - Non-Primary Care Provider (PCP)										
Nagpaul Ravinder S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Murphy-Cassidy Delores	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mclean James E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Brazner Janet Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Bhasin Kabir	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Makkawi Abed H	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shi Zhengzhuan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gordon Rita	Practitioner - Non-Primary Care Provider (PCP)										
Gomez Ronald H	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stupara Anca Marilena	Practitioner - Non-Primary Care Provider (PCP)										
Modica Patricia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Leung Albert Cheuk Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wong Yoke Hlen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Teixeira Julio A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cui Jian Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Raymond L Yung Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tsinis Mariya F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tandon Usha K Md	Practitioner - Non-Primary Care Provider (PCP)										
Chirayil John J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sulh Muhammadsamir Abedrahman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yeung Vincent Wah-Sang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tambar Balvir Krishan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rainbow Pediatrics Pc	Practitioner - Non-Primary Care Provider (PCP)										
Lugo Joanelle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	〈	ζ.			



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Advocate Community Providers (PPS ID:25)

Provider Name	Provider Category 2	ects 2.a.i	2.a.iii	2.b.iii	2.b.iv	သ a.	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Auguiste Lex Michael	Practitioner - Non-Primary Care Provider (PCP)										
lacono Danielle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	〈	<	<	〈	<	<	<
Green Young Sam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Davis Jamil	Practitioner - Non-Primary Care Provider (PCP)										
Lee Paul K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zabar Benjamin	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Spumberg Eleanor Pearl	Practitioner - Non-Primary Care Provider (PCP)										
Brown Elaine Lucille Rn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chan Yuen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Avani A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Libassi David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wolintz Robyn Joy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Baez Jose Antonio Md	Practitioner - Non-Primary Care Provider (PCP)										
Geri Lydia Moroh	Practitioner - Non-Primary Care Provider (PCP)										
Madama Sukanya Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Falcon Edwin	Practitioner - Non-Primary Care Provider (PCP)										
Paul Evelyne M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kartachov Carmen M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Honigsztejn Marcia Aroesti	Practitioner - Non-Primary Care Provider (PCP)										
Biro Nicolas	Practitioner - Non-Primary Care Provider (PCP)										
Stearns Alan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Huang Xianchun	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Chouldjian-Baghdassarian Ani	Practitioner - Non-Primary Care Provider (PCP)										
Yazdanbakhsh Khashayar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Goldstein Karlie	Practitioner - Non-Primary Care Provider (PCP)										
Rodrigues Lucan T	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tomback David Adam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dolmaian Gigliola Maria Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hu Lisa Palen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Deleon Jose L Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hobeika Paul Bowlos Elias	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

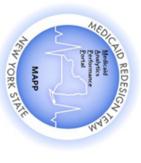


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Lebrum Jumarle C Provider Name Provider Changery 24 24.11 24		Participating in Projects	cts									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Precitioner - Non-Primary Case Provider (PCP)	Lehman Jennifer C	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	ζ.	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Barman Trina Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Malhotra Shilpa Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Inn Boody Practitioner - Non-Primary Care Provider (PCP) V	Hwang Yongkyu Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
elande Practitioner - Non-Primary Care Provider (PCP) X <	Deutsch Carol Ann Boody	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Case Provider (PCP)	Dulfo Marizza Velarde	Practitioner - Non-Primary Care Provider (PCP)										
NS Mid Epacitioner - Non-Primary Case Provider (PCP) Image: Case Provider (PCP)	Simon Gladys	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	<	<	〈	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Schron Deborah S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a Dr. Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Briskin Klara</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Briskin Klara	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
a a Practitioner - Non-Primary Care Provider (PCP) Dr. Practitioner - Non-Primary Care Provider (PCP) 2a Practitioner - Non-Primary Care Provider (PCP) 2b Practitioner - Non-Primary Care Provider (PCP) 2a Practitioner - Non-Primary Care Provider (PCP) 2d V V V V V V V V V V V V V V V V V V V	Costales Theresa Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Dr. Practitioner - Non-Primary Care Provider (PCP) V	Martinez Adriana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Ricart Thomas Dr.	Practitioner - Non-Primary Care Provider (PCP)										
aa Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of t	Lindsay N Price	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	You Lu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Indicate Femanda Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of th	Harmon Rebecca	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) IX IX <th< td=""><td>Heras Barros Andrea Fernanda</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Heras Barros Andrea Fernanda	Practitioner - Non-Primary Care Provider (PCP)										
Kkt Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control	Khaimov Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) Company Care Provider (PCP) Comp	Lee Paul Chun-Kit Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
aron Denise Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Smith Robert H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
alph Md Practitioner - Non-Primary Care Provider (PCP) V	Washington Sharon Denise	Practitioner - Non-Primary Care Provider (PCP)										
t Singh Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the cont	Inglis Steven Ralph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
rah Practitioner - Non-Primary Care Provider (PCP) regory Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) d Practitioner - Non-Primary Care Provider (PCP) Practitioner -	Phokela Sarabjit Singh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
egory Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-P	Pasquale Deborah	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) d Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Chusid Boris Gregory Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
d Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Carty Harriet</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Carty Harriet	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Oyanov Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V </td <td>Yunov Arthur Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Yunov Arthur Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dyanov Md Practitioner - Non-Primary Care Provider (PCP) V	Bruder Jack Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Ivanov Iliyan Stoyanov Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Lo Kim Sing Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Kalman Jill Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
	Stepensky Leon Dpm	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.iii	4.b.i	4.b.ii
Choi Jai Huyk Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	〈	<	<	<	<
Hammer Arthur W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mashkabova Lyubov Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sherman Marc Noel Md	Practitioner - Non-Primary Care Provider (PCP)										
Kahn David I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mcgee Colleen Marie Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bravo Carlos	Practitioner - Non-Primary Care Provider (PCP)										
Joseph Y Freidman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Melamed Eitan	Practitioner - Non-Primary Care Provider (PCP)										
Yuen Benny	Practitioner - Non-Primary Care Provider (PCP)										
Wong Alexander C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Germaine Doreen Janet	Practitioner - Non-Primary Care Provider (PCP)										
Becher Rodney A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Altman Daryl Renee Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jeng Ing-Yann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kirschenbaum Linda A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Allan Sean Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Verrone Anthony Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ward Rhonda	Practitioner - Non-Primary Care Provider (PCP)										
Sylvestre Georges Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marc K Rybstein Md	Practitioner - Non-Primary Care Provider (PCP)										
Averescu Marie Jeanne	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wolford Mary	Practitioner - Non-Primary Care Provider (PCP)										
Surasky Russell Scott	Practitioner - Non-Primary Care Provider (PCP)										
Tang Abby S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gaidamak Inna	Practitioner - Non-Primary Care Provider (PCP)										
Friedrich Douglas Bennett Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dolen Suleyman E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bernstein Chaim J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cheung Wellman Wai-Man Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kymissis Carisa Maureen 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.iii	4.b.i	4.b.ii
Kolodny James R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Roslin Mitchell S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Talmatch Bernice	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lidoshore Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Bharati Anjali	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Vaynkadler Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wang Mingke	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ferdaus Akash	Practitioner - Non-Primary Care Provider (PCP)										
Rizzo Mariano	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Joyner Narissa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Evans-Allen Sonia	Practitioner - Non-Primary Care Provider (PCP)										
Epshteyn Irene	Practitioner - Non-Primary Care Provider (PCP)										
Malhotra Madhu B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Singh Binoy Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sangeorzan Adrian Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Reddy Sarath Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Costantino Peter David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cheung Joyce	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guan Nicholas Ning-Guang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cinquegrana Marco	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rowe Catherine	Practitioner - Non-Primary Care Provider (PCP)										
Borenstein Annette Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Jayasekara Weerasinghege B S	Practitioner - Non-Primary Care Provider (PCP)										
Marzia Syeda	Practitioner - Non-Primary Care Provider (PCP)										
Vivek Seetharaman Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Morisco Antonietta I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Acevedo Jose A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cohen Daniel Elliot	Practitioner - Non-Primary Care Provider (PCP)										
Marmer Tracy Seth Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mlynarczyk Ewa Monika	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Morales-Diaz Mirza Enid Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Blakely Carolin Marie	Practitioner - Non-Primary Care Provider (PCP)										
Kim Su A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sommervil Marsha	Practitioner - Non-Primary Care Provider (PCP)										
Chen Chun Ming Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Leybel Boris Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fajardo Manuel Abrantes	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Soden Richard M Od	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	ζ.	<
Cohen Allen H Od	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Oxier Michele	Practitioner - Non-Primary Care Provider (PCP)										
Kong Xiang B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dorsky Joshua I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chou Yeh Ping Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bakal Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Goltyapina Natalya	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khan Nasrin Akter Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chen Szu-Yu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dokun Olanrewaju T	Practitioner - Non-Primary Care Provider (PCP)										
Copel Emily	Practitioner - Non-Primary Care Provider (PCP)										
Wang Xiao Hui	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Roth Ira Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gulmi Frederick Anthony Md	Practitioner - Non-Primary Care Provider (PCP)										
Espino Rodriguez Gagarini Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chang Keith C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Niederland Marta Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sultana Sharmeen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shim Hyun Jung	Practitioner - Non-Primary Care Provider (PCP)										
Paul-Basil Wayne	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chu Mark Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Haskes Lloyd Partman	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Edmondson Patricia V Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

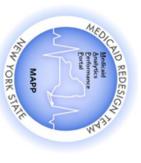


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Provider Name		Participating in Projects	jects					_		_	_	_
Reduction Productioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Redictioner Pacisitioner Pacis	Cruz Elizabeth Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Allsw. Jany Practitioner - Non-Primary Care Provider (PCP) CI	Pearce Katherine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jaseph Practitioner - Non-Primary Care Provider (PCP) C <	Cutler Alex Jay	Practitioner - Non-Primary Care Provider (PCP)	<	<	〈	<	〈	<	〈	<	<	<
Loseph hand Practitioner - Non-Primary Care Provider (PCP) V	Mckenzie Katherine	Practitioner - Non-Primary Care Provider (PCP)										
Beach Peacitioner - Non-Primary Clane Provider (PCP) W <t< td=""><td>Beena Joseph</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Beena Joseph	Practitioner - Non-Primary Care Provider (PCP)										
x Colog Md Practitioner - Non-Primary Case Provides (PCP) X	Cruz Sheri	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Katcher Oleg Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Allafaba Allafaba Allafaba Plactibloner - Non-Primary Care Provider (PCP) X	He Zili	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sel-Jose Md	Escovar Ida Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ir b Mid Practitioner - Non-Primary Care Provider (PCP) IX	Charles Michel-Jose Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
g Md Practitioner - Non-Primary Care Provider (PCP) X X X X X X X X X	Janczuk Peter P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
E Dpm Practitioner - Non-Primary Care Provider (PCP) C <t< td=""><td>Fu Chenzhong Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Fu Chenzhong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Lynn Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Kitton Stuart E Dpm</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Kitton Stuart E Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Linda Practitioner - Non-Primary Care Provider (PCP) X <t< td=""><td>Barone Kellie Lynn</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Barone Kellie Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
beepak M Md Practitioner - Non-Primary Care Provider (PCP) Image: Color of the practitioner of the provider (PCP) Image: Practitioner of the provider of the practitioner of the provider of the practitioner of the	Turner-Booth Linda	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
ee Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of t	Sankholkar Deepak M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
rol Practitioner - Non-Primary Care Provider (PCP) attricia Practitioner - Non-Primary Care Provider (PCP) bractitioner - Non-Primary Care Provider (PCP) practitioner - No	James Denise	Practitioner - Non-Primary Care Provider (PCP)										
adrim Md Practitioner - Non-Primary Care Provider (PCP) C C C attricia Practitioner - Non-Primary Care Provider (PCP) C C C C bird Santiago Pt Practitioner - Non-Primary Care Provider (PCP) C C C C C von Practitioner - Non-Primary Care Provider (PCP) C C C C C C von Practitioner - Non-Primary Care Provider (PCP) C C C C C C C von Practitioner - Non-Primary Care Provider (PCP) C <td< td=""><td>Lubomski Carol</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Lubomski Carol	Practitioner - Non-Primary Care Provider (PCP)										
atricia Practitioner - Non-Primary Care Provider (PCP) Szepok Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) well Santiago Pt Practitioner - Non-Primary Care Provider (PCP) practitioner - Non-Primary Care Provider (P	Goldshteyn Vadim Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Szepok Md Practitioner - Non-Primary Care Provider (PCP) V	Mcdermott Patricia	Practitioner - Non-Primary Care Provider (PCP)										
well Santiago Pt well Santiago Pt Practitioner - Non-Primary Care Provider (PCP) ri Anna Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) rother - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provide	Kong Jason Szepok Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
well Santiago Pt Practitioner - Non-Primary Care Provider (PCP) ni Anna Practitioner - Non-Primary Care Provider (PCP) von Practitioner - Non-Primary Care Provider (PCP) s S </td <td>Baker Alison</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td></td>	Baker Alison	Practitioner - Non-Primary Care Provider (PCP)										
ni Ann Practitioner - Non-Primary Care Provider (PCP) AAnna Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) S Practitioner - Non-Primary Care Provider (PCP)	Arguelles Rowell Santiago Pt	Practitioner - Non-Primary Care Provider (PCP)										
A Anna Practitioner - Non-Primary Care Provider (PCP) S Practitioner - Non-Primary Care Provider (PCP) S Practitioner - Non-Primary Care Provider (PCP) S Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) S S S S S S S S S S S S S S S S S S S	Tomanelli Toni Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
S S Practitioner - Non-Primary Care Provider (PCP)	Chernilerskaya Anna	Practitioner - Non-Primary Care Provider (PCP)										
S Practitioner - Non-Primary Care Provider (PCP) Tina Rpa Practitioner - Non-Primary Care Provider (PCP)	Edwards Chevon	Practitioner - Non-Primary Care Provider (PCP)										
Intina Rpa Practitioner - Non-Primary Care Provider (PCP) Image: Continuous of the provider (PCP) Im	Hill Michelle S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ie Md Practitioner - Non-Primary Care Provider (PCP)	Shin Dong-In	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ie Md Practitioner - Non-Primary Care Provider (PCP)	Halim Sadia	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Jerome Roseline Marie Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Stillwell Christina Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Yukelis Igor Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Pili Manuel R Md
										Practitioner - Non-Primary Care Provider (PCP)	Sood Jenna
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Gupta Rahul M
										Practitioner - Non-Primary Care Provider (PCP)	Rothman Steven Mr.
										Practitioner - Non-Primary Care Provider (PCP)	Silversmith Bethanie
										Practitioner - Non-Primary Care Provider (PCP)	Costales Jesse Lee
										Practitioner - Non-Primary Care Provider (PCP)	Hussain Ayesha
										Practitioner - Non-Primary Care Provider (PCP)	Gorseth Karin
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Johnston Mark R Md
										Practitioner - Non-Primary Care Provider (PCP)	Martiniouk Oxana
										Practitioner - Non-Primary Care Provider (PCP)	Sullivan Nancy A
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	David Marian Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wang William Cheng Md Phd
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Epstein Neal F Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Huang Chien-Jen Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Skolnick Blair
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Sanikam Sreenivasa Reddy Md
										Practitioner - Non-Primary Care Provider (PCP)	Indio Sylvia
										Practitioner - Non-Primary Care Provider (PCP)	Al-Husayni Husayn Jawad Md
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	C & W Medical Llc
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mcginty Geraldine Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Komisar Arnold Md
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Bai Chun
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hsieh Helen Md
<	<	<	ζ.	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Serruya Jose Md Pc
<	<	<	ζ.	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Cuevas Asima
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Flores-Freeth Ingrid E
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kwauk Sam Tsung-Ming Md
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rana Thakor C Md
<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Grasso Cono M Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

		7000									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Christopher Chow	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Jane A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	〈	<	ζ.	<	〈
Yves Duroseau Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	ζ	<	ζ	<	ζ.
Schiff William M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	〈	<	ζ.	<	〈
Shen Ivy Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Adlersberg Jay B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	〈	<	ζ.	<	〈
Lopez Manuel D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Hoyek Wissam Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	ζ	<	ζ	<	ζ.
Hasan Choudhury S Md	Practitioner - Non-Primary Care Provider (PCP)										
Chiu Sungkin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yang Fan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
O'Leary Xiaoqing Lin	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kopelowitz Wally Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Udom Izuka P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chiu William Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cohen Jay	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Reimers Carl Dietrich Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Malhotra Surinder Singh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Martinez Franklin L Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Smith Miriam Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chan Meghan P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dul Mitch	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Schaefer Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dillon Evan H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mick Thomas Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fitzsimmons Sean	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Peteru Sachidanan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Berookhim Boback	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
He Jinghua Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Papaevagelon Nikolas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sales Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

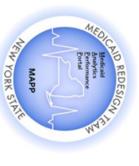


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Antiquamini Niew Provider Name Provider Category 24.1 24.11		Participating in Projects	jects									
Practitioner - Nun-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Case Provider (PCP)	Arikupurathu Nisha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Zimner Alison Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Case Provider (PCP)	Dalton Ayoung Joanna	Practitioner - Non-Primary Care Provider (PCP)										
Med Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Dorantes Christine	Practitioner - Non-Primary Care Provider (PCP)										
Mid Placitioner - Non-Primary Cate Provider (PCP) V	Foster Sharon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Marrero-Figarella Arturo L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Wei Alex	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Baker Daniel James Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Khasak Dmitry Y Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Lochard Jean Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Butters Marva Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Yun Jean Shim Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Corujo Omar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider (PCP) Image: Control	Mehta Nilesh	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Shulman Julia Paula	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Continuous of the continuo	Chorowski Jason Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Jiang Xiao-Hong	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) A A A A A A A A A A A A A A A A A A A	Jemio Franz Edwin	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Jalwan Ajay	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Osahan Deepinder	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Davila Nixa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X X X X X Practitioner - Non-Primary Care Provider (PCP) X X X X X X Practitioner - Non-Primary Care Provider (PCP) X X X X X X X X Practitioner - Non-Primary Care Provider (PCP) X	Hart Megan	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Liao Lucy Le	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Rizvi Syedali Haroon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <td< td=""><td>Zonenashvili Merabi</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></td<>	Zonenashvili Merabi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Krumholtz Ira	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Hom David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Rimarachin Julio A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Pierre-Thompson Tamara	Practitioner - Non-Primary Care Provider (PCP)										
	Allen Theodore Elias Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Barnstone Wayne Michael	Practitioner - Non-Primary Care Provider (PCP)										

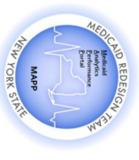


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Haber Gregory	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ren Sicong	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	~
Danielov Mikhail	Practitioner - Non-Primary Care Provider (PCP)	ζ.	〈	〈	ζ.	<	ζ.	ζ.	<	<	<
Borawski Dorota Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	〈	ζ.	ζ.	<	<	<	<	<	<
Halkias John Bill Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	〈	〈	ζ.	<	ζ.	ζ.	<	<	<
Lerman Oren Zvi Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
King Donovan Anthony Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guergue Margarita	Practitioner - Non-Primary Care Provider (PCP)										
Bakhru Rima Gopal	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Youngewirth Elizabeth Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Nandakumar Thambiraja Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dennis Lester	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sacks Harry G Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mamdani Yusufali Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Doughlin Kenneth G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Storper Ian Sam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	~
Cotterell Kevin Paul Md	Practitioner - Non-Primary Care Provider (PCP)										
Deleon Renato A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	~
Persaud Narendralall	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gonzalez Antonio	Practitioner - Non-Primary Care Provider (PCP)										
Silver Joyce	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yan-Rosenberg Linli Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Santucci Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Dent Katherine Ann	Practitioner - Non-Primary Care Provider (PCP)										
Weseley Peter Eric Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ninan Philip Mohan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marcilla Oscar A Md	Practitioner - Non-Primary Care Provider (PCP)										
Babury Mohammad A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Guzman Eliscer Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kukar Narinder M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Simon X Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

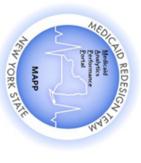


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	jects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Chakrabarti Chhaya Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rima Ivelisse Mejia	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	\	<	<	<	ζ.
Ferguson Rosalyn	Practitioner - Non-Primary Care Provider (PCP)										
Bajaj Deepika Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Amsalem Yoram	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Sawhney Sabrina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Kogan Irina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Attoti Chandana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Barclay Emanuel J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Dean Noelle	Practitioner - Non-Primary Care Provider (PCP)										
Espinoza Michelle Christine	Practitioner - Non-Primary Care Provider (PCP)										
Ross-Distin Carlotta Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Park Sharon J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Jose Giselle Ann P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Sauln Ashley	Practitioner - Non-Primary Care Provider (PCP)										
Wechsler Nathalie	Practitioner - Non-Primary Care Provider (PCP)										
Weinberg Jeffrey Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Kwon Stephan	Practitioner - Non-Primary Care Provider (PCP)										
Wang Hai Po Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Barile Gaetano R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Singh Prabhjyot	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Bissoondial Carrol	Practitioner - Non-Primary Care Provider (PCP)										
Mensah Stacey	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Liben Shoshanna	Practitioner - Non-Primary Care Provider (PCP)										
Carpo Michele	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tierney Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tian Wenping	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tuguinay Marife Nina Cumti	Practitioner - Non-Primary Care Provider (PCP)										
Bouchard Nicole Colette Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Tenembaum Moises Marcos Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<
Arnuk Omar John Md	Practitioner - Non-Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Chang Thomas T M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Thau Andrea	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Farag Ayman Roushdy Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	〈	<	<	〈	<	<
Basile Robert	Practitioner - Non-Primary Care Provider (PCP)										
Solomowitz Benjamin H Dmd	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Freeley Douglas A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Holtzman Dvorah G	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Chacko Jeffrey K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<
Tun Kan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Markowitz Mindy	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Goenka Anuj	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Parikh Shobhana Mitesh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Ilyas Nazish	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Diana Reid-Roberts	Practitioner - Non-Primary Care Provider (PCP)										
Wadia Saloni	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Saleem Sabrina	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Mallios Jenelle L	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Rashid Yasmin	Practitioner - Non-Primary Care Provider (PCP)										
Yang Wen C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Chan Collier K Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Chen Wei Ku Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Smith Clive Nicholas	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Opher-losifescu Elana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Flaminiano Lourdes M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
De Los Santos Cynthia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Herschitz Izak Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Levine Randy L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Aranow Cynthia Beth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Applewhite Liat E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Prachi Sunil Dharia	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Guo Yujin	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	1.d.E	3.c.i	3.d.iii	4.b.i	4.b.ii
Van Hissenhoven Natalie	Practitioner - Non-Primary Care Provider (PCP)										
Onaler Can	Practitioner - Non-Primary Care Provider (PCP)										
Ring Joshua Michael	Practitioner - Non-Primary Care Provider (PCP)										
Huang Carol L	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	~	〈	<	<	<
Wahl Samuel Joseph	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	<	〈	<	<	<
Raoof Sabiha Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	~	〈	<	<	<
Solomon Robert D Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	<	〈	<	<	<
Yatco Edward John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Hu Mary Xiao-Jiang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Tuccillo Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chan Alice Man Ccc-Audiology	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<
Kalasapudi Vasundhara Devi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Dookhoo Shantie	Practitioner - Non-Primary Care Provider (PCP)										
Robinson Albert	Practitioner - Non-Primary Care Provider (PCP)										
Agarwal Ruchi	Practitioner - Non-Primary Care Provider (PCP)										
Jagroop Sophia Mita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Saint-Hilaire Marlene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Weiser Lori Gail Md	Practitioner - Non-Primary Care Provider (PCP)										
Schlafrig Edith Cypora Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Fishman Allen J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Roth Lisa Caren	Practitioner - Non-Primary Care Provider (PCP)										
Maksumova Zoya Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Katari Nagendra Sagar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sharma Mickey Pradeep Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
John Geevarghese Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Swaminath Arun C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stasiuk Laura	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yarde Ibis	Practitioner - Non-Primary Care Provider (PCP)										
Matthew William Lorber	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Schneider Fran Iris	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Davuluri Vijayalakshmi Phanipriyamv	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

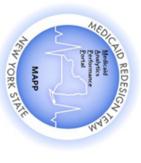


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Catagory 2.4		Participating in Projects	jects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Calabria Diego Gennaro	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	ζ	<
Practitioner - Non-Primary Care Provider (PCP)	Williams Alan	Practitioner - Non-Primary Care Provider (PCP)	〈	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP) X<	Chee Benjamin Anted	Practitioner - Non-Primary Care Provider (PCP)	<	<	〈	<	〈	<	<	〈	<	<
Practitioner - Non-Primary Case Provider (PCP)	Jain Suresh P Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	ζ.	<	<	ζ.	ζ.	<
Practitioner - Non-Primary Case Provider (PCP) X	Shabto Uri R Md Pc	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	ζ.	<	ζ	ζ	ζ	<
Practitioner - Non-Primary Care Provider (PCP)	Kim Seung Kwan Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	ζ.	<	<	ζ.	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Jormark Susan Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	ζ.	<	ζ	ζ	ζ	<
Practitioner - Non-Primary Care Provider (PCP)	Silver Cheryl	Practitioner - Non-Primary Care Provider (PCP)										
ss Practitioner - Non-Primary Care Provider (PCP) Image: Care Part (P	Seshadri Kapila	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
ane Practitioner - Non-Primary Care Provider (PCP) Mid Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) C Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mid Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mid Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mid Practitioner - Non-Primary Care Provider (PCP) Pra	Laysa Nestor Amon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Pettigrew Candace Diane	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Haines Christine Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) CCP) Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V	Romelus Keshia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mid Practitioner - Non-Primary Care Provider (PCP) V	Zelaya Marcos Isreal	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Levi Cassandra	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V	Kaufman Jonathan Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Comparison of the practition of the practiti	llkhanizadeh Rahman Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) C Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) VId Practitioner - Non-Primary Care Provider (PCP) S S S S S S S S S S S S S S S S S S S	Igor Zilberman Dc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
C. Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pri	Waite Rulon Jan li Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V Id Practitioner - Non-Primary Care Provider (PCP) V V V V V V Id Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Id Practitioner - Non-Primary Care Provider (PCP) V </td <td>Narcisse Joseph Rpa-C</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Narcisse Joseph Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Laura Amram	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ind Practitioner - Non-Primary Care Provider (PCP)	Newman Ransford C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Micic Ljubisa Sinisa Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Dharni Poonam	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	De Castro Carlyle Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Paya Shagupta Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Van Practitioner - Non-Primary Care Provider (PCP) V	Siew Sook Fong Miss	Practitioner - Non-Primary Care Provider (PCP)										
ompar Md Practitioner - Non-Primary Care Provider (PCP) IV IV<	Des Jean Ryan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Tiu Aurora Tompar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Patel Chirag	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<

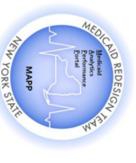


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Changery 2.1		Participating in Projects	ects									
Paraditioner - Non-Primary Care Provider (PCP) C C C C C C C C C	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Backtioner Packtioner - Non-Prinary Care Provider (PCP) XI	Gordon Samantha Danna	Practitioner - Non-Primary Care Provider (PCP)										
m (Pastlioner - Non-Primary Care Provider (PCP) (2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Zong Pu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitione - Non-Primary Case Provider (PCP)	Diaz- Valdez Ariam		ζ.	<	<	<	<	<	ζ.	ζ.	ζ.	<
Mid Practitioner - Non-Primary Care Provider (PCP) X	Chetelat Lindsay											
pa Practitioner - Non-Primary Care Provider (PCP) X	Wanda Rodriguez Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
page Predictioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Wolfson Yan Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Wolfson Yan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mid Proactitioner - Non-Primary Care Provider (PCP) V <th< td=""><td>Vasquez Luis A Rpa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td></th<>	Vasquez Luis A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
MIMID Practitioner - Non-Primary Care Provider (PCP) X <t< td=""><td>Kirmani Yasmeen Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td></t<>	Kirmani Yasmeen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
MMd Practitioner - Non-Primary Care Provider (PCP) X	Galperin Mark Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP) X	Nunez Giovanny M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Cheng Andrew T	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP)	Glass David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
ia Practitioner - Non-Primary Care Provider (PCP) R Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) M Practitioner - Non-Primary Care Provider (PCP) All PC Practitioner - Non-Primary Care Provider (PCP) Rpa Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) All Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) All Practitioner - Non	Kang Josephine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP)	Martinez Altagracia	Practitioner - Non-Primary Care Provider (PCP)										
legan Practitioner - Non-Primary Care Provider (PCP) X <t< td=""><td>Zelmanovich Anat</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td></t<>	Zelmanovich Anat	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Megan Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Wang Lora Shuo</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Wang Lora Shuo	Practitioner - Non-Primary Care Provider (PCP)										
pM Practitioner - Non-Primary Care Provider (PCP) C	Paschal Gehres Megan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP) Value of the control of	Santamaria Grace M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
lo of the control of the con	Martinez Jasmine	Practitioner - Non-Primary Care Provider (PCP)										
ledical Pc Practitioner - Non-Primary Care Provider (PCP) Image: Castillo of the control of the c	Perez Rolando	Practitioner - Non-Primary Care Provider (PCP)										
ert Practitioner - Non-Primary Care Provider (PCP) ert Practitioner - Non-Primary Care Provider (PCP) In Stuardo Md Practitioner - Non-Primary Care Provider (PCP) Is FK Rpa Practitioner - Non-Primary Care Provider (PCP) Is Fractitioner - Non-Primary Care P	Isak Isakov Medical Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
ert ert Practitioner - Non-Primary Care Provider (PCP) In Stuardo Md Practitioner - Non-Primary Care Provider (PCP)	Lu Xaiochum	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Practitioner - Non-Primary Care Provider (PCP) Jer K Rpa Practitioner - Non-Primary Care Provider (PCP)	Willinger Robert	Practitioner - Non-Primary Care Provider (PCP)										
In Stuardo Md Practitioner - Non-Primary Care Provider (PCP) Image: Non-Primary	Ko Wilson Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Ider K Rpa Practitioner - Non-Primary Care Provider (PCP) V	Sandoval Juan Stuardo Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Chopra Jatinder K Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ez Eva Practitioner - Non-Primary Care Provider (PCP) IV IV <td>Shif Mark Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Shif Mark Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Guy-Rodriguez Eva	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	~	<
Irdes Castillo Practitioner - Non-Primary Care Provider (PCP) Image: Castillo of the provider (PCP) Image: Castillo	Yang John B	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider	Gonzales Ma Lourdes Castillo		<	<	<	<	<	<	<	<	<	<
	Sulaiman Ramez											



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Run Date: 03/30/2018

DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Pattett Kathreen
										Practitioner - Non-Primary Care Provider (PCP)	lorio Joanne
		<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rivera Gregory A Dpm
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										Practitioner - Non-Primary Care Provider (PCP)	Nelson Zoe
										Practitioner - Non-Primary Care Provider (PCP)	Sanusi Akinlabi Dr.
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										Practitioner - Non-Primary Care Provider (PCP)	Cheung Viola
										Practitioner - Non-Primary Care Provider (PCP)	Becker Naomi
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	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Schultz Anita Ellieen
				<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mehra Sonita
		<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Sharov Yakov
		<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Wakim Wakim Victor
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										Practitioner - Non-Primary Care Provider (PCP)	Gashi Eleonora
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										Practitioner - Non-Primary Care Provider (PCP)	Pardo Andrew
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										Practitioner - Non-Primary Care Provider (PCP)	Chauhan Ipsita
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										Practitioner - Non-Primary Care Provider (PCP)	Nalleballe Krishna
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.i 4.b.ii	ii 4.b.i	.i 3.d.iii	.i 3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	

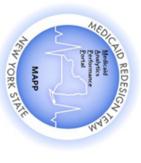


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Damiano Elena	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Fong Jason Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Joseph Cohen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Yap Laurel Win	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wong Kaitlyn Lin	Practitioner - Non-Primary Care Provider (PCP)										
Frances G Perez-Hernandez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<
Kruh Jonathan Nicholas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	ζ	ζ.	ζ	<	<	<
Baker Carla Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Skiba Lauren	Practitioner - Non-Primary Care Provider (PCP)										
Braunstein Richard Evan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Romsaitong Panus Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Itzhak Petr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Miller Andrew Robert Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chang Ya Ju Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khan Sameena	Practitioner - Non-Primary Care Provider (PCP)										
Michnowich Dena	Practitioner - Non-Primary Care Provider (PCP)										
Alcaide Alejandro Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lopez Juan S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gonzales Antonio M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Attaie Ali Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zhuo Ying	Practitioner - Non-Primary Care Provider (PCP)										
Shah Darshak Shah	Practitioner - Non-Primary Care Provider (PCP)										
Joseph Miriam	Practitioner - Non-Primary Care Provider (PCP)										
Yee Vivian See Ki Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shankar Adurthy Ananth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Morano Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Perez Margarita De Los Angeles Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Abreu Darwin	Practitioner - Non-Primary Care Provider (PCP)										
Ruff Kristina T	Practitioner - Non-Primary Care Provider (PCP)										
Klein Pamela	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shuler Arlene	Practitioner - Non-Primary Care Provider (PCP)										

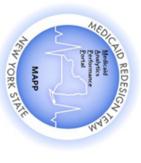


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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Schwartz Evan G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dai Guorong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Empire Joint And Spine P C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Milosevic Milivoje Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Edelman Martha J Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ.	ζ.	<	ζ.	<	<
Thakore Hasit R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Palma James Md	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	ζ	ζ	<	<	ζ	<	<
Hadda Ceri Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pichardo Federico Antonio Pa	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ	ζ.	ζ	ζ	<	<
Brewster Selwena	Practitioner - Non-Primary Care Provider (PCP)										
Ken C Wong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Norris Tracy M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Coye Beverly	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Moshiri Kourosh	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Howard Siegel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Meltzer Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
He Tina Q Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Canellos Harriette	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Waner Milton Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Greenbaum Robert C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Weimin Qu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Coplan Neil L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bamji Dinshaw D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Mahendra Chaturbhai Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
lordache Mihai M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chen Stanley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ben-Abdallah Sakienah	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kuznetsov Valery Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Rajesh Kanubhai Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Tartell Jay D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kraus Dennis H	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Catagogy 2.3 2.3 2.3 2.3 3.4		Participating in Projects	ects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Delman Alex Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacilitioner - Non-Primary Care Provider (PCP)	Zhao Xinyu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
KMMM Pracettioner - Non-Primary Care Provider (PCP) CM <	Jeffery Glenn Reginald Md	Practitioner - Non-Primary Care Provider (PCP)										
Islant Mdd Predictioner - Non-Primary Carle Provider (PGP) XX	Lau Christine Y-K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Kuan Jackson Hsun Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
gas Practitioner - Non-Primary Case Provider (PCP) C	Xu Z Chan Psychiatrist Llc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Suntay Berk Tolga	Practitioner - Non-Primary Care Provider (PCP)										
Dots Practitioner - Non-Primary Care Provider (PCP) CV <	Guerrier Carline	Practitioner - Non-Primary Care Provider (PCP)										
Pacitioner - Non-Primary Care Provider (PCP)	Rassekhi Hamid Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mcfarlene Kirk O	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Thum Celine	Practitioner - Non-Primary Care Provider (PCP)										
LMd Practitioner Non-Primary Care Provider (PCP) V<	Cui Nuan	Practitioner - Non-Primary Care Provider (PCP)										
LMd Practitioner - Non-Primary Care Provider (PCP) X	Chow Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
an Md Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Schwartz David L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Od Practitioner - Non-Primary Care Provider (PCP) V	Appleman Warren Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Od Practitioner - Non-Primary Care Provider (PCP) M	Paulus Celine	Practitioner - Non-Primary Care Provider (PCP)										
heng Practitioner - Non-Primary Care Provider (PCP) IX <	Epstein Marc C Od	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
KMd Practitioner - Non-Primary Care Provider (PCP) Column (PCP)	Xu Richard Li-Cheng	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Begona Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) <th< td=""><td>Jhaveri Krishna K Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Jhaveri Krishna K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Begona Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Gilman Stephen	Practitioner - Non-Primary Care Provider (PCP)										
o Adolfo Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pr	Nunez Sanchez Begona	Practitioner - Non-Primary Care Provider (PCP)										
ne L Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the	Morales Gustavo Adolfo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
nen Bemigho Practitioner - Non-Primary Care Provider (PCP) Practitioner - No	Guniss Gladstone L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
C Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Hammond Stephen Bemigho</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Hammond Stephen Bemigho	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
ne L Practitioner - Non-Primary Care Provider (PCP) Practitione	Estefan Bebsy C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Garrett Jacqueline L	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Pethani Ashish	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Wu Richard Kar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Finkelstein Amy	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Mcinerney James V Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Shatzkes Deborah R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Carter Doreen	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	ζ.	<	<	<	<
Naves-Ruiz Esperanza	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Taylor Stuart William Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Kurland Etah Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Bisangwa Alexis Md	Practitioner - Non-Primary Care Provider (PCP)	<	>	<	<	<	<	<	<	<	<
Wei Lihong Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	ζ.	<	ζ.	<	<	<	<
Kathpalia Kusum Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Fallahi Pouneh Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Rajput Ashok Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<
Mercier Christine	Practitioner - Non-Primary Care Provider (PCP)										
Brandon Claire	Practitioner - Non-Primary Care Provider (PCP)										
Santana Jannett	Practitioner - Non-Primary Care Provider (PCP)										
Johnson-Thomas Beverly	Practitioner - Non-Primary Care Provider (PCP)										
Marcelonis Debra A Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Lowe Teresa Ann Od	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Leung Ching Sum Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Mazor Carol	Practitioner - Non-Primary Care Provider (PCP)										
Bloom Allison Robyn Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Beckford Betina	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Cadet Normil Richard Jean Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Campetta Carlos	Practitioner - Non-Primary Care Provider (PCP)										
Suarez Lidia Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Teyibo Thomas O Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Ismailgeci Alma Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Alapati Prameela	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Tartakoff Nancy	Practitioner - Non-Primary Care Provider (PCP)										
Date Pravin	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<	<	<
Tang Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Letafat Kimia C	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
Ibragimova Anna	Practitioner - Non-Primary Care Provider (PCP)										



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Advocate Community Providers (PPS ID:25)

Desiro Hallmanns		Participating in Projects	ects									
Practitioner - Non-Primary Case Provider (PCP) Practitioner - Non-Primar	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Peaclitoner - Nun-Primary Care Provider (PCP)	Joshi Kshamta	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Nun-Primary Care Provider (PCP)	Brinster Derek Ralph	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacilitioner - Non-Primary Case Provider (PCP)	Kern Jeffrey Howard Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	<	<	<	<	<
Pacilioner - Non-Primary Carle Provider (PCP)	Boockvar John A Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	ζ.	ζ	<	ζ	<
Practitioner - Nun-Primary Care Provider (PCP)	Lazzaro Richard Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	ζ.	ζ	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	llan Hana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Cate Provider (PCP)	Wisch Nathaniel Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	ζ.	ζ	<	<	<
Pacititioner - Non-Primary Care Provider (PCP)	Henry Donna Marie Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Reiss Janet Jill	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Ramdas Mardai Mariapen Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Moulin Louise-Nicole Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Machnicki Stephen Craig Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Mucelli Louis Alexander	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Applicationer - Non-Primary Care Provider (PCP) Column 1 Column 2	Sullivan Kevin M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Stacia Rpa Practitioner - Non-Primary Care Provider (PCP) V	Mahadevan Pooja	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<	<	<
Stacia Rpa Practitioner - Non-Primary Care Provider (PCP) IX	Frangos Vivian Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Stacia Rpa Practitioner - Non-Primary Care Provider (PCP) Image: Control of the cont	Wang Mei	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) W<	Stephens Nikeisha Anastacia Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	\
Md Practitioner - Non-Primary Care Provider (PCP) V	Zambrana Christian B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Int Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Id Practitioner - Non-Primary Care Provider (PCP) In Alvaro Practitioner - Non-Primary Care Provider (PCP) Practit	Sorokina-Ruffini Yelena	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Int Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the pract	Braverman Marcie	Practitioner - Non-Primary Care Provider (PCP)										
Incent Mid Practitioner - Non-Primary Care Provider (PCP) V	Chung Chin Woo Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
IMd Practitioner - Non-Primary Care Provider (PCP) V <	Pelczar Joseph Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) V </td <td>Crupi Robert S Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td>	Crupi Robert S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Ahsan Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Tam Raymond</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Tam Raymond	Practitioner - Non-Primary Care Provider (PCP)										
an J Md Practitioner - Non-Primary Care Provider (PCP) Chevarria Alvaro Practitioner - Non-Primary Care Provider (PCP)	Voli Joseph Fred Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
chevarria Alvaro Practitioner - Non-Primary Care Provider (PCP) V	O'Young Bryan J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Dominguez-Echevarria Alvaro	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Klein Devin A	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<
	Parikh Manish A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Ho Garman T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
King Stacy Christen	Practitioner - Non-Primary Care Provider (PCP)										
Dec Wojciech Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kasat Kavita Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Maganov Igor Anatolyevich Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lau David Hai-Pong	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lubin Aviva	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Ortiz Rafael A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Widmer Jessica Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Olson Kari	Practitioner - Non-Primary Care Provider (PCP)										
Hasfal Sharon Yolanda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Antoine T Christina Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Udyawar Aparna P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Solomon Elaine	Practitioner - Non-Primary Care Provider (PCP)										
Yan Wayne	Practitioner - Non-Primary Care Provider (PCP)										
Hernandez Miguel Rafael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pamulapati Vidyasagar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Harris Kemoy	Practitioner - Non-Primary Care Provider (PCP)										
Taylor Kevia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zhang David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Wiener Michele Md	Practitioner - Non-Primary Care Provider (PCP)										
Glatter Robert David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Navedo-Rivera Maria S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Chowdhry Mohammed Idris	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Sharma Jayendra R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Marcus Sergiu Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gupta Rakesh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khanna Suresh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Portello Joan K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Codrington-Riviere Ruthine	Practitioner - Non-Primary Care Provider (PCP)										
Khaneja Amit	Practitioner - Non-Primary Care Provider (PCP)										



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<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ortiz Grace
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hemli Jonathan Mishali
<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wong Peter
<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ryu Jae Shin Md
<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ellington Marty Jr Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wong Jay Anthony
<	<	<		<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Youner Craig J Md
<	<	<		<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Blokh Ilya
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Isakova Marina Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Benoit Vladimir Lusyus Md
										Practitioner - Non-Primary Care Provider (PCP)	Qudsi-Hathweh Sabrina
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Patel Alkesh Navin
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Chaudhry Khyzar
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wu Henry Dinh-Khon Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Jean-Baptiste Samuel
<	<	<	<	<	<	<	<	ζ.	<	Practitioner - Non-Primary Care Provider (PCP)	Damian Jeanne
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Doctor Dipika Dilip Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Seidman David A Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rizzo Attilio
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Bregman Alvin M
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	lommazzo Silvestro Dds
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Spaccavento Colette M Md
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Gundel Ralph
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mohseni Hossain
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Weinman Elizabeth
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hernandez Lincoln Md
										Practitioner - Non-Primary Care Provider (PCP)	Sokolski Michele
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Zeng Liling
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kambo Varinder
<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Zaric Maja Md
										Practitioner - Non-Primary Care Provider (PCP)	Dhar Sonya
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	

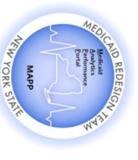


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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Holland Piret	Practitioner - Non-Primary Care Provider (PCP)										
Klay Melissa Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Sepulveda Jazmin	Practitioner - Non-Primary Care Provider (PCP)										
Michael Rose	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Humber Charlene	Practitioner - Non-Primary Care Provider (PCP)										
Lesieur Geraldine	Practitioner - Non-Primary Care Provider (PCP)										
Liza Brown-Joseph	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ	<	<	<	<	<	<	<
Akhter Pervez Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lasic Zoran Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Shapsis Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Patel Yogita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gonzalez Fermin Pablo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Bravo Gisela	Practitioner - Non-Primary Care Provider (PCP)										
Yoeli Gideon C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Rivera Luma	Practitioner - Non-Primary Care Provider (PCP)										
Sun Diana K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Levine Sander Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kapoor Vinay Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Edward V Chan Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Dina Perepelyuk Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Kapoor Mariela	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Salvacion Ray Macasil	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Alizadeh Bajgiran Ahmadreza	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Lee Michael Jerry	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Goebel Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Barragan Juan Carlos Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Gondal Nasir Mahmood Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ozersky Norman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Schrier Amilia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Khelemsky Igor Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Cervantes Lober Guillermo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<



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Provider Name		Participating in Projects	ects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Wong Samuel C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pacilitioner - Nan-Primary Care Provider (PCP) X	Grossmann Rami R Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Poretsky Leonid Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	〈	<	<	<
a Pecitioner - Non-Primary Care Provider (PCP) Pacilioner - Non-Primary Care Provider (PCP) Dash Dash Pacilioner - Non-Primary Care Provider (PCP) Dash Pacilioner - Non-Primary Care Provider (PCP) Pa	Mazur Justin David Md	Practitioner - Non-Primary Care Provider (PCP)	<	〈	〈	<	〈	<	ζ.	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Jackson-Hodges Chandia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP) X	Andoni Alda	Practitioner - Non-Primary Care Provider (PCP)										
Dbs Practitioner - Non-Primary Case Provider (PCP) CV CV <t< td=""><td>Simon Justine R</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td>ζ.</td><td>ζ.</td><td><</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td></t<>	Simon Justine R	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	ζ.	<	<	<
Idd Practitioner - Non-Primary Care Provider (PCP) X	Benedicto Maria Theresa Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	<	<
Mid Practitioner - Non-Primary Care Provider (PCP) X	Duran-Soriano Maria E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Montelus Pierre Newton Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<	<	ζ.
Practitioner - Non-Primary Care Provider (PCP)	Quarcoo Stephen T Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Yin Xuebin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Ind Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Sheth Sandip Pranlal Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Abakporo Theophine O Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) X<	Stewart Amanda Patrice	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) IX IX <td< td=""><td>Bachan Moses</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></td<>	Bachan Moses	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of t	Kowalski Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	~	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Arzuaggah Celeste Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Id Practitioner - Non-Primary Care Provider (PCP) V	Haroon Omer Ahmad	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Id Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of t	Barton Sonia	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V<	Puma Joseph Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Bovienzo James D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) C <t< td=""><td>Schleimer Helen Lilli</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Schleimer Helen Lilli	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V<	Cohen Neil M Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Practitioner - Non-Primary Care Provider (PCP) V	Shmukler Dov Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Mok Victor Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Mok Victor Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Maniar Rajen P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Chan Edwin Kenneth Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Chan Edwin Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Herskovits Mark Saul Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Nett Michael Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
	Ardila Alba	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.iii	4.b.i	4.b.ii
Kim Woo Sup Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Engel Harry Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Posner David H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Hughes Tracey Georgia	Practitioner - Non-Primary Care Provider (PCP)										
Sohn Bret K	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<
Creighton Edward	Practitioner - Non-Primary Care Provider (PCP)										
Nunez Ingrid Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Gould Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Garcia Sandra Patricia Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Pearson Barry J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Thaw Emerald M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Jamieson Lorraine Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Glass Jessica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Minior Victoria K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Badhey Vasantha Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Karcnik Gregory Francis	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Zasypayko Sergey	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Singer Pamela S	Practitioner - Non-Primary Care Provider (PCP)										
Montefiore Medical Ctr Ai	Hospital	<	<	<	<	<	<	<	<	<	<
St Lukes Roosevelt Hsp Ctr	Hospital	<	<	<	<	<	<	<	<	<	<
Calvary Hospital Inc	Hospital	<	<	<	<	<	<	<	<	<	<
Goldwater Memorial Hosp	Hospital	<	<	<	<	<	<	<	<	<	<
North Shore Un Hsp Forest Hil	Hospital	<	<	<	<	<	<	<	<	<	<
Jamaica Hospital Med Ctr	Hospital	<	<	<	<	<	<	<	<	<	<
Flushing Hsp Med Cnt	Hospital	<	<	<	<	<	<	<	<	<	<
Mount Sinai Hospital	Hospital	<	<	<	<	<	<	<	<	<	<
Lenox Hill Hospital	Hospital	<	<	<	<	<	<	<	<	<	<
St Barnabas Hospital	Hospital	<	<	<	<	<	<	<	<	<	<
Help/Project Samaritan Svcs Corp	Clinic	<	<	ζ.	<	<	<	<	<	<	<
Flushing Manor Dialysis Ctr Llc	Clinic	<	<	<	<	<	<	<	<	<	<
Cliffside Renal Dialysis	Clinic	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Changery 2au		Participating in Projects	jects									
NOTICIPATE AND COUNCE OF THE PROPRET OF THE PROPRE	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Autoropy	Perry Ave Family Medical Ctr	Clinic	<	<	<	<	<	<	<	<	<	<
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Th All Clinic Cl	West Midtown Medical Group	Clinic										
Clinic C	Medisys Family Care	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic C	Harlem Dialysis Ctr	Clinic	ζ.	<	ζ.	<	ζ.	ζ.	<	ζ.	<	<
Clinic C	Montefiore Medical Ctr Ai	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic C	Joseph P Addabbo Family Hlth	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic C	Charles B Wang Comm Hth Ctr I	Clinic	<	<	<	<	<	<	<	<	~	<
Clinic C	St Lukes Roosevelt Hsp Ctr	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic C	Calvary Hospital Inc	Clinic	<	<	<	<	<	<	<	<	~	<
Clinic C	Advanced Ctr For Psychotherap	Clinic	<	<	<	<	<	<	<	<	~	<
Clinic C	Medical HIth Research Asc Nyc	Clinic	<	<	<	<	<	<	<	<	<	<
StHill Clinic C	Samaritan Village Inc	Clinic	<	<	<	<	<	<	<	<	<	<
StHII	University Optometric Ctr	Clinic	<	<	<	<	<	<	<	<	~	<
Clinic C	North Shore Un Hsp Forest Hil	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic C	Jamaica Hospital Med Ctr	Clinic	ζ.	<	<	<	<	<	<	<	<	<
Clinic C	Flushing Hsp Med Cnt	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic Cinic Cinic <t< td=""><td>Mount Sinai Hospital</td><td>Clinic</td><th>ζ.</th><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Mount Sinai Hospital	Clinic	ζ.	<	<	<	<	<	<	<	<	<
Clinic X <td>Lenox Hill Hospital</td> <td>Clinic</td> <th>ζ.</th> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Lenox Hill Hospital	Clinic	ζ.	<	<	<	<	<	<	<	<	<
Clinic C	St Barnabas Hospital	Clinic	<	<	<	<	<	<	<	<	<	<
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Clinic Clinic<	Ny Dialysis Svcs/Morris Park	Clinic	<	<	<	<	<	<	<	<	<	<
Clinic X <td>Hillside Polymedic D Ant T Ctr</td> <td>Clinic</td> <th>ζ.</th> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Hillside Polymedic D Ant T Ctr	Clinic	ζ.	<	<	<	<	<	<	<	<	<
Ces Clinic Case Management / Health Home	Qsac Inc	Clinic	<	<	<	<	<	<	<	<	<	<
Ces Case Management / Health Home V <t< td=""><td>Vocational Inst Proj Comm Svc</td><td>Clinic</td><th><</th><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></t<>	Vocational Inst Proj Comm Svc	Clinic	<	<	ζ.	<	<	<	<	<	<	<
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	Omrdd/Maranatha Human Svcs-Ta	Case Management / Health Home	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

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										Mental Health	Addonizio Devon Kimberly Md
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<	<	<	<	<	<	<	<	<	<	Case Management / Health Home	Omrdd/Maranatha Human Svcs-Ny
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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										Mental Health	Indio Sylvia
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										Mental Health	Ivanov Iliyan Stoyanov Md
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										Mental Health	Reiss Eugene H
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										Mental Health	Kelly Renee
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										Mental Health	New Horizon Counseling Ctr Mh
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4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Category 2 al. 2 al. 2 blu 3 bl Judd Montal Health Montal Health 2 al. 2 al. 2 blu 3 bl In Med Montal Health 2 al.		Participating in Projects	cts										
J MM Mental Health C	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	
MAM Montal Health XX	Edelman Martha J Md	Mental Health	<	<	<	<	<	<	<	<	<	<	
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d Mental Health I <	Francois Pierre L Md	Mental Health	<	<	<	<	<	<	<	<	<	<	
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Mental Health	Chan Meghan P Md	Mental Health	<	<	<	<	<	<	<	<	<	<	
Mental Health	Tandon Usha K Md	Mental Health											
ia E Md Mental Health	Skolnick Blair	Mental Health	<	<	<	<	<	<	<	<	<	<	
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Mental Health	Ruiz Peter R	Mental Health	<	<	<	<	<	<	<	<	<	<	
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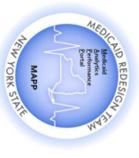


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Mental Health	Ninan Philip Mohan Md
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										Mental Health	Wiener Michele Md
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										Mental Health	Cotterell Kevin Paul Md
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										Mental Health	Baez Jose Antonio Md
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										Mental Health	Dorsky Joshua I Md
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										Mental Health	Ambrose Mark D Md
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										Mental Health	Ginzburg Vladimir Md
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										Mental Health	Tam Raymond
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										Mental Health	Chan Angela Mei Md
										Mental Health	Pazur Beverly Ann Md
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										Mental Health	Flushing Hospital & Med Ctr
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									cts	Participating in Projects	

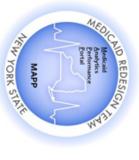


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Rajput Ashok Kumar Md	Mental Health	<	<	<	<	<	<	<	<	<	<
Sankholkar Deepak M Md	Mental Health	ζ.	ζ.	<	ζ.	<	<	ζ.	ζ.	<	<
Rtf Childrens Village	Mental Health	<	<	<	<	<	<	<	<	<	<
Transitional Services For Ny	Mental Health	<	<	<	<	<	<	<	<	<	<
Kathpalia Kusum Md	Mental Health										
Bamji Dinshaw D Md	Mental Health	<	<	<	<	<	<	<	<	<	<
New Horizon Counseling Ctr	Mental Health	<	<	<	<	<	<	<	<	<	<
Creedmoor Pc	Mental Health	<	<	<	<	<	<	<	<	<	<
Vivek Seetharaman Md	Mental Health	<	<	<	<	<	<	<	<	<	<
St Lukes Roosevelt Hsp Ctr	Mental Health	<	<	<	<	<	<	<	<	<	<
Advanced Ctr For Psychotherap	Mental Health	<	<	<	<	<	<	<	<	<	<
Samaritan Village Inc	Mental Health										
Hamilton-Madison House,Inc	Mental Health	<	<	<	ζ.	<	<	<	ζ.	<	<
Arista Ctr For Psychotherapy	Mental Health	<	<	<	ζ.	<	<	<	<	<	<
Catholic Charities Neighbhd Svcs	Mental Health	<	<	<	ζ.	<	<	<	ζ.	<	<
Child Center Of Ny, The	Mental Health	<	<	<	<	<	<	<	<	<	<
Metropolitan Ctr For Mntl Hlt	Mental Health	<	<	<	<	<	<	<	<	<	<
Bleuler Psychotherapy Ctr	Mental Health	<	<	<	<	<	<	<	<	<	<
Karen Horney Clinic, Inc	Mental Health	<	<	<	<	<	<	<	<	<	<
Long Island Consultation Ctr	Mental Health	<	<	<	<	<	<	<	<	<	<
Riverdale Mental HIth Cl	Mental Health	<	<	<	<	<	<	<	<	<	<
Jamaica Hospital Med Ctr	Mental Health	<	<	<	<	<	<	<	<	<	<
Flushing Hsp Med Cnt	Mental Health	<	<	<	<	<	<	<	<	<	<
Mount Sinai Hospital	Mental Health	<	<	<	<	<	<	<	<	<	<
Lenox Hill Hospital	Mental Health	<	<	<	ζ.	<	<	<	ζ.	<	<
St Barnabas Hospital	Mental Health	<	<	<	ζ.	<	<	ζ.	<	<	<
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Advocate Community Providers (PPS ID:25)

	Udyawar Aparna P Mental Health	Joseph Miriam Mental Health	Fernando Taveras Md Pc Mental Health	Rowe Catherine Mental Health	Sasagawa Kaya Mental Health	Solomon Elaine Mental Health	Campetta Carlos Mental Health	Washington Debra Mental Health	Xu Z Chen Psychiatrist Llc Mental Health	Wang Da Mental Health	Eagan Joanne Mental Health	Wadia Saloni Mental Health	Joseph Cohen Mental Health	Bissoondial Carrol Mental Health	Ardila Alba Mental Health	Walker Jennifer Mental Health	Cooper Braffett Stacey Mental Health	Bravo Carlos Mental Health	La Rosa Anita Mental Health	Alexander Julie Mental Health	Defreitas Michelle Mental Health	Peteru Sachidanan Mental Health	Mehta Rekha Mental Health	Fiskus Rachel Mental Health	Matthew William Lorber Mental Health	Bakal Jennifer Mental Health	Guan Nicholas Ning-Guang Md Mental Health	Liu Fong Mental Health	Chouldjian-Baghdassarian Ani Mental Health	Hernandez Hilda Mental Health	Hernandez Miguel Rafael Md Mental Health	Provider Name Pro	
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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

										Mental Health	Jemio Franz Edwin
<	<	<	<	<	<	<	<	<	<	Mental Health	Gomez De Vargas Mencia M
										Mental Health	Gorseth Karin
<	<	<	<	<	<	<	<	<	<	Mental Health	Silver Joyce
<	<	<	<	<	<	<	<	<	<	Mental Health	Lee Frances
										Mental Health	Frasca-Ponce Ada
<	<	<	<	<	<	<	<	<	<	Mental Health	Amato Peter
<	<	<	<	<	<	<	<	<	<	Mental Health	Malieckal Giles
										Mental Health	Pressler Sarah
<	<	<	<	<	<	<	<	<	<	Mental Health	Bhojani Shabnamzehra
<	<	<	<	<	<	<	<	<	<	Mental Health	Henderson Tina
<	<	<	<	<	<	<	<	<	<	Mental Health	Sebolsky Paul
<	<	<	<	<	<	<	<	<	<	Mental Health	Estefan Bebsy C
<	<	<	<	<	<	<	<	<	<	Mental Health	Sheldon Schwartz
										Mental Health	Dharni Poonam
<	<	<	<	<	<	<	<	<	<	Mental Health	Lawrence Y Liang Medical Pc
										Mental Health	Irving Tetyana
										Mental Health	Spumberg Eleanor Pearl
<	<	<	<	<	<	<	<	<	<	Mental Health	Bridgeview Neuromed Care Pc
										Mental Health	Benitez Joachim Alano
<	<	<	<	<	<	<	<	<	<	Mental Health	Phelan Jane
<	<	<	<	<	<	<	<	<	<	Mental Health	Barnes Heather
<	<	<	<	<	<	<	<	<	<	Mental Health	Espeut Nicole
<	<	<	<	<	<	<	<	<	<	Mental Health	Brmc Medical Pllc
<	<	<	<	<	<	<	<	<	<	Mental Health	Miguel R Hernandez Md Pc
<	<	<	<	<	<	<	<	<	<	Mental Health	Michael Rose
<	<	<	<	<	<	<	<	<	<	Mental Health	Cinquegrana Marco
<	<	<	<	<	<	<	<	<	<	Mental Health	Gonzales Ma Lourdes Castillo
										Mental Health	Schlafrig Edith Cypora Lcsw
										Mental Health	Glazer Kate
<	<	<	<	<	<	<	<	<	<	Mental Health	Rizzo Attilio
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									sts	Participating in Projects	

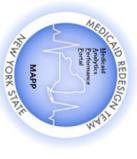


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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Substance Abuse	New York Foundling Hospital, The
										Substance Abuse	Vnsny Community Health Services
<	<	<	<	<	<	<	<	<	<	Substance Abuse	Jns Counseling Services Inc
<	<	<	<	<	<	<	<	<	<	Substance Abuse	Help/Project Samaritan Svcs Corp
										Mental Health	Cheung Viola
										Mental Health	Bashayan Omar
										Mental Health	Surdhar Amarjot Singh
<	<	<	<	<	<	<	<	<	<	Mental Health	Haroon Omer Ahmad
										Mental Health	Joshi Kshamta
										Mental Health	Islam Tanvira
										Mental Health	Edwards Chevon
										Mental Health	Onaler Can
<	<	<	<	<	<	<	<	<	<	Mental Health	Vocational Inst Proj Comm Svc
<	<	<	<	<	<	<	<	<	<	Mental Health	Norris Tracy M
<	<	<	<	<	<	<	<	<	<	Mental Health	Shim Ruth
<	<	<	<	<	<	<	<	<	<	Mental Health	Sen Kamalendra
										Mental Health	Sullivan Nancy A
<	<	<	<	<	<	<	<	<	<	Mental Health	Catholic Charities Comm Svcs Arch
<	<	<	<	<	<	<	<	<	<	Mental Health	Calabria Diego Gennaro
										Mental Health	Garrett Jacqueline L
										Mental Health	Alikakos Maria
										Mental Health	Richmond Hill Sleep Center Inc
<	<	<	<	<	<	<	<	<	<	Mental Health	Murphy-Cassidy Delores
										Mental Health	Ackerman David Charles
<	<	<	<	<	<	<	<	<	<	Mental Health	Piotrowski-Philipp Joan
<	<	<	<	<	<	<	<	<	<	Mental Health	Alexander Anita
										Mental Health	Rosenmann Carl Jay
<	<	<	<	<	<	<	<	<	<	Mental Health	Cutler Alex Jay
<	<	<	<	<	<	<	<	<	<	Mental Health	Young Chainllie
										Mental Health	Boyd-Mckoy Aleen Marie
<	<	<	<	<	<	<	<	<	<	Mental Health	Baxi Ami S
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	e Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Elmcor Youth Adult Act Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Veritas Therapeutic Communit	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Bgr Service Inc	Substance Abuse	ζ.	<	<	<	<	ζ.	ζ.	ζ.	<	<
Qsa Services Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Ny Therapeutic Communities	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Mental Hith Prov/W Queens Mh	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Carnegie Hill Institute Inc	Substance Abuse	<	<	<	<	<	<	<	ζ.	<	<
Silver Lake Support Services	Substance Abuse										
Harlem East Life Plan	Substance Abuse	<	<	<	<	<	<	<	<	<	<
West Midtown Medical Group	Substance Abuse										
Exponents Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Flushing Hospital & Med Ctr	Substance Abuse										
Berkshire Farm Center	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Canarsie Aware Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Counseling Srv Of E D N Y Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Bridge Back To Life Ctr Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Creedmoor Addiction Trt Ctr	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Conifer Park	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Arms Acres	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Areba Casriel Institute	Substance Abuse	<	<	<	<	<	<	<	<	<	<
TRICenter Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Montefiore Medical Ctr Ai	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Realization Center Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Outreach Development Corp	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Auguste Jean K Md	Substance Abuse										
New Horizon Counseling Ctr	Substance Abuse	<	<	<	<	<	<	<	<	<	<
St Lukes Roosevelt Hsp Ctr	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Medical Arts Sanitarium	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Advanced Ctr For Psychotherap	Substance Abuse										
Samaritan Village Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<
Hamilton-Madison House,Inc	Substance Abuse	<	<	<	<	<	<	<	<	<	<

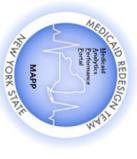


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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	
Catholic Charities Neighbhd Svcs	Substance Abuse											
Child Center Of Ny, The	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
Metropolitan Ctr For Mntl Hlt	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
Bleuler Psychotherapy Ctr	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
Long Island Consultation Ctr	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
Riverdale Mental Hith Cl	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
Jamaica Hospital Med Ctr	Substance Abuse											
Flushing Hsp Med Cnt	Substance Abuse	<	<	<	<	<	<	<	<	<	<	
St Barnabas Hospital	Substance Abuse	~	<	<	<	<	<	<	<	<	<	
Karkus Harvey D Md	Substance Abuse	~	<	<	<	<	<	<	<	<	<	
The Pac Program Of The Bronx Inc	Substance Abuse	~	<	<	<	<	<	<	<	<	<	
Vocational Inst Proj Comm Svc	Substance Abuse	~	<	<	<	<	<	<	<	<	<	
Mih Experience Ltd	Substance Abuse											
Revcore Recovery Center Of Manhatta	Substance Abuse											
Hands On Health Associates Llc	Substance Abuse											
Cobble Hill Hlth Ctr Inc Lthhcp	Nursing Home	~	<	<	<	<	<	<	<			
New York Center Reh Care Snf	Nursing Home	~	<	<	<	<	<	<	<			
Buena Vida Cont Care & Reh Ct	Nursing Home	~	<	<	<	<	<	<	<			
Dry Harbor Nursing Home Adhc	Nursing Home	<	<	<	<	<	<	<	<			
Bronx Center Rehab & Hlth Car	Nursing Home	~	<	<	<	<	<	<	<			
Haym Salomon Hm For Age Adhc	Nursing Home	~	<	<	<	<	<	<	<			
Union Plaza Care Center	Nursing Home	<	<	<	<	<	<	<	<			
Four Seasons Nrs & Reh Ctr Ad	Nursing Home	~	<	<	<	<	<	<	<			
Bay Park Ctr Nursing & Rehab Adhc	Nursing Home											
Wartburg Lutheran Hm Aging	Nursing Home	<	<	<	<	<	<	<	<			
Highland Care Center Inc Snf	Nursing Home	<	<	<	<	<	<	<	<			
Schnurmacher Center Reh & Nrs	Nursing Home	<	<	<	<	<	<	<	<			
Menorah Home & Hosp Aged Inf	Nursing Home	~	<	<	<	<	<	<	<			
Hillside Manor Rehab/Ext Care	Nursing Home	<	<	<	<	<	<	<	<			
Parker Jewish Inst Hlth Cr Re	Nursing Home	<	<	<	<	<	<	<	<			
Glengariff Health Care Center	Nursing Home	<	<	<	<	<	<	<	<			



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Advocate Community Providers (PPS ID:25)

2.
3.ai 3.bi 3.ci 3.ci 3.ci 3.ci 3.ci 3.ci 3.ci 3.c
3.c.i
4.5.



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
3340 Broadway Pharmacy 2 Inc	Pharmacy										
Three J'S Pharmacy Inc	Pharmacy										
Cmd Enterprises LIc	Pharmacy										
Crossbay Chemist Corp	Pharmacy	<	<	<	<	〈	<	〈	ζ.	ζ.	<
Choi & Tam Inc	Pharmacy										
Grand Buy Pharmacy Inc	Pharmacy										
Caremark Srx Inc	Pharmacy	<	<	<	<	<	<	<	<	<	<
Sreepathi Pharmacy Inc	Pharmacy	<	<	<	<	<	<	<	<	<	<
Confucius Pharmacy Inc	Pharmacy	<	<	<	<	<	<	<	<	<	<
Confident Marie M Lpn	Pharmacy	<	<	<	<	<	<	<	<	<	<
Lin Kevin N T	Pharmacy										
Buy-Rite Corp	Pharmacy										
Montefiore Medical Ctr Ai	Pharmacy	<	<	<	<	<	<	<	<	<	<
Brothers Drug Corp	Pharmacy	<	<	<	<	<	<	<	<	<	<
Second Century Services Corp	Pharmacy	<	<	<	<	<	<	<	<	<	<
St Lukes Roosevelt Hsp Ctr	Pharmacy	<	<	<	<	<	<	<	<	<	<
Goldwater Memorial Hosp	Pharmacy	<	<	<	<	<	<	<	<	<	<
Jamaica Hospital Med Ctr	Pharmacy	<	<	<	<	<	<	<	<	<	<
Flushing Hsp Med Cnt	Pharmacy	<	<	<	<	<	<	<	<	<	<
Mount Sinai Hospital	Pharmacy										
St Barnabas Hospital	Pharmacy	<	<	<	<	<	<	<	<	<	<
Medicine Center Rx Llc	Pharmacy	<	<	<	<	<	<	<	<	<	<
Ac Pharmacy Corp	Pharmacy										
Centre Street Pharmaceutical Llc	Pharmacy										
Pharmacy World Inc	Pharmacy	<	<	<	<	<	<	<	<	<	<
Safe Health Pharmacy Corp	Pharmacy										
Arcadia Health Pharmacy Corp	Pharmacy										
A Class Pharmacy Corp	Pharmacy										
Drugland Pharmacy Corp	Pharmacy										
1150 Webster Pharmacy Inc	Pharmacy										
A Star Pharmacy Inc	Pharmacy										



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Creedmoor Addiction Treatment Center
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Corinthian Medical Ipa, Inc
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Concern For Independent Living
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Colombo'S Pharmacy
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Cl Healthcare Inc
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Christopher Rose Empowerment Campaign
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Chinese Community Accountable Care Organization
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Centerlight Certified Home Health Agency
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Carnegie Hill Institute
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Brooklyn Perinatal Network
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Breukelen Community Network Ipa
										Community Based Organizations	Breast Treatment Task Force
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Bernadette L. Sheridan Md
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Balance Medical Ipa, Inc
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Balance Medical Aco
<	<	<	<	<	ζ.	ζ.	ζ.	<	<	Community Based Organizations	Amerigroup/Healthplus
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Amerigroup MItc
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Americhoice
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	American Lung Association Of The Northeast - Asthma Coalition Of Queens
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Amber Court At Home
<	<	<	<	<	<	<	<	~	<	Community Based Organizations	Alphacare
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Abundant Life Agency
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	1199seiu Training And Employment Funds
		<	<	<	<	<	<	<	<	Hospice	Calvary Hospital Inc
		<	<	<	<	<	<	<	<	Hospice	Vns Of Ny Hospice Care
		<	<	<	<	<	<	<	<	Hospice	Jacob Perlow Hospice
										Hospice	Hillside Manor Nursing Ctr
										Hospice	Montefiore Medical Ctr Ai
		<	<	<	<	<	<	<	<	Hospice	Hospice Of New York Llc
		<	<	<	<	<	<	<	<	Hospice	Calvary Hha & Hospice Care
		<	<	ζ.	ζ.	ζ.	<	<	<	Hospice	Vnsny Community Health Services
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									cts	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	Community Based Organizations	New York City Department Of Health & Mental Hygiene
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	New York City Department For The Aging
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	New Diemensions In Care Inc
<	<	<	<	<	<	<	<	<	ζ.	Community Based Organizations	Nature Cure Pharmacy
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Mvp Housing Development Fund Company Inc.
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Molst Statewide Implementation Team And Emolst Program
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Mih Experience Ltd
<	<	<	<	<	<	<	<	<	ζ.	Community Based Organizations	Midwood Development Corporation
<	<	<	<	<	<	<	<	<	ζ.	Community Based Organizations	Metroplus Health Plan
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Marcelo, Gemma
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Lada Alexeenko
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Kathleen Lynch-Gaffney
										Community Based Organizations	Jeannette Cano-Landivar
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Jaffe, Alan
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Integra Managed Care
<	<	<	<	<	<	<	<	<	ζ.	Community Based Organizations	Icl Consolidated Apartment Program Cap
										Community Based Organizations	Hossain Zakia
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Homecrest Community Services, Inc
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Healthy Corner Pharmacy
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Healthix
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Healthfirst
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Friends And Family
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Fort Greene Strategic Neighborhood Action Partnership
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Fidelis Care
<	<	<	<	<	<	<	ζ.	<	<	Community Based Organizations	Excelsior Medical Ipa, Llc
										Community Based Organizations	Eva Mok
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Empire City Laboratories
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Elm Drugs
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Elderplan
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Eastern Chinese American Physicians Ipa
<	<	<	<	<	<	<	<	<	<	Community Based Organizations	Danielle Duret
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Park Housing Development Fund Company Inc.	Community Based Organizations	<	~	<	<	<	<	<	<	<	<
Queens Comprehensive Perinatal Council, Inc.	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Queens County Ipa	Community Based Organizations	<	~	<	<	<	<	<	<	<	<
Rita Williams	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Scheuer Gardens Limited Partnership	Community Based Organizations	<	~	<	<	<	<	<	<	<	<
Scheuer Plaza Limited Partnership	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Sellinger Lewis	Community Based Organizations										
Senior Health Partners	Community Based Organizations	<	~	<	<	<	<	<	<	<	<
Senior Whole Health	Community Based Organizations	<	~	<	<	<	<	<	<	<	<
Shiel Medical Laboratory	Community Based Organizations	<	~	~	<	<	<	<	<	<	<
Single Stop Usa Inc	Community Based Organizations										
United Rx Buying Group	Community Based Organizations	<	~	~	<	<	<	<	<	<	<
Variety Drugs	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Venture House	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Vns Choice	Community Based Organizations	<	<	<	<	<	ζ.	<	<	<	<
Wellcare Health Plan	Community Based Organizations	<	<	<	<	<	<	<	<	<	<
Wellcare Mltc	Community Based Organizations	<	~	~	<	<	<	<	<	<	<
Cobble Hill Hlth Ctr Inc Lthhcp	All Other	<	~	~	<	<	<	<	<		
Vladimir Osipov Md	All Other	<	<	<	<	<	<	<	<	<	<
Zaric Maja Md	All Other	<	<	<	<	<	<	<	<	<	<
Leung Jonathan	All Other	<	~	~	<	<	<	<	<	<	<
Larisa Koifman Md	All Other	<	<	<	<	<	ζ.	<	<	<	<
Moiz A Hamdani	All Other	<	<	<	<	<	<	<	<	<	<
Jean Carl	All Other	<	<	<	<	<	<	<	<	<	<
Cecilia Griselda Calderon Md	All Other	<	<	<	<	<	ζ.	<	<	<	<
Chen Yuchun	All Other	<	<	<	<	<	ζ.	<	<	<	<
Kimyagarova Irina	All Other	<	<	<	<	<	ζ.	<	<	<	<
Torres Diana	All Other	<	<	<	<	<	<	<	<	<	<
George Hall Md Pc	All Other	<	<	<	<	<	ζ.	<	<	<	<
Sop Medical Pc	All Other	<	<	<	<	<	ζ.	<	<	<	<
Yves Duroseau Md	All Other	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Canagoyy 23.1		Participating in Projects	ects									
All Other Color	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
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g Services Inc All Other X	Metzger Benjamin Lowell	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Jns Counseling Services Inc	All Other	<	<	<	<	<	<	<	<	<	<
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All Other	Cs Leung Rehabilitation Medicine PI	All Other	<	<	ζ.	<	<	<	<	<	<	<
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All Other	Amsterdam Pediatrics Pllc	All Other	<	ζ.	ζ.	<	<	<	<	<	<	<
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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Metro True Care Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Perez Andrea	All Other	<	<	<	<	<	<	<	<	<	<
Flushing Manor Dialysis Ctr Llc	All Other	<	<	<	<	<	<	<	<	<	<
Kong Jason Szepok Md	All Other	<	<	<	<	<	<	<	<	<	<
Rumana Alauddin Rahman	All Other	ζ.	〈	ζ.	<	<	<	〈	<	ζ.	<
Jean-Jacques Trevor Md	All Other	<	<	<	<	<	<	<	<	<	<
Ng Norland Md	All Other	<	<	<	<	<	<	<	<	<	<
Chiu Sungkin Md	All Other	<	<	<	<	<	<	<	<	<	<
Jin Yan Md	All Other	<	<	<	<	<	~	<	<	<	<
Buka Robert Md	All Other	<	<	<	<	<	<	<	<	<	<
Toronjadze Tamar Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Prakashkumar Govindbhai Md	All Other	<	<	<	<	<	<	<	<	<	<
Das Provat Md	All Other	<	<	<	<	<	<	<	<	<	<
Yan-Rosenberg Linli Md	All Other	<	<	<	<	<	<	<	<	<	<
Teng Rui Er Md	All Other	<	<	<	<	<	<	<	<	<	<
Tam Cynthia J Md	All Other	<	<	<	<	<	<	<	<	<	<
Shen Kuan Hung Md	All Other	<	<	<	<	<	<	<	<	<	<
Lee Karen Tin Md	All Other	<	<	<	<	<	<	<	<	<	<
Shalonov Artur Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Kaman Ghong	All Other	<	<	<	<	<	<	<	<	<	<
Shehigian Aline Ann	All Other	<	<	<	<	<	<	<	<	<	<
Mazur Justin David Md	All Other	<	<	<	<	<	<	<	<	<	<
Haroon Sameera N Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Dellatto Patricia	All Other	<	<	<	<	<	<	<	<	<	<
Nwaishienyi Silas E Md	All Other	<	<	<	<	<	<	<	<	<	<
Fallahi Pouneh Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Gupta Rakesh Md	All Other	<	<	<	<	<	<	<	<	<	<
Essen Medical Associates Pc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Acosta Dalisa J Md	All Other	<	<	<	<	<	<	ζ.	<	<	<
Hidalgo Maria Del Carmen Md	All Other	<	<	<	<	<	<	<	<	<	<
Ansari Parswa Md	All Other	<	<	<	<	<	<	<	<	<	<

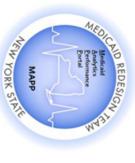


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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<	<	<	<	<	<	<	<	<	<	All Other	Somrov Serge Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Category 24.1 24.11 2		Participating in Projects	cts									
All Other All Ot	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Physician Pic All Other U. U	Barman Trina Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Reza Chowdhury Physician Pc	All Other										
All Other And Ot	Huang Hua Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Marie-Nirva Blaise	All Other	<	<	<	<	<	<	<	<	<	<
Stangbrock Mod	Jain Suresh P Md	All Other	<	<	<	ζ.	<	<	<	<	<	<
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A A Mod Al Other All Other	Khrom Tatiana Md	All Other	<	<	<	<	<	<	<	<	<	<
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onathan Md All Other CV	New York Foundling Hospital, The	All Other	<	<	<	<	<	<	<	<	<	<
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lick Mid All Other X	Mejia Manuel Eligio Md	All Other	<	<	<	<	<	<	<	<	<	<
Shistira K Md All Other X	Golio Dominick Md	All Other	<	<	<	<	<	<	<	<	<	<
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	Hernandez Lincoln Md	All Other	<	<	<	<	<	<	<	<	<	<
	Coven David L Md	All Other										



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

		2012									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii		4.b.ii
Janny A Ozuna Md Pllc	All Other	<	~	<	<	<	<	<	<		<
Sergeyev Igor Md	All Other	<	~	<	<	<	<	<			<
America Medical Group Pc	All Other	<	~	<	<	<	<	<	<		<
Janlian Medical Group Llc	All Other	<	<	<	<	<	<	<			<
Santana Domingo A Md	All Other	<	<	<	<	ζ.	<	<	<		<
Choi Mark Md	All Other	<	ζ.	\	<	ζ.	<	ζ.	<		<
Pediatrics 2000 At 207 Pllc	All Other	<	<	<	<	ζ.	<	<	<		<
Meikle Angela Vanessa Md	All Other	<	~	<	<	<	<	<	<		<
Mohr Christina Md	All Other	<	<	<	<	<	<	<	<		<
Isakova Marina Md	All Other	<	~	<	<	<	<	<			<
Mercy Medical Care Pc	All Other	<	~	<	<	<	<	<	<		<
Patron Maria Yolanda Piamonte Md	All Other	<	~	<	<	<	<	<			<
Chan Robin Y C Md	All Other	<	<	<	<	<	<	<	<		<
Pediatrics 2000 lii Pllc	All Other	<	~	<	<	<	<	<	<		<
Tajian Rosa Md	All Other	<	<	<	<	<	<	<	<		<
Phokela Sarabjit Singh Md	All Other	<	<	<	<	<	<	<	<		<
Cliffside Renal Dialysis	All Other	<	<	<	<	<	<	<	<		<
Premkumar Angel Grace Md	All Other	<	~	<	<	<	<	<			<
Shmukler Dov Md	All Other	<	~	<	<	<	<	<	<		<
Valdivia Martha Maria Md	All Other	<	~	<	<	<	<	<			<
Yin Xuebin Md	All Other	<	~	<	<	<	<	<	<		<
Mohseni Haleh G Md	All Other	<	<	<	<	<	<	<			<
Lee Wah Sang Md	All Other	<	<	<	<	<	<	<	<	<	<
Hector Holson S Md	All Other	<	~	<	<	<	<	<			<
Alvarado-Rivera Jorge V Md	All Other	<	<	<	<	<	<	<			<
Mok Victor Md	All Other	<	<	<	<	<	<	<	<		<
Massop-Flowers Alicia Do	All Other										
Chen Wei Ku Md	All Other	<	~	<	<	<	<	<	<	<	<
Wong Chun Tung Md	All Other	<	<	<	<	<	<	<	<	<	<
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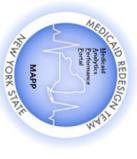


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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<	<	<	<	<	<	<	<	<	<	All Other	Khan Bitni Md
<	<	ζ.	<	<	<	ζ.	<	<	ζ.	All Other	Jen Albert Sun Md
<	<	ζ.	<	<	<	ζ.	<	<	<	All Other	Persaud Narendralall
<	<	<	<	<	<	<	<	<	<	All Other	Bgr Service Inc
ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	<	ζ.	All Other	Thomas Johnny Md
<	<	<	<	<	<	<	<	<	<	All Other	Su Amy Md
<	<	<	<	<	<	<	<	<	<	All Other	Shiel Medical Laboratory Inc
<	<	<	<	<	<	<	<	<	<	All Other	Perez Luisa Altagracia Md
<	<	<	<	<	<	<	<	<	<	All Other	Magloire Tamara Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Soto Maria B
<	~	<	<	<	<	<	<	<	<	All Other	Cath Char Nghbhd Svcs Inc Spv
<	<	<	<	<	<	<	<	<	<	All Other	Lee Paul Chun-Kit Md
										All Other	Haque Sayera Md
<	<	<	<	<	<	<	<	<	<	All Other	Moarefi Mehran-Reza Md
<	<	<	<	<	<	<	<	<	<	All Other	Yim Ho Dpm
<	<	<	<	<	<	<	<	<	<	All Other	Unger Pamela Md
<	<	<	<	<	<	<	<	<	<	All Other	Rishe Eric Md
<	<	<	<	<	<	<	<	<	<	All Other	Tullo Luigi Giovanni Md
<	<	<	<	<	<	<	<	<	<	All Other	Jamaica Family Practice &
										All Other	Accentcare Of New York Inc
<	<	<	<	<	<	<	<	<	<	All Other	Dovnarsky David Md
<	<	<	<	<	<	<	<	<	<	All Other	Kuang Liren Md
<	<	<	<	<	<	<	<	<	<	All Other	Ramirez Julio Alberto Md
<	<	<	<	<	<	<	<	<	<	All Other	Patel Sanjay Narottambhai Md
<	<	<	<	<	<	<	<	<	<	All Other	Guseynov Luiza Md
<	<	<	<	<	<	<	<	<	<	All Other	Patterson Stacey Ann Md
<	<	<	<	<	<	<	<	<	<	All Other	Bukhman Leonid Md
<	<	<	<	<	<	<	<	<	<	All Other	Qsa Services Inc
<	<	<	<	<	<	<	<	<	<	All Other	Rampersaud Rajendra Mark
<	<	<	<	<	<	<	<	<	<	All Other	Wang Yuancong Md
<	<	<	<	<	<	<	<	<	<	All Other	Thierman David H
<	<	<	<	<	<	<	<	<	<	All Other	Jafri Yumna Saeeda Md
<	<	<	<	<	<	<	<	<	<	All Other	Li-Hirashiki Vivian Md
<	<	<	<	<	<	<	<	<	<	All Other	Wu Zhenqing Brett Md
<	<	<	<	<	<	<	<	<	<	All Other	Allan Sean Thomas
<	<	<	<	<	<	<	<	<	<	All Other	Bagheri Farshad
<	<	<	<	<	<	<	<	<	<	All Other	Li Wensong
										All Other	Wahid Abdul
<	<	<	<	<	<	<	<	<	<	All Other	Wu Shuyi
<	~	<	<	<	<	<	<	<	<	All Other	Li Jim
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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<	<	<	<	<	<	<	<	<	<	All Other	Li Jianjun
<	<	<	<	<	<	<	<	<	<	All Other	Pathak Naveen Md
										All Other	Wu Qiong
<	<	<	<	<	<	<	<	<	<	All Other	Hill Mark A Md
<	<	<	<	<	<	<	<	<	<	All Other	Stybel Elena B Do
<	<	ζ.	<	ζ.	ζ.	<	<	<	ζ.	All Other	Zhu Dening
<	<	<	<	<	<	<	<	<	<	All Other	Fu Chenzhong Md
										All Other	Louis Joseph
<	<	<	<	<	<	<	<	<	<	All Other	Boockvar John A Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Chatterjee Partha P Md
<	<	<	<	<	<	<	<	<	<	All Other	New York Cardiovascular Medicine
<	<	<	<	<	<	<	<	<	<	All Other	Cohen Nelly Md
<	<	<	<	<	<	<	<	<	<	All Other	Schwimmer Joshua Adam Md
<	<	<	<	<	<	<	<	<	<	All Other	Chen Haifan Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Ngai Yi Md
<	<	<	<	<	<	<	<	<	<	All Other	Singh Sherry A Md
<	<	<	<	<	<	<	<	<	<	All Other	Janczuk Peter P Md
<	<	<	<	<	<	<	<	<	<	All Other	Sencion Franklin Md
<	<	<	<	<	<	<	<	<	<	All Other	Jiangping Gan
<	<	<	<	<	<	<	<	<	<	All Other	Chixin Fang Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lasic Zoran Md
<	<	<	<	<	<	<	<	<	<	All Other	He Tina Q Md
<	<	<	<	<	<	<	<	<	<	All Other	Sahni Gunjeet Mandvi Md
<	<	<	<	<	<	<	<	<	<	All Other	Chattooo Premetesh Do
										All Other	Majumder Mujibur Rahman Md
<	<	<	<	<	<	<	<	<	<	All Other	Ny Therapeutic Communities
<	<	<	<	<	<	<	<	<	<	All Other	Mercado Agueda Md
										All Other	Sheydina Yelena Zinovjevna Md
<	<	<	<	<	<	<	<	<	<	All Other	Cai Min
<	<	<	<	<	<	<	<	<	<	All Other	Gamundi-Joaquin Rosa E Md
<	<	<	<	<	<	<	<	<	<	All Other	Brown Elaine P Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Stoe	Participating in Projects	

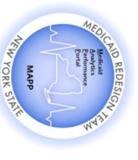


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ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	ζ.	All Other	Hiza Ashley Md
<	<	<	<	<	<	<	<	<	〈	All Other	Rutner Daniella
<	<	<	<	<	<	<	<	<	<	All Other	Correa Michael Md
<	<	<	<	<	<	<	<	<	<	All Other	Ren Sicong
<	<	<	<	<	<	<	<	<	<	All Other	Rivera Gregory A Dpm
										All Other	Weiser Lori Gail Md
<	<	<	<	<	<	<	<	<	<	All Other	Kim Hyoseong
<	<	<	<	<	<	<	<	<	<	All Other	Sun Diana K Md
<	<	<	<	<	<	<	<	<	<	All Other	Neopeds Medical Services Pc
<	<	<	<	<	<	<	<	<	<	All Other	Guttal Dakshayani R Md
<	<	<	<	<	<	<	<	<	<	All Other	Shukla Mayank Arun Md
<	<	<	<	<	<	<	<	<	<	All Other	Aponte Jose Md
<	<	<	<	<	<	<	<	<	<	All Other	Leviashuili Natela Md
<	<	<	<	<	<	<	<	<	<	All Other	Doctor Yio Medical Service Pc
<	<	<	<	<	<	<	<	<	<	All Other	Rahman Mohammad M Md
<	<	<	<	<	<	<	<	<	<	All Other	Reynoso Elsa Sofia Md
<	<	<	<	<	<	<	<	<	<	All Other	Odoom Ebenezer Kofi Bentum Md
<	<	<	<	<	<	<	<	<	<	All Other	Rasheed Qaesar Md
<	<	<	<	<	<	<	<	<	<	All Other	Cuevas Asima
<	<	<	<	<	<	<	<	<	<	All Other	Patel Jagruti Md
<	<	<	<	<	<	<	<	<	<	All Other	Zheng Jean Qingjun Md
<	<	<	<	<	<	<	<	<	<	All Other	Sung John Hsiyang
<	<	<	<	<	<	<	<	<	<	All Other	Shen Christine
<	<	<	<	<	<	<	<	<	<	All Other	Jindal Michelle Anne Md
<	<	<	<	<	<	<	<	<	<	All Other	Mortazavi Shervin Md
										All Other	Ajah Onyemachi George Md
<	<	<	<	<	<	<	<	<	<	All Other	Cheng Nancy Md
<	<	<	<	<	<	<	<	<	<	All Other	Mutyala Manikyam Md
<	<	<	<	<	<	<	<	<	<	All Other	Kamenshchikova Marina Md
<	<	<	<	<	<	<	<	<	<	All Other	Gonzalez Fausto A Md
<	<	<	<	<	<	<	<	<	<	All Other	Choi Jai Huyk Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Maddineni Durga Md	All Other										
Katcher Oleg Md	All Other	<	~	<	<	<	<	<	<	<	<
Rodriguez Rafael Md	All Other	<	~	<	<	<	<	<	ζ.	<	<
Yahodaei Kamran Md	All Other	<	>	<	<	<	<	<	<	<	<
Perry Ave Family Medical Ctr	All Other	<	~	<	<	<	<	<	ζ.	<	<
Krumholtz Ira	All Other	<	~	<	<	<	<	<	<	<	<
Yang Andrea	All Other	<	~	<	<	<	<	<	<	<	<
Pamoukian Vicken Nichan Md	All Other	<	~	<	<	<	<	<	<	<	<
Zheng Ronglan Md	All Other	<	~	<	<	<	<	<	<	<	<
Chiu Karen Md	All Other	<	<	<	<	<	<	<	<	<	<
Ngo Tammy Phuong	All Other	<	<	<	<	<	<	<	<	<	<
Bai Chun	All Other	<	<	<	<	<	<	<	<	<	<
Patel Nirav Chandrakant Md	All Other	<	<	<	<	<	<	<	<	<	<
Hu Mary Xiao-Jiang Md	All Other	<	<	<	<	<	<	<	<	<	<
Edward V Chan Md Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Lee Jane A Md	All Other	<	<	<	<	<	<	<	<	<	<
Zhang David	All Other	<	<	<	<	<	<	<	<	<	<
Steinbaum Suzanne Md	All Other	<	<	<	<	<	<	<	<	<	<
Cheung Joyce	All Other	<	<	<	<	<	<	<	<	<	<
Ree June Hisu Md	All Other	<	<	<	<	<	<	<	<	<	<
Mercedes Betty Md	All Other	<	<	<	<	<	<	<	<	<	<
Millennium Medical Group Pc	All Other	<	<	<	<	<	<	<	<	<	<
Metropolitan Jewish Hm Care	All Other	<	<	<	<	<	<	<	<	<	<
Li Yali Md	All Other	<	<	<	<	<	<	<	<	<	<
Cheung Wellman Wai-Man Md	All Other	<	<	<	<	<	<	<	<	<	<
Wong Timothy	All Other	<	<	<	<	<	ζ.	<	<	<	<
Dairo Oluwatoyos	All Other	<	<	<	<	<	ζ.	<	<	<	<
Friedrich Douglas Bennett Md	All Other	<	<	<	<	<	ζ.	<	<	<	<
Lee Sangwoo Md	All Other	<	<	<	<	<	ζ.	<	<	<	<
Epstein Neal F Md	All Other	<	<	<	<	<	<	<	<	<	<
Dhillon Lakhbir	All Other	<	<	<	<	<	<	<	<	<	<



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<	<	<	<	<	<	<	<	<	<	All Other	Armington Nevin John Ma
											A manifest to the late of the
〈	〈	<	<	<	<	<	<	<	<	All Other	Empire St Hm Care Ser Lthhcp
<	<	<	<	<	<	<	<	<	<	All Other	Samadi David Md
<	<	<	<	<	<	<	<	<	<	All Other	Mendez Jose Manuel Md
<	<	<	<	<	<	<	<	<	<	All Other	Slade Stella
<	<	<	<	<	<	<	<	<	<	All Other	Hana Mervat
<	<	<	<	<	<	<	<	<	<	All Other	Louis Martha Md
<	<	<	<	<	<	<	<	<	<	All Other	Chen Chun Ming Md
<	<	<	<	<	<	<	<	<	<	All Other	Lai Amy Y Md
										All Other	Ahmed Shamim Md
<	<	<	<	<	<	<	<	<	<	All Other	Dabovich Ivonne Cnm
<	<	<	<	<	<	<	<	<	<	All Other	Weimin Qu
<	<	<	<	<	<	<	<	<	<	All Other	Glatter Robert David Md
<	<	<	<	<	<	<	<	<	<	All Other	Concepcion Elizabeth Md
<	<	<	<	<	<	<	<	<	<	All Other	Wan Soo Lee Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lus Medical Associates Pllc
										All Other	Perea Annette Md
<	<	<	<	<	<	<	<	<	<	All Other	Wang Fei Md
<	<	<	<	<	<	<	<	<	<	All Other	Hanna Nader Ramses Md
<	<	<	<	<	<	<	<	<	<	All Other	Koshy George P Md
<	<	<	<	<	<	<	<	<	<	All Other	llyaev Stella
<	<	<	<	<	<	<	<	<	<	All Other	Alex Santhosh Madathil Md
<	<	<	<	<	<	<	<	<	<	All Other	Minior Victoria K
<	<	<	<	<	<	<	<	<	<	All Other	Raport Miriam R Md
<	<	<	<	<	<	<	<	<	<	All Other	Carreno Jacqueline Md
<	<	<	<	<	<	<	<	<	<	All Other	Bover Elina Dpm
<	<	<	<	<	<	<	<	<	<	All Other	Jack Simon Goldman Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Woodlawn Medical Assoc Pc
<	<	<	<	<	<	<	<	<	<	All Other	Kaplan Evan
<	<	<	<	<	<	<	<	<	<	All Other	Fishman Nancy Lynn Np
<	<	<	<	<	<	<	<	<	<	All Other	Anjum Naheed Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ojects	Participating in Projects	



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<	<	<	<	<	<	<	<	<	<	All Other	Kowacz Tomasz Wojciech Md
<	<	<	<	<	<	<	<	<	<	All Other	Adeyemo Adenike
<	<	<	<	<	<	<	<	<	<	All Other	Bolon David Md
<	<	ζ.	<	ζ.	ζ.	<	<	ζ.	<	All Other	Marcu Mariana Md
<	<	<	<	<	<	<	<	<	<	All Other	Hughes Reginald D Md
<	<	<	<	<	<	<	<	<	<	All Other	Mallin David Md
<	<	<	<	<	<	<	<	<	<	All Other	New York Center Reh Care Snf
<	<	<	<	<	<	<	<	<	<	All Other	Wei Lihong Md
										All Other	Eskaros Saphwat Labeeb Md
<	<	<	<	<	<	<	<	<	<	All Other	Asters Dimitrios J Md
<	<	<	<	<	<	<	<	<	<	All Other	Amodio Stefano Md
										All Other	Queens Medical Care Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lopez Manuel D Md
<	<	<	<	<	<	<	<	<	<	All Other	Ramdas Mardai Mariapen Pa
<	<	<	<	<	<	<	<	<	<	All Other	Brena M Desai Pediatrician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Chu Chien-Jung J Md
<	<	<	<	<	<	<	<	<	<	All Other	Khaldarov Yevgeniy Md
<	<	<	<	<	<	<	<	<	<	All Other	Ryu Jae Shin Md
<	<	<	<	<	<	<	<	<	<	All Other	Shi Shelly Md
<	<	<	<	<	<	<	<	<	<	All Other	Francisco Richard L Md
<	<	<	<	<	<	<	<	<	<	All Other	Suleman Rana Javed Md
<	<	<	<	<	<	<	<	<	<	All Other	West Denise
<	<	<	<	<	<	<	<	<	<	All Other	Maniar Rajen P Md
<	<	<	<	<	<	<	<	<	<	All Other	Malhotra Madhu B Md
<	<	ζ.	<	<	ζ.	<	<	<	<	All Other	Khandker Ferdous Md
<	<	<	<	<	<	<	<	<	<	All Other	Leers Ella Md
<	<	<	<	<	<	<	<	<	<	All Other	Ramirez-Baron Diana Maria
										All Other	Chowdhury A Y M Maksudul A Md
<	<	<	<	<	<	<	<	<	<	All Other	Basello Gina M Md
<	<	<	<	<	<	<	<	<	<	All Other	Maslova Alla Md
<	<	<	<	<	<	<	<	<	<	All Other	Mui Wingtat Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Xiao Yong Hong Md	All Other	<	<	<	<	<	<	<	<	<	<
Mo Shengjie	All Other	<	<	<	<	<	<	<	<	<	<
Delman Alex Md	All Other	<	<	<	<	<	<	<	<	<	<
Mahankali Bhavani Durga Md	All Other										
Shah Tushar Laxmichand Md	All Other	<	<	<	<	<	<	<	<	<	<
Vilnits Anatoliy Md	All Other	<	<	<	<	<	<	<	<	<	<
Pena Clotilde B Md	All Other	<	<	<	<	<	<	<	<	<	<
New York Foundling Hosp Spv	All Other	<	<	<	<	<	<	<	<	<	<
Morales-Diaz Mirza Enid Md	All Other	<	<	<	<	<	<	<	<	<	<
Bovienzo James D Md	All Other	<	<	<	<	<	<	<	<	<	<
Worca Inc Spv	All Other	<	<	<	<	<	<	<	<	<	<
Wallach Nancy Eliana Md	All Other										
Stein Marjorie Michelle Md	All Other	<	<	<	<	<	<	<	<	<	<
Schneider Fran Iris	All Other	<	<	<	<	<	<	<	<	<	<
Ms Family Medicine Health Car	All Other										
Narcisse Joseph Rpa-C	All Other	<	<	<	<	<	<	<	<	<	<
Petrov Petya Md	All Other	<	<	<	<	<	<	<	<	<	<
Romanello Paul P	All Other	<	<	<	<	<	<	<	<	<	<
Mo Lihua Md	All Other	<	<	<	<	<	<	<	<	<	<
Lee Holly M	All Other	<	<	<	<	<	<	<	<	<	<
Hsu Warren W	All Other										
Fung Sandy M	All Other	<	<	<	<	<	<	<	<	<	<
Rainbow Pediatrics Pc	All Other										
Cheng Jennifer	All Other	<	<	<	<	<	<	<	<	<	<
Charlotten Kevin Alexander Md	All Other	<	<	<	<	<	<	<	<	<	<
Gheewala Parul A Md	All Other	<	<	<	<	<	<	<	<	<	<
Chiao Marie	All Other	<	<	<	<	<	<	<	<	<	<
Linetskaya Yelena Md	All Other	<	<	<	<	<	<	<	<	<	<
Jimenez Marcial	All Other	<	<	<	<	<	<	<	<	<	<
Mental Hith Prov/W Queens Mh	All Other	<	<	<	<	<	<	<	<	<	<
Omrdd/Goodwill Industries Ny	All Other										



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<	<	<	<	<	<	<	<	<	<	All Other	Chusid Boris Gregory Md
〈	〈	<	<	<	<	<	<	<	<	All Other	Lam Terry Md
<	<	<	<	<	<	<	<	<	<	All Other	Streete Sophia Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Kevin J Guo Medical Pc
										All Other	Zoe Liu Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Farhat Laila Ali Md
<	<	<	<	<	<	<	<	<	<	All Other	Raza Nadeem Md
<	<	<	<	<	<	<	<	<	<	All Other	Aguilh-Figaro Toycina
<	<	<	<	<	<	<	<	<	ζ.	All Other	Shusterman Arkadiy Md
<	<	<	<	<	<	<	<	<	<	All Other	Wong Alfredo Sicat Md
<	<	<	<	<	<	<	<	<	<	All Other	Huang Qinghong Md
<	<	<	<	<	<	<	<	ζ.	ζ.	All Other	Numann Sousan Munim Md
<	<	<	<	<	<	<	<	<	<	All Other	Bangug Samuel Pio Allado Md
<	<	<	<	<	<	<	<	<	<	All Other	Herskovits Mark Saul Do
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										All Other	Mora-Mclaughlin Fernando S Md
<	<	<	<	<	<	<	<	<	<	All Other	Metwally Ashraf Ahmed Md
<	<	<	<	<	<	<	<	<	<	All Other	Li Michael Yang Md
										All Other	Khan Sameena
										All Other	Washington Sharon Denise
<	<	<	<	<	<	<	<	<	<	All Other	Empire Joint And Spine P C
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Abdullah Ghazanfar Syed Md
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<	<	<	<	<	ζ.	<	<	<	<	All Other	Dolin Natalia Md
<	<	<	<	<	<	<	<	<	<	All Other	Kim Yoojin Md
<	<	<	<	<	<	<	<	<	<	All Other	Galperin Mark Md
<	<	<	<	<	<	<	<	<	<	All Other	Apoeso Taiye Olubunmi Md
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<	<	<	<	<	<	<	<	<	<	All Other	Zhang Victoria Do
<	<	<	<	<	<	<	<	<	<	All Other	Bhavana R Japi Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lim Pearl Md
<	<	<	<	<	<	<	<	<	<	All Other	Queens Medical Services Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Mihail Medvedovsky Phys Pc
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<	<	<	<	<	<	<	<	<	<	All Other	Hu Jiong-Ming Md
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										All Other	Al-Husayni Husayn Jawad Md
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<	<	<	<	<	<	<	<	<	<	All Other	Chan Chun-Kit
<	<	<	<	<	<	<	<	<	<	All Other	Ray-Sen Piyali Md
<	<	<	<	<	<	<	<	<	<	All Other	Xing-Jie Wang Md
<	<	<	<	<	<	<	<	<	<	All Other	Israel Igor Md
<	<	<	<	<	<	<	<	<	<	All Other	Bernik Stephanie Falcone Md
<	<	<	<	<	<	<	<	<	<	All Other	Shah Sangita Tushar Md
										All Other	Deng Jing Md
<	<	<	<	<	<	<	<	<	<	All Other	Greenblatt Benjamin Md
										All Other	Shnayder Rafail Simon Md
<	ζ.	ζ.	<	<	ζ.	<	<	<	<	All Other	Zilber Nora Md
<	<	<	<	<	<	<	<	<	<	All Other	Nyein Roland Md
<	<	<	<	<	<	<	<	<	<	All Other	Pramanik Bidyut Kumar Md
<	<	<	<	<	<	<	<	<	<	All Other	Jovellanos Valentin Pardo Md
<	<	<	<	<	<	<	<	<	<	All Other	Kan Sang Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	ts:									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Masub Hosneara Md	All Other										
Marinbakh Alexander Y Md	All Other	<	<	<	<	<	<	<	<	<	<
Astoria Pediatric Pc	All Other	<	<	<	ζ	<	<	<	<	〈	<
Wu Benjamin Zibin Md	All Other	<	<	<	<	<	<	<	<	<	<
Vijaykumar Sudha Md	All Other	<	<	<	<	<	<	<	<	<	<
Mailian-Oganova Lilia Md	All Other	<	<	<	<	<	<	<	<	<	<
Rawal Jagat M Md	All Other	<	<	<	<	<	<	<	<	<	<
Cruz Alcedo Anselmo Md	All Other	<	<	<	<	<	<	<	<	<	<
Deleon Jose L Dpm	All Other	<	<	<	<	<	<	<	<	<	<
Holalkere Rajagopal Md	All Other	<	<	<	<	<	<	<	<	<	~
Stepensky Leon Dpm	All Other	ζ.	<	<	<	<	<	<	<	<	<
Lopez Margarita	All Other	<	<	<	<	<	<	<	<	<	<
Bestcare Inc	All Other	<	<	<	<	<	<	<	<	<	<
Lyo Thomas	All Other	<	<	<	<	<	<	<	<	<	<
Krumholz David	All Other	<	<	<	<	<	<	<	<	<	<
Dul Mitch	All Other	<	<	<	<	<	<	<	<	<	<
Wang Bin	All Other										
Zilberstein Olga Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Cortes Juan Do	All Other	<	<	<	<	<	<	<	<	<	<
Chen Xin Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Mallick Shahla S Md	All Other										
Sharma Hita Md	All Other	<	<	<	<	<	<	<	<	<	<
Sarkar Samir Kanti	All Other	ζ.	<	<	<	<	<	<	<	<	<
Bundoc Susana Dugang Md	All Other	<	<	<	<	<	<	<	<	<	<
Tsinis Mariya F Md	All Other	<	<	<	<	<	<	<	<	<	<
Hom David	All Other	ζ.	<	<	<	<	<	<	<	<	<
Serruya Jose Md Pc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Cheung Ming Md	All Other	<	<	<	<	<	<	<	<	<	<
Yeung Vincent Wah-Sang Md	All Other	<	<	<	<	<	<	<	<	<	<
Sen Debabrata Md	All Other										
Silver Lake Support Services	All Other										



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Camery Value/men Mode		Participating in Projects	ects									
In Maly All Other CI	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
bit MMA All Other ZI XI	Gutnik Zhanna Valerievna Md	All Other	<	<	<	<	<	<	<	<	<	<
MMMM All Obsert IX	Yu Ann Marie Md	All Other	<	<	<	<	<	<	<	<	<	<
MMM All Other XI	Wei Huachen Md	All Other	<	<	<	<	<	<	<	<	<	<
Local Mol All Other XI	Lam Henry Md	All Other	<	<	<	<	<	<	<	<	<	<
Autoher Auto	Quijada Reucar Md	All Other	<	<	<	<	<	<	<	<	<	<
An Orber All Other Color	Kosmas Constantine Elias Md	All Other	<	<	<	<	<	<	<	<	<	<
Gyg Llus Mid All Other Z. I. W. I	Lee Shi-Wen Do	All Other	<	<	<	<	<	<	<	<	<	<
Lichening All Other CM	Cornielle Jorge Luis Md	All Other	<	<	<	<	<	<	~	<	<	<
Lighbn Md Lighbner Ligheng	Singh Binoy Kumar Md	All Other	<	<	<	<	<	<	<	<	<	<
Li-Cheng Mil Other Mil O	Arnuk Omar John Md	All Other										
Diplone P Md All Other All Othe	Xu Richard Li-Cheng	All Other	<	<	<	<	<	<	~	<	<	<
Sal Assoc Pc All Other S. S	Romsaitong Diane P Md	All Other	<	<	<	<	<	<	<	<	<	<
Jalery Md All Other IX	Sinog Medical Assoc Pc	All Other	<	<	<	<	<	<	<	<	<	<
ad Md All Other L <	Kuznetsov Valery Md	All Other	<	<	<	<	<	<	<	<	<	<
NOT R & Ecc Adho All Other X <td>Anwar Arshad Md</td> <td>All Other</td> <td></td>	Anwar Arshad Md	All Other										
Nen Barnes Md All Other IX IX <td>Hillside Manor R & Ecc Adhc</td> <td>All Other</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td>	Hillside Manor R & Ecc Adhc	All Other	<	<	<	<	<	<	~	<	<	<
Yuriy All Other IX X	Perez Stephen Barnes Md	All Other	<	<	<	<	<	<	<	<	<	<
ammeen Md All Other C	Pertsovsky Yuriy	All Other	<	<	<	<	<	<	<	<	<	<
Vid All Other X <th< td=""><td>Sultana Sharmeen Md</td><td>All Other</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Sultana Sharmeen Md	All Other	<	<	<	<	<	<	<	<	<	<
ongzhou Md All Other I III Waratin Md I II Warat	Nazir Azra Md	All Other	<	<	<	<	<	<	<	<	<	<
gdalena Q Rn All Other In all pal Md All Other In all pal Md In all pal Md In all pal Md In Martin Md <td>Long Ann Yongzhou Md</td> <td>All Other</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td>	Long Ann Yongzhou Md	All Other	<	<	<	<	<	<	~	<	<	<
na lobal Mod All Other I.V. I.V. <td>Deblois Magdalena Q Rn</td> <td>All Other</td> <td><</td>	Deblois Magdalena Q Rn	All Other	<	<	<	<	<	<	<	<	<	<
I Martin Md All Other I Martin Md I Martin Md I Martin Md I Martin Md All Other I Martin Md I Martin	Khan Rehana Iqbal Md	All Other	<	<	<	<	<	<	<	<	<	<
II Merabi All Other C	Sharaftkhah Martin Md	All Other	<	<	<	<	<	<	<	<	<	<
ar Thambiraja Md All Other viria Isabel Md All Other viria Isabel Md All Other All Other All Other vool ii P C All Other All Other All Other All Other All Other All Other All Other	Zonenashvili Merabi	All Other	<	<	<	<	<	<	<	<	<	<
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All Other	Sylvestre Georges Md	All Other	<	<	<	<	<	<	<	<	<	<
	Qadri Syed S Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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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.iii	4.b.i	4.b.ii
Huang Albert Md	All Other	<	<	<	<	<	<	<	<	<	<
Batoon Sherwin Bumanglag Md	All Other	<	<	<	<	<	<	<	<	<	<
Calvary Hha & Hospice Care	All Other	<	<	<	<	ζ	<	<	<	<	<
He Yong Kang Md	All Other	<	<	<	<	ζ	<	<	<	<	<
Tovbina Inna Md	All Other	<	<	<	<	ζ	<	<	<	<	<
Wong Samuel C Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Ratilal T Md	All Other	<	<	<	<	<	<	<	<	<	<
Li Xiao-Qing Md	All Other	<	<	<	<	<	<	<	<	<	<
Li Ka Md	All Other	<	<	<	<	<	<	<	<	<	<
Tafreshi-Oraee Parisa Md	All Other	<	<	<	<	<	<	<	<	<	<
Begum Shamin Ara Md	All Other										
International Peds Plus Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Lifes Worc-Ny	All Other										
Freedman Todd W Rpa	All Other	<	<	<	<	<	<	<	<	<	<
Jiang Bao En Md	All Other	<	<	<	<	<	<	<	<	<	<
Israel Roza Md	All Other	<	<	<	<	<	<	<	<	<	<
Gad Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Bisangwa Alexis Md	All Other	<	<	<	<	<	<	<	<	<	<
Zeitoun Khaled Mohamed Md	All Other	<	<	<	<	<	<	<	<	<	<
Cordice-Ford Candida	All Other	<	<	<	<	<	<	<	<	<	<
Calliste-Scott Susan	All Other	<	<	<	<	<	<	<	<	<	<
Tu Joseph	All Other	<	<	<	<	<	<	<	<	<	<
Olivero Matos Ana Rita Md	All Other	<	<	<	<	<	<	<	<	<	<
So Agnes Laiping Md	All Other	<	<	<	<	<	<	<	<	<	<
Chu Mark Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Babu A Md	All Other	<	<	<	<	<	<	<	<	<	<
Kazmann Luis Md	All Other	<	<	<	<	<	<	<	<	<	<
Nagpaul Ravinder S Md	All Other	<	<	<	<	<	<	<	<	<	<
Sandoval Juan Stuardo Md	All Other										
Saint-John Susan	All Other	<	<	<	<	<	<	<	<	<	<
Harlem East Life Plan	All Other	<	<	<	<	<	<	<	<	<	<

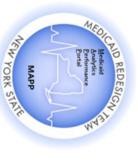


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Category 2.1		Participating in Projects	ects									
Daym All Other C. C	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Mannen Med All Other St. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Garcia Sandra Patricia Dpm	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Rao Nagaraj Dharmavaram Md	All Other	<	<	<	<	<	<	<	<	<	<
M Cher M Cher M C M C M C M C M C M C M C M C M C M	Rosario-Amaro Francisco Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Opher-losifescu Elana	All Other	<	<	<	<	<	<	<	<	<	<
All Others	Law Anna Md	All Other	<	<	<	<	<	<	<	<	<	<
Al Other All O	Vo Tracy T Md	All Other	<	<	<	<	<	<	<	<	~	<
All Other Automate	First Step Pediatrics Pc	All Other	<	<	<	<	<	<	<	<	~	<
big Mod All Other X	Chopra Jaideep	All Other	<	<	<	<	<	<	<	<	~	<
Mail Other Mai	Machnicki Stephen Craig Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Ramaiah Chandhini Md	All Other										
Mill Other All Other	Nolan Marc A Md	All Other	<	<	<	<	<	<	<	<	~	<
CMM All Other X <th< td=""><td>Vladutiu Mihaela I Md</td><td>All Other</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Vladutiu Mihaela I Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Mcdonald Annmarie C Md	All Other	<	<	<	<	<	<	<	<	<	<
Inc All Other	Chang Ya Ju Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Confucius Pharmacy Inc	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Azar Sasan Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other All	Foster Sharon Md	All Other	<	<	<	<	<	<	<	<	<	<
Idou	Alcindor Claudia	All Other	<	<	<	<	<	<	<	<	~	<
Illou All Other 3 3 4 <	Amr Nayel Md Pc	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other	Tubens Frances Marilou	All Other	<	<	<	<	<	<	<	<	<	<
Ia All Other Image: Control of the	Molina Alveris Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Ravi Venkata Ramana	All Other	ζ.	<	<	<	<	<	<	ζ.	<	<
All Other	Ahmadi Ladan M Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
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All Other	Leung-Eng Lucy Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Sabogal Gonzalo Md	All Other	ζ	<	<	<	<	<	<	<	<	<
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All Other All Other	Trepeta Scott S Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Tayab Samia A Md	All Other										
	Cui Jian Md	All Other	<	<	<	<	<	<	<	<	<	<

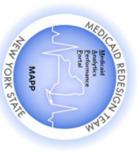


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Kutnick Richard	All Other	<	<	<	<	<	<	<	<	<	<
Comprehensive Community Pediatrics	All Other	<	<	<	<	<	<	<	<	<	<
Phang Christopher Andrew Md	All Other										
Kuo Josephine Y Md	All Other	<	<	<	<	<	<	<	<	<	<
Hasan Shaikh Nusrat	All Other										
Sahgal Sumir P Md	All Other	<	<	<	<	<	<	<	<	<	<
Romsaitong Panus Md	All Other	<	<	<	<	<	<	<	<	<	<
Drukman Liliya Md	All Other	<	<	<	<	<	<	<	<	<	<
Alla Vijayakumar Md	All Other	<	<	<	<	<	<	<	<	<	<
West Midtown Medical Group	All Other										
Moussa Zobidatte Md	All Other	<	<	<	<	<	<	<	<	<	<
Fok Eric Chi-Cheung Md	All Other	<	<	<	<	<	<	<	<	<	<
Yang lan Yeng Md	All Other	<	<	<	<	<	<	<	<	<	<
Rezkalla Laurence L Md	All Other	<	<	<	<	<	<	<	<	<	<
Pimentel Ramon R Md	All Other	<	<	<	<	<	<	<	<	<	<
Dry Harbor Nursing Home Adhc	All Other	<	<	<	<	<	<	<	<	<	<
Zheng Hanbin Md	All Other	<	<	<	<	<	<	<	<	<	<
Tellus Francois G Md	All Other										
Lee Simon X Md	All Other	<	<	<	<	<	<	<	<	<	<
Azamy Taufiq	All Other	<	<	<	<	<	<	<	<	<	<
Micic Ljubisa Sinisa Md	All Other										
Bronx Center Rehab & Hlth Car	All Other	<	<	<	<	<	<	<	<	<	<
Shan Zihe Md	All Other	<	<	<	<	<	<	<	<	<	<
Kalepu Mallikharjanudu Md	All Other	<	<	<	<	<	<	<	<	<	<
Shen Jie	All Other	<	<	<	<	<	<	<	<	<	<
Gottlieb Marc D Md	All Other	<	<	<	<	<	<	<	<	<	<
Raymond L Yung Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Molnar Thomas	All Other	<	<	<	<	<	<	<	<	<	<
Rojas Ana Md	All Other	<	<	<	<	<	<	<	<	<	<
Aslam Mohammad Md	All Other	<	<	<	<	<	<	<	<	<	<
Bregman Zachary	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

		0.00									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii		4.b.ii
He Lan Md Pc	All Other	<	<	<	<	<	<	<	<		<
Kong Xiang B Md	All Other	<	<	<	<	<	<	<		<	<
Chen Yuqing Md	All Other	<	<	<	<	<	<	<	<		<
Chak Ada Md	All Other	<	<	<	<	<	<	<			<
Exponents Inc	All Other	<	<	<	<	<	<	<	<		<
Macenat Jean R Md	All Other	<	<	<	<	<	<	<	<		<
David Marian Md	All Other	<	<	<	<	<	<	<	<		<
Batlle Jose E Md	All Other	<	<	<	<	<	<	<	<		<
Sultana Naheed Md	All Other										
Huang Zheng-Bo Md	All Other	<	<	<	<	<	<	<			<
Khasak Dmitry Y Md	All Other	<	<	<	<	<	<	<	<		<
Hsieh Helen Md	All Other	<	<	<	<	<	<	<			<
Flores-Castillo Edgar A Md	All Other	<	<	<	<	<	<	<			<
Medisys Family Care	All Other	<	<	<	<	<	<	<			<
Robinson Sandra A Md	All Other	<	<	<	<	<	<	<	<		<
Reyes Nelton E Md	All Other	<	<	<	<	<	<	<			<
Lefevre Cluny P Do	All Other	<	<	<	<	<	<	<	<		<
Clarke Fred C Md	All Other	<	<	<	<	<	<	<			<
Lao Wilfredo Sy Md	All Other	<	<	<	<	<	<	<	<		<
Lin Wei Guo Md Pc	All Other	<	<	<	<	<	<	<			<
Haskes Lloyd Partman	All Other	<	<	<	<	<	<	<			<
Forest View Ctr Reh Nrs Adhc	All Other	<	<	<	<	<	<	<			<
Fung Ngan	All Other	<	<	<	<	<	<	<		<	<
Belding Michele Frances	All Other	<	<	<	<	<	<	<			<
Santandreu Orlando	All Other	<	<	<	<	<	<	<			<
W Liangs Medical Office	All Other	<	<	<	<	<	<	<			<
Richter Michael	All Other	<	<	<	<	<	<	<	<		<
Yeung Chung Kiang	All Other	<	<	<	<	<	<	<			<
Winter David Md	All Other	<	<	<	<	<	<	<			<
Peichev Mario Atanasov Md	All Other	<	<	<	<	<	<	<	<		<
Parikh Manish A Md	All Other	<	<	<	<	<	<	<	<		<

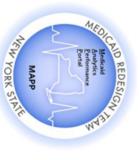


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Towner Robert A Md
<	<	<	<	<	<	<	<	<	<	All Other	Waseem Faisal Md
<	<	<	<	<	<	<	<	<	<	All Other	Silver Larry Mark Dpm
										All Other	Oruwariye Tosan N Md
<	<	<	<	<	<	<	<	<	<	All Other	Beinart Clifford Md
<	<	<	<	<	<	<	<	<	<	All Other	Duvalsaint Fregens G Md
<	<	<	<	<	<	<	<	<	<	All Other	Sharma Jayendra R Md
<	<	<	<	<	<	<	<	<	<	All Other	Zhang Jian Wei
<	<	<	<	<	<	<	<	<	<	All Other	Solomon Robert W Md
<	<	<	<	<	<	<	<	<	<	All Other	Haym Salomon Hm For Age Adhc
<	<	<	<	<	<	<	<	<	<	All Other	Go Eddie Sim Md
										All Other	Marcilla Oscar A Md
										All Other	Patel Sureshchandra G Md
<	<	<	<	<	<	<	<	<	<	All Other	Rubin Andrew Richard
<	<	<	<	<	<	<	<	<	<	All Other	Castillo Alfredo Md
<	<	<	<	<	<	<	<	<	<	All Other	De Castro Carlyle Md
<	<	<	<	<	<	<	<	<	<	All Other	Duran-Soriano Maria E Md
<	<	<	<	<	<	<	<	<	<	All Other	Fathallah-Mammo Aysar B Md
<	~	<	<	<	<	<	<	<	<	All Other	Ramirez Alvaro Md
<	<	<	<	<	<	<	<	<	<	All Other	Yang Nancy S L Md
<	<	<	<	<	<	<	<	<	<	All Other	Basit Mohammad Md
										All Other	Santos Marissa T
										All Other	Libby Charles
<	~	<	<	<	<	<	<	<	<	All Other	Abraham Susan Philips
										All Other	Kwon Stephan
<	<	<	<	<	<	<	<	<	<	All Other	Chiu Sungwai Md
										All Other	Norowitz Kevin
<	<	<	<	<	<	<	<	<	<	All Other	Mucelli Louis Alexander
<	<	<	<	<	<	<	<	<	<	All Other	Chan Meghan P Md
										All Other	Perez Linda Md
<	~	<	<	<	<	<	<	<	<	All Other	Xu Min Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	

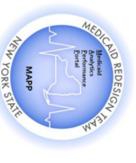


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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Gupta Indranii Vid
						K				All Card	
	ζ.	<	<	<	<	ζ.	<	<	<	All Other	Tsoumpariotis Spyros N Dpm
	<	<	ζ.	<	<	ζ.	ζ.	<	<	All Other	Zhang Han Md
<		<	<	<	<	<	<	<	<	All Other	Bulsara Girish M Md
		<	<	<	<	<	<	<	<	All Other	Correa Nereida Md
	<	<	<	<	<	<	<	<	<	All Other	He Fu Fu Md
	<	<	<	<	<	<	<	<	<	All Other	Huo Jerry Md
	<	<	<	<	<	<	<	<	<	All Other	Sun Deging Md
	<	<	<	<	<	<	<	<	<	All Other	Schiff William M Md
		<	<	<	<	<	<	~	<	All Other	Trinh Tuyen T Do Pllc
		<	<	<	<	<	<	<	<	All Other	Jesus Pichardo Md Pc
		<	<	<	<	<	<	<	<	All Other	Martinez De Pimentel Nadia Md
	<	<	<	<	<	<	<	~	<	All Other	Kumar Yogesh Md
<	<	<	<	<	<	<	<	~	<	All Other	Fatima Pediatric Med Care Pc
	<	<	<	<	<	<	<	<	<	All Other	Flushing Hospital & Med Ctr
	<	<	<	<	<	<	<	<	<	All Other	Chakote Jyoti V Md
	<	<	<	<	<	<	<	~	<	All Other	Drepaul Loris Omesh
	<	<	<	<	<	<	<	<	<	All Other	Salim-Ortiz Jadiyi Md
	<	<	<	<	<	<	<	<	<	All Other	St Mary'S Comm Care Prof Inc
										All Other	Ravins Claudia Md
<	<	<	<	<	<	<	<	<	<	All Other	Petrov Manana Md
	<	<	<	<	<	<	<	~	<	All Other	Chen Charlie Chin-Song Do
<	<	<	<	<	<	<	<	<	<	All Other	Barile Gaetano R Md
	<	<	<	<	<	<	<	<	<	All Other	O'Young Bryan J Md
		<	<	<	<	<	<	<	<	All Other	Uritskaya Faina Md
		<	<	<	<	<	<	<	<	All Other	Vaccarino Robert A Md
		<	<	<	<	<	<	<	<	All Other	Patel Rajesh Kanubhai Md
	<	<	<	<	<	<	<	<	<	All Other	Katherine F Zeng Md Pc
	<	<	<	<	<	<	<	<	<	All Other	Boccio John S Do
<	<	<	<	<	<	<	<	<	<	All Other	Doshi Diagnostic Imaging Srv
	<	<	<	<	<	<	<	<	<	All Other	Martinez Francisco Antonio Md
4.b.ii		3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Teixeira Julio A Md	All Other	<	<	ζ.	<	<	<	<	ζ.	<	<
Malhotra Shilpa Md	All Other	<	<	<	<	<	<	<	<	<	<
Hall George Clinton Md	All Other	<	<	<	<	<	<	<	<	<	<
He Cong Md	All Other	<	<	<	<	<	<	<	<	<	<
Chauhan Sudheer Singh Md	All Other	<	<	<	<	<	<	<	<	<	<
Weinberg Jeffrey Mitchell Md	All Other	<	<	<	<	<	<	<	<	<	<
Wong Yoke Hlen Md	All Other	<	<	ζ	<	<	<	<	ζ	<	<
Raoof Sabiha Md	All Other	<	<	<	<	<	<	<	<	<	<
Miller Andrew Robert Md	All Other	<	<	ζ.	<	<	<	<	ζ.	<	<
Chen Jianping Md	All Other	<	<	<	<	<	<	<	<	<	<
Chan Jeffrey Chi Keung Md	All Other	<	<	<	<	<	<	<	<	<	<
Alba Juan Andres Md	All Other	<	<	<	<	<	<	<	<	<	<
Pioneer Homecare Corp	All Other	<	<	<	<	<	<	<	<	<	<
Wolintz Robyn Joy Md	All Other	<	<	<	<	<	<	<	<	<	<
Reddy Kavitha Dadithota Md	All Other	<	<	<	<	<	<	<	<	<	<
Rizvi Firdous Md	All Other										
Reddy Sarath Md	All Other	<	<	<	<	<	<	<	<	<	<
Goris Jose Armando Md	All Other	<	<	<	<	<	<	<	<	<	<
Gold Richard Elliott Do	All Other	<	<	<	<	<	<	<	<	<	<
Youngewirth Elizabeth Dpm	All Other	<	<	<	<	<	<	<	<	<	<
Harlem Dialysis Ctr	All Other	<	<	<	<	<	<	<	<	<	<
Wu Henry Dinh-Khon Md	All Other	<	<	<	<	<	<	<	<	<	<
Trager Jonathan David K Md	All Other	<	<	<	<	<	<	<	<	<	<
Kirschenbaum Linda A Md	All Other	<	<	<	<	<	<	<	<	<	<
Johnston Mark R Md	All Other	<	<	<	<	<	<	<	<	<	<
Khorets Boris A Md	All Other	<	<	<	<	<	<	<	<	<	<
Chan Angela Mei Md	All Other	<	<	<	<	<	<	<	<	<	<
Goyal Madhulika Md	All Other	<	<	<	<	<	<	<	<	<	<
Henry Donna Marie Md	All Other	<	<	<	<	<	<	<	<	<	<
Harvey Peter F	All Other	<	<	<	<	<	<	<	<	<	<
Hailiu Zuo Physician Pc	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii		4.b.ii
Jung Josephine O Md	All Other	<	<	<	<	<	<	<	<		<
Knight-Debrady Alicia P Md	All Other	<	<	<	<	<	<	<		<	<
Alcaide Alejandro Md	All Other	<	<	<	<	<	<	<	<	<	<
Zambon Roberto	All Other	<	<	<	<	<	<	<		<	<
Arthur Jude Kwame Md	All Other										
Tallaj Ramon Modesto Md	All Other	<	<	<	<	<	<	<			<
Wang Yaoming Md	All Other	<	<	ζ.	<	ζ	ζ	ζ	<		<
Banad Sheela Premanath Md	All Other	<	<	<	<	<	<	<			<
Demoz Abraham Md	All Other	<	<	<	<	<	<	<	<		<
Hermogenes Patricia W Md	All Other	<	<	<	<	<	<	<	<		<
Minutillo John Md	All Other	<	<	<	<	<	<	<	<		<
Union Plaza Care Center	All Other	<	<	<	<	<	<	<			<
Marino Nino D Md	All Other	<	<	<	<	<	<	<	<		<
Marcelonis Debra A Dpm	All Other	<	<	<	<	<	<	<			<
Bilik Ilya V Md	All Other	<	<	<	<	<	<	<	<		<
Chan Alfonso Y	All Other	<	<	<	<	<	<	<			<
Liu Zova Zhuohua Md	All Other	<	<	<	<	<	<	<	<		<
Lui Kin W	All Other	<	<	<	<	<	<	<			<
Oodal Ravichand Md	All Other	<	<	<	<	<	<	<	<		<
Zhao Jiansheng	All Other	<	<	<	<	<	<	<			<
Four Seasons Nrs & Reh Ctr Ad	All Other	<	<	<	<	<	<	<			<
Liverpool Steven Fitzroy Md	All Other	<	<	<	<	<	<	<			<
Leybel Boris Md	All Other	<	<	<	<	<	<	<	<	<	<
Chan Alice Man Ccc-Audiology	All Other	<	<	<	<	<	<	<			<
Setru Udayashankar K Md	All Other	<	<	<	<	<	<	<	<		<
Kern Jeffrey Howard Md	All Other	<	<	<	<	<	<	<			<
Chen Henry S	All Other	<	<	<	<	<	<	<	<		<
A T Adebayo Md Pc	All Other	<	<	<	<	<	<	<			<
Patel Mayank Md	All Other	<	<	<	<	<	<	<			<
Sangeorzan Adrian Md	All Other	<	<	<	<	<	<	<	<		<
Dove Arthur Renner Md	All Other	<	<	<	<	<	<	<	<		<



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Cheung William Md
<	<	<	<	<	<	<	<	<	<	All Other	Braunstein Richard Evan Md
										All Other	Dorsten Joseph F Md
<	<	<	<	<	<	<	<	<	<	All Other	Manhattan Eye Ear & Throat Hs
<	<	<	<	<	<	<	<	<	<	All Other	Lau Christine Y-K Md
<	<	<	<	<	<	<	<	<	<	All Other	Weseley Peter Eric Md
<	<	<	<	<	<	<	<	<	<	All Other	Silberman Emil Md
<	<	<	<	<	<	<	<	<	<	All Other	Pfefferblit Susanna Md
<	<	<	<	<	<	<	<	<	<	All Other	Lyo Rosie Yen-Cho Md
<	<	<	<	<	<	ζ.	ζ.	<	<	All Other	Jamaica Psychiatric Serv Pc
<	<	<	<	<	<	<	<	<	<	All Other	Bestcare Inc
<	<	<	<	<	<	<	<	<	<	All Other	Chun Hajoon Md
<	<	<	<	<	<	<	<	<	<	All Other	Chung Wendy Wei Md
<	<	<	<	<	<	<	<	<	<	All Other	Patel Chetankumar P Md
<	<	<	<	<	<	<	<	<	<	All Other	Ahmad Syed T Md
<	<	<	<	<	<	<	<	<	<	All Other	Abakporo Theophine O Md
<	<	<	<	<	<	<	<	<	<	All Other	Fashakin Emmanuel O Md
<	<	<	<	<	<	<	<	<	<	All Other	Singh Varinder P Md
<	<	<	<	<	<	<	<	<	<	All Other	Kwauk Sam Tsung-Ming Md
<	<	<	<	<	<	<	<	<	<	All Other	Licht Warren Bret Md
<	<	<	<	<	<	<	<	<	<	All Other	Teller Katerina Md
<	<	<	<	<	<	<	<	<	<	All Other	Pelczar Joseph Vincent Md
<	<	<	<	<	<	<	<	<	<	All Other	Frousios Costas Anthony Md
<	<	<	<	<	<	<	<	<	<	All Other	Wolfson Yan Md
<	<	<	<	<	<	<	<	<	<	All Other	Chen Yanfeng Md
<	<	<	<	<	<	<	<	<	<	All Other	Tsai Nancy M.D.
<	<	<	<	<	<	ζ.	ζ.	<	<	All Other	Gonjon Cheng Antonio Md
<	<	<	<	<	<	<	<	<	<	All Other	Fulgencio-Delmonte Jose A
<	<	<	<	<	<	<	<	<	<	All Other	Help/Psi Aids Adhcp
<	<	<	<	<	<	<	<	<	<	All Other	Zhao Mengjia
<	<	<	<	<	<	<	<	<	<	All Other	Gu Xi Freda Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Marble Hill Dental Office Pc	All Other	<	<	<	<	<	<	<	<	<	<
Francis Charles Jerome Md	All Other	<	<	<	<	<	<	<	<	<	<
Byssainthe Paul Harold Md	All Other	<	<	<	<	<	<	<	<	<	<
Chang Keith C Md	All Other	<	<	<	<	<	<	<	<	<	<
Arumugam Thangamuthu R Md	All Other	<	<	<	<	<	<	<	<	<	<
Wong Lei Md	All Other	<	<	<	<	<	<	<	<	<	<
Pierre Joseph Md	All Other	<	<	<	<	<	<	<	<	<	<
Dua Rakesh K Md	All Other										
Broadway Pediatrics Md Pc	All Other	<	<	<	<	<	ζ	ζ	<	<	<
Fretwell Kenneth R Md	All Other	<	<	<	<	<	<	<	<	<	<
Nguyen Dustin Triet Md	All Other	<	<	<	<	<	<	<	<	<	<
Francisco Dalmacio H Md	All Other	<	<	<	<	<	<	<	<	<	<
Maksumova Zoya Md	All Other	<	<	<	<	<	<	<	<	<	<
Lavelanet Mario Md	All Other										
Majeed Salamat Md	All Other	<	<	<	<	<	<	<	<	<	<
Tan Reynaldo G Md	All Other	<	<	<	<	<	<	<	<	<	<
Goldman Adam Y Md	All Other	<	<	<	<	<	<	<	<	<	<
Pawlik Anna Teresa Md	All Other										
Verna Yves Georges Md	All Other	<	<	<	<	<	<	<	<	<	<
D'Augustine Jean Mars Md	All Other	<	<	<	<	<	<	<	<	<	<
Ginebra Fernando Arturo Md	All Other	<	<	<	<	<	<	<	<	<	<
Torres Marino A Md	All Other	<	<	<	<	<	<	<	<	<	<
Freeley Douglas A Md	All Other	<	<	<	<	<	<	<	<	<	<
Espino Rodriguez Gagarini Md	All Other	<	<	<	<	<	<	<	<	<	<
Losco Donna Marie Md	All Other	<	<	<	<	<	<	<	<	<	<
Samuel Cho Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Gondal Nasir Mahmood Md	All Other	<	<	<	<	<	<	<	<	<	<
Pilarte Juan Jose Md	All Other	<	<	<	<	<	<	<	<	<	<
Bressner Robert Stuart Md	All Other	<	<	<	<	<	<	<	<	<	<
Westcott Mark A Md	All Other	<	<	<	<	<	<	<	<	<	<
Applewhite Liat E	All Other	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Veloudios Alice Md
<	<	<	<	<	<	<	<	<	<	All Other	Colasacco Joseph A Md
<	<	<	<	<	<	<	<	<	<	All Other	Kalman Jill Md
<	<	<	<	<	<	<	<	<	<	All Other	Aids Ctr Of Queens County Inc
										All Other	Haro Mario R Md
<	<	<	<	<	<	<	<	<	<	All Other	Selfhelp Special Fam Hc Inc
<	<	<	<	<	<	<	<	<	<	All Other	Tan Chyne C Md
<	<	<	<	<	<	<	<	<	<	All Other	Procare Medical Services Pc
<	<	<	<	<	<	<	<	<	ζ.	All Other	Chiu William Md
<	<	<	<	<	<	<	<	<	<	All Other	Estevez Juan T Md
<	<	<	<	<	<	<	<	<	<	All Other	Edward V Chan Md Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Ortiz Yvette A Md
<	<	<	<	<	<	<	<	<	<	All Other	Siu Singmay Md
<	<	<	<	<	<	<	<	<	<	All Other	Paul Evelyne M Md
<	<	<	<	<	<	<	<	<	<	All Other	Cabatic Thelma Ocampo Md
<	<	<	<	<	<	<	<	<	<	All Other	Srivastava Malaya Md
<	<	<	<	<	<	<	<	<	<	All Other	Walker-Adamson Sonia E Md
<	<	<	<	<	<	<	<	<	<	All Other	Bronfman Ida Md
<	<	<	<	<	<	<	<	<	<	All Other	Rozo Alberto L Md
										All Other	Guilbe Rose M Md
<	<	<	<	<	<	<	<	<	<	All Other	Patin Michael
<	<	<	<	<	<	<	<	<	<	All Other	Panhani Ramkumar Md
<	<	<	<	<	<	<	<	<	<	All Other	Zhu Ming Md
<	<	<	<	<	<	<	<	<	<	All Other	Lin Kevin N T
<	<	<	<	<	<	<	<	<	<	All Other	Lee Hung-Sam Do
<	<	<	<	<	<	<	<	<	<	All Other	Sam Mirela Md
<	<	<	<	<	<	<	<	<	<	All Other	Mina Bushra Ayad Md
<	<	<	<	<	<	<	<	<	<	All Other	Parraga-Marquez Monica
<	<	<	<	<	<	<	<	<	<	All Other	Khelemsky Igor Md
<	<	<	<	<	<	<	<	<	<	All Other	Reimers Carl Dietrich Md
<	<	<	<	<	<	<	<	<	<	All Other	Adam Muhammad Sanni Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Canagoy 22 23 23 23 23 23 23 2		Participating in Projects	cts									
All Other College Coll	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Mother	Charles Michel-Jose Md		<	<	<	〈	<	〈	<	<	<	<
Mith Othice At 10 here	Gebrezgi Sebhatu Tewolde	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Micallef Joseph	All Other	<	<	<	ζ.	<	ζ.	<	<	<	<
Vacilatric Offices All Others ALI Others <th< td=""><td>Shatzkes Deborah R Md</td><td>All Other</td><td><</td><td><</td><td><</td><td>ζ.</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td></th<>	Shatzkes Deborah R Md	All Other	<	<	<	ζ.	<	ζ.	<	<	<	<
All Other All Other C.	Magalie Alfred M D Pediatric Office	All Other										
All Other All	Patel Nilesh R Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Pou Ricardo E Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
MMd All Other C <th< td=""><td>Bowen Marc X Md</td><td>All Other</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Bowen Marc X Md	All Other	<	<	<	<	<	<	<	<	<	<
Mother All Other C.	Pozdnyakova Rimma Md	All Other										
All Other	Duggirala Rudrama D Md	All Other	~	~	<	<	<	<	<	<	<	<
All Other All	Acevedo Mabel Md	All Other	~	~	<	<	<	<	<	<	<	<
All Other All	Akinboboye Olakunle O	All Other	~	~	<	<	<	<	<	<	<	<
All Other All	Berkshire Farm Center	All Other	<	<	<	<	<	<	<	<	<	<
P	Canarsie Aware Inc	All Other	~	<	<	<	<	<	<	<	<	<
Saith Cl All Other X	Skeivys Saulius J Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
I MM All Other XX	Comunilife Mental Health Cl	All Other	~	~	<	<	<	<	<	<	<	<
VMd All Other X <th< td=""><td>Qureshi Pervaiz Iqbal Md</td><td>All Other</td><td>~</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Qureshi Pervaiz Iqbal Md	All Other	~	~	<	<	<	<	<	<	<	<
Aid All Other IX	Rashid Mohammed K Md	All Other	<	<	<	<	<	<	<	<	<	<
S MI All Other S S	Williams Lorraine E Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Peralte Louis Ludovic Md	All Other	<	<	<	<	<	<	<	<	<	<
Add All Other 3 4 <th< td=""><td>Yan Richard X</td><td>All Other</td><td>~</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td></th<>	Yan Richard X	All Other	~	~	<	<	<	<	<	<	<	<
S O Md All Other 3 4	Young George P H Md	All Other	<	<	<	<	<	<	<	<	<	<
Md All Other Id Md All Other All Other Id In the state of the state	Herrera-Acevedo Luis O Md	All Other	<	<	<	<	<	<	<	<	<	<
Ind Mid All Other Indicate Processing All Other Indicate Processing Indicate Processing All Other Indicate Processing	Ozoude Sylvester A Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All Other All Other I I I I I I I I I I I I I I I I I I I	Ottaviano Paul Gerard Md	All Other	<	<	<	<	<	<	<	<	<	<
Add All Other All Other I S I S I S I S I S I S I S I S I S I S	Catucci Candida	All Other	<	<	<	<	<	<	<	<	<	<
All Other Image: Control of the con	Hamid Muhammad Md	All Other										
All Other	Mitchell Harrison Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All Other	Sanchez Janet I	All Other	<	<	<	<	<	<	<	<	<	<
	Knickerbocker Medical Care Pc	All Other	<	<	<	<	<	<	<	<	<	<
	Chung Bruce K Md	All Other										



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

,											
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Etienne Valcy Mary Md	All Other										
Berman Bruce L Md	All Other										
Ahmad Laeeq Md	All Other	ζ.	<	ζ.	<	<	ζ.	<	<	<	<
Haider Qazi Kamal Md	All Other	<	<	<	<	<	<	<	<	<	<
Mcginty Geraldine Md	All Other	<	<	ζ.	<	<	ζ.	<	<	<	<
Loo Nelly T Md	All Other	<	<	<	<	<	<	<	<	<	<
Yusuf Fazlul Md	All Other	<	<	<	<	<	<	<	<	<	<
Novogrodsky Raphael Md	All Other	<	<	<	<	<	<	<	<	<	<
Javit Daniel Joel Md	All Other	<	<	<	<	<	<	<	<	<	<
Severe Ernst Gerard Marie Md	All Other	<	<	<	<	<	<	<	<	<	<
Tam Kenneth C Md	All Other	<	<	<	<	<	<	<	<	<	<
Chaughtai Khalid Akhtar Md	All Other	<	<	<	<	<	<	<	<	<	<
Perez Jose Md	All Other	<	<	<	<	<	<	<	<	<	<
Najac Richard David Md	All Other										
Cheng Jenny Md	All Other	<	<	<	<	<	<	<	<	<	<
Sundaresh Mamatha Md	All Other	<	<	<	<	<	<	<	<	<	<
Mora Maximo Md	All Other	<	<	<	<	<	<	<	<	<	<
Soni Sharad	All Other	<	<	<	<	<	<	<	<	<	<
Chan Thomas Kin-Sim Md	All Other	<	<	<	<	<	<	<	<	<	<
Solinas Alessandro Md	All Other	<	<	<	<	<	<	<	<	<	<
Schrier Amilia Md	All Other	<	<	<	<	<	<	<	<	<	<
Pignanelli Eduardo L Md	All Other	<	<	<	<	<	<	<	<	<	<
Liong Fei Lien Helen Md	All Other										
Ng John Paul Tracy Md	All Other	<	<	<	<	<	<	<	<	<	<
Pichardo Jesus Manuel Md	All Other	<	<	<	<	<	<	<	<	<	<
Rogers Mark I Md	All Other	<	<	<	<	<	<	<	<	<	<
National Pediatrics Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Nicoleau Carl A Md	All Other	<	<	<	<	<	<	<	<	<	<
Dave Devang Md	All Other	<	<	<	<	<	<	<	<	<	<
Schwartz David L Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Singh Amarjit Md Pc	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Babury Mohammad A Md	All Other	<	<	<	<	<	<	<	<	<	<
Chacko Varughese P Md	All Other										
Smith Robert H Md	All Other	<	<	<	<	<	<	<	<	<	<
Gandhi Sneha J Md	All Other	ζ	ζ.	ζ	ζ	<	<	<	<	ζ	<
Lodha Ajay K Md	All Other	<	<	<	<	<	<	<	<	<	<
Yee Lily Fong Cho Md	All Other	<	<	<	<	<	<	<	<	<	<
Counseling Srv Of E D N Y Inc	All Other	<	<	<	<	<	<	<	<	<	<
Chawla Kiran Md	All Other	<	<	<	<	<	<	<	<	<	<
Bridge Back To Life Ctr Inc	All Other	<	<	<	<	<	<	<	<	<	<
Tjh Medical Services Pc	All Other	<	<	<	<	<	<	<	<	<	<
Solomon Robert D Md	All Other	<	<	<	<	<	<	<	<	<	<
Lowe Teresa Ann Od	All Other	<	<	<	<	<	<	<	<	<	<
Hayes Richard M Md	All Other	<	<	<	<	<	<	<	<	<	<
Adler Carl M Md	All Other	<	<	<	<	<	<	<	<	<	<
Eisenstein Howard Charles Md	All Other	<	<	<	<	<	<	<	<	<	<
Thurm Craig Alan Md	All Other	<	<	<	<	<	<	<	<	<	<
Ny Hispanic Family Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Tan Victoria H Md	All Other	<	<	<	<	<	<	<	<	<	<
Kim Woo Sup Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Crevecoeur Evans Md	All Other	<	<	<	<	<	<	<	<	<	<
Simons Stephan Md	All Other	<	<	<	<	<	<	<	<	<	<
Moran-Almonte Roberto A Md	All Other	<	<	<	<	<	<	<	<	<	<
Mamdani Yusufali Md	All Other	<	<	<	<	<	<	<	<	<	<
Tariq Muhammad Md	All Other										
Conifer Park	All Other	ζ.	<	<	<	<	<	<	<	<	<
Arms Acres	All Other	<	<	<	<	<	<	<	<	<	<
Areba Casriel Institute	All Other	<	<	<	<	<	<	<	<	<	<
Liriano Octavio Antonio Jr Md	All Other	<	<	<	<	<	<	<	<	<	<
Hanau Lawrence H Md	All Other	<	<	<	<	<	<	<	<	<	<
Dauhajre Jacqueline Md	All Other	<	<	<	<	<	<	<	<	<	<
Albarran Marzan Julio E Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Valencia Hector Antonio
<	<	<	<	<	<	<	<	<	<	All Other	Garcia-Albarran Carmen M Md
										All Other	Hasan Choudhury S Md
<	<	<	<	<	<	<	<	<	<	All Other	Benchabbat Abraham A Md
<	<	<	<	<	<	<	<	<	<	All Other	Ortiz Carlos A Jr Md
										All Other	Jinna Rajender R Md
<	<	<	<	<	<	<	<	<	<	All Other	Lam Kin Yui Md
<	<	<	<	<	<	<	<	<	<	All Other	Florimon-Delarosa Hector B Md
<	<	<	<	<	<	<	<	<	ζ	All Other	Comprehensive Care Mgt D&T Ct
<	<	<	<	<	<	<	<	<	<	All Other	Lazo Dante Md
<	<	<	<	<	<	<	<	<	<	All Other	Palma James Md
<	<	<	<	<	<	<	<	<	<	All Other	Aranow Cynthia Beth Md
										All Other	Gazzara Paul C Md
<	<	<	<	<	<	<	<	<	<	All Other	Tartell Jay D Md
										All Other	Singh Daljeet Md
<	<	<	<	<	<	<	<	<	<	All Other	Guzman Damiani Rodolfo W
<	<	<	<	<	<	<	<	<	<	All Other	Remy Prospere Md
<	<	<	<	<	<	<	<	<	<	All Other	Nina Ortega Luis Cesar Md
<	<	<	<	<	<	<	<	<	<	All Other	Modern East West Medical Pc
										All Other	Max Leonore Beth Md
										All Other	Myers Cynthia E Md
<	<	<	<	<	<	<	<	<	<	All Other	Rodriguez Lilly M Md
<	<	<	<	<	<	<	<	<	<	All Other	Patel Avani A Md
<	<	<	<	<	<	<	<	<	<	All Other	Chang Robert C Md
<	<	<	<	<	<	<	<	<	<	All Other	Huey Howard E Do
<	<	<	<	<	<	<	<	<	<	All Other	Americare Certified Ss Inc
<	<	<	<	<	<	<	<	<	<	All Other	Zanger Daniel Md
<	<	<	<	<	<	<	<	<	<	All Other	Ghumman Chaudhry Md
<	<	<	<	<	<	<	<	<	<	All Other	Lippman Sheldon Bruce Md
<	<	<	<	<	<	<	<	<	<	All Other	Lee Norman N Md
<	<	<	<	<	<	<	<	<	<	All Other	Mehta Asit
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Cristinoiu Lucia L Md	All Other	<	<	<	<	<	<	<	<	<	<
TRICenter Inc	All Other	<	<	<	<	<	<	<	<	<	<
Reddy Mallikarjuna D Md	All Other	<	<	<	<	<	<	ζ.	<	<	<
Perello Robert Md	All Other	<	<	<	<	〈	ζ.	ζ.	<	ζ.	<
Niederland Marta Md	All Other	<	<	<	<	<	<	<	<	<	<
Grossmann Rami R Md	All Other	<	<	<	<	<	<	<	<	<	<
Kleynerman Lana Md	All Other										
Crespo-Gomez Efrain Md	All Other	<	<	<	<	<	<	<	<	<	<
Tapia-Mendoza Juan Md	All Other	<	<	<	<	<	<	<	<	<	<
Ney Gershon C Md	All Other	<	<	<	<	<	<	<	<	<	<
Martinez Sergio A Md	All Other	<	<	<	<	<	<	<	<	<	<
Ganesh Karim Md	All Other	<	<	<	<	<	<	<	<	<	<
Shabto Uri R Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Wang Hai Po Md	All Other	<	<	<	<	<	<	<	<	<	<
Wiedershine Donn Jay Md	All Other										
Chopra Rajpal S Md	All Other	<	<	<	<	<	<	<	<	<	<
Montefiore Medical Ctr Ai	All Other	<	<	<	<	<	<	<	<	<	<
Karibandi Ramakrishna V Md	All Other	<	<	<	<	<	<	<	<	<	<
Mazza Michael Anthony Md	All Other	<	<	<	<	<	<	<	<	<	<
Gilani Tajammal H Md	All Other	<	<	<	<	<	<	<	<	<	<
Dominguez-Echevarria Alvaro	All Other	<	<	<	<	<	<	<	<	<	<
Mpi Catherine Alikor	All Other	<	<	<	<	<	<	<	<	<	<
Barbery Maria-Pilar	All Other	<	<	<	<	<	<	<	<	<	<
Raoof Suhail Md	All Other	<	<	<	<	<	<	<	<	<	<
Lee Alice K Md	All Other	<	<	<	<	<	<	<	<	<	<
Felix-Peralta Ingrid Ivanna	All Other	<	<	<	<	<	<	<	<	<	<
Pediatric Spec Of Queens P C	All Other	<	<	<	<	<	<	<	<	<	<
Ares Luz Delia Md	All Other	<	<	<	<	<	<	<	<	<	<
Frank Paul Md	All Other	<	<	<	<	<	<	<	<	<	<
Mendelson Robert I Md	All Other	<	<	<	<	<	<	<	<	<	<
Singh Kabul Md	All Other	<	<	<	<	<	<	<	<	<	<

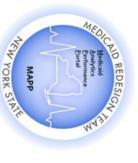


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	i.d.	3.c.i	3.d.iii	4.b.i	4.b.ii
Vinas Sonia Miliza Md	All Other	<	<	<	ζ.	<	<	<	<	<	<
Chatha Arshad Ali Md	All Other										
Malik Sajid Md	All Other	<	<	<	ζ.	<	~	<	<	<	✓
Inglis Steven Ralph Md	All Other	<	<	<	<	<	>	<	<	<	✓
Edasery Beppy J Md	All Other	<	<	<	ζ.	<	~	<	<	<	✓
Rafal Richard Md	All Other										
Cheema Manjit Singh Md	All Other	<	<	<	<	<	~	<	<	<	~
Hirshfield Gary S Md	All Other	<	<	<	<	<	<	<	<	<	<
Altman Daryl Renee Md	All Other	<	<	<	<	<	>	<	<	<	<
Roth Alan Robert Md	All Other	<	<	<	ζ.	<	~	<	<	<	<
Baik-Han Won Hee Md	All Other	<	<	<	<	<	<	~	<	<	<
Bay Park Ctr Nursing & Rehab Adhc	All Other										
Nassim Roland Md	All Other	<	<	<	<	<	<	<	<	<	<
Mathews Daniel D Dpm	All Other	<	<	<	<	<	<	~	<	<	<
Donadt Robert B Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Sunil C Md	All Other	<	<	<	<	<	<	~	<	<	<
Medvedovsky Mihail Md	All Other	<	<	<	<	<	<	~	<	<	<
Charnoff Judah Azriel Md	All Other	<	<	<	<	<	<	~	<	<	<
Cah Skip Of New York Inc	All Other	<	<	<	<	<	<	<	<	<	<
Archbold Maritza Stella Md	All Other	<	<	<	<	<	<	<	<	<	<
Starosta Elena Md	All Other	<	<	<	<	<	<	~	<	<	<
Zaman Rehana A Md	All Other	<	<	<	<	<	<	<	<	<	<
Barragan Juan Carlos Dpm	All Other	<	<	<	<	<	<	<	<	<	<
Prince Steven Leonard Dpm	All Other	<	<	<	ζ.	<	<	<	<	<	<
Ward Andrea Maria Dpm	All Other	<	<	<	ζ.	<	<	<	<	<	<
Auricchio John Steven Dpm	All Other	<	<	<	ζ.	<	<	<	<	<	<
Haimi Joseph Shayani Md	All Other	<	<	<	ζ.	<	<	<	<	<	<
Kuan Jackson Hsun Md	All Other	<	<	<	<	<	<	<	<	<	<
Cath Char Nghbhd Svcs Caldwell Icf	All Other	<	<	<	ζ.	<	<	<	<	<	<
Cath Char Nghbhd Svcs Adessa Icf	All Other	<	<	<	<	<	<	<	<	<	<
Villegas Emilio Md Pc	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	ects	- •	2	2					-	-
Kapoor Vinay Md	All Other	< .a.i	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<v< th=""><th>٠ ١</th><th>\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u></th><th>\</th><th>\</th><th>< !:</th><th>< !<u>:</u></th></v<>	٠ ١	\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	\	\	< !:	< ! <u>:</u>
Posner David H Md	All Other	<	<	<	<	<	<	<	<	<	<
Gulmi Frederick Anthony Md	All Other										
Johnson William G Md	All Other	<	<	<	<	<	<	<	<	<	<
Perone Robert W Md	All Other	<	<	<	<	<	<	<	<	<	<
Wartburg Lutheran Hm Aging	All Other	<	<	<	<	<	<	~	<	<	<
Realization Center Inc	All Other	<	<	<	<	<	<	~	<	<	<
Highland Care Center Inc Snf	All Other	<	<	<	<	<	<	~	<	<	<
Hillside Manor Nursing Ctr	All Other	<	<	<	<	<	<	<	<	<	<
Boccardo Daniel A Md	All Other	<	<	<	<	<	<	<	<	<	<
llan Hana Md	All Other	<	<	<	<	<	<	<	<	<	<
Schron Deborah S Md	All Other	<	<	<	<	<	<	<	<	<	<
Hon King Chen Md	All Other	<	<	<	<	<	<	<	<	<	<
Bruder Jack Md	All Other	<	<	<	<	<	<	<	<	<	<
Kim Seung Kwan Md	All Other	<	<	<	<	<	<	<	<	<	<
Hecker Lawrence P Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Schnurmacher Center Reh & Nrs	All Other	ζ.	<	<	<	<	<	<	<	<	<
Jacob Perlow Hospice	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Hernandez Abreu Andres R Md	All Other	<	ζ.	<	<	<	ζ.	<	<	<	<
Tom Winston Chet Ying Md	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Peralta Victor Emilio Md	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Dillon Evan H Md	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Puma Joseph Anthony Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Ko Wilson Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Gonzales Antonio M	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Alleyne Michael George Md	All Other	ζ.	ζ.	<	<	<	ζ.	<	<	<	<
Decoo Ydelfonso A Md	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Shani Dana Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Schwartz Evan G Md	All Other	<	ζ.	<	<	<	ζ.	<	<	<	<
Portello Joan K	All Other	<	<	<	<	<	<	<	<	<	<
Vns Of Ny Hospice Care	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Foong Anthony Md All
<	<	<	<	<	<	<	<	<	<	All Other	Bregman Alvin M Al
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<	<	<	<	<	<	<	<	<	<	All Other	Chan Collier K Dpm All
										All Other	Tio Arsenio Miguel Md All
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<	<	<	<	<	<	<	<	<	<	All Other	Woods Kim Benjamin Md All
<	<	<	<	<	<	<	<	<	<	All Other	Coplan Neil L Md All
<	<	<	<	<	<	<	<	<	<	All Other	Patel Himanshu A Md All
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<	<	<	<	<	<	<	<	<	<	All Other	Master Kalpana Rashmin All
<	<	<	<	<	<	<	<	<	<	All Other	Joseph P Addabbo Family Hith All
<	<	<	<	<	<	<	<	<	<	All Other	Butters Marva Dpm All
<	<	<	<	<	<	<	<	<	<	All Other	Marcus Sergiu Md All
<	<	<	<	<	<	<	<	<	<	All Other	Outreach Development Corp All
<	<	<	<	<	<	<	<	<	<	All Other	Spaccavento Colette M Md All
<	<	<	<	<	<	<	<	<	<	All Other	Featherstone Melvin T Md All
<	<	<	<	<	<	<	<	<	<	All Other	Elmhurst Podiatry Group Pc All
<	<	<	<	<	<	<	<	<	<	All Other	Henoch Avraham Md Ali
<	<	<	<	<	<	<	<	<	<	All Other	Gonzales Aurora Laurel Md All
<	<	<	<	<	<	<	<	<	<	All Other	Doctor Dipika Dilip Md All
<	<	<	<	<	<	<	<	<	<	All Other	Sayad Karim Md All
<	<	<	<	<	<	<	<	<	<	All Other	Udom Izuka P Md Ali
										All Other	Malhotra Madhu Md All
										All Other	Torres Francisco Md All
ζ.	ζ.	<	<	<	<	<	<	ζ.	<	All Other	Lin Sun Co All
ζ.	ζ.	<	<	ζ.	<	<	<	ζ.	<	All Other	Kurland Etah Md All
ζ.	ζ.	<	<	ζ.	<	<	<	ζ.	<	All Other	Roth Ira Md All
ζ.	ζ.	<	<	ζ.	<	<	<	ζ.	<	All Other	Jacinto Francisco Gertrude Md
<	<	<	<	<	<	<	<	<	<	All Other	Cantu Roberto Jr Md All
<	<	<	<	<	<	<	<	<	<	All Other	Watson Catherin Pace All
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Jamaica Anesthesia Pc	All Other	<	~	<	<	<	<	<	<	<	<
Goodman Allen Md	All Other	<	~	<	<	<	<	<	<	<	<
Di Franco Fortunato Santi Md	All Other	<	~	<	<	<	<	<	<	<	<
Alwani Abdulla Md	All Other	<	~	<	<	<	<	<	<	<	<
Espinal Alberto Comas Md	All Other	<	~	<	<	<	<	<	<	<	<
Rodriguez Rhina Md	All Other	~	~	<	<	<	<	<	<	<	<
Kintzoglou Alexander Md	All Other	<	~	<	<	<	<	<	<	<	<
Choi Mi Ja Md	All Other	<	~	<	<	<	<	<	<	<	<
Tardio Julio Alberto Md	All Other	<	~	<	<	<	<	<	<	<	<
Shah Vinay J Md	All Other	<	~	<	<	<	<	<	<	<	<
Berkowitz Israel Steven Md	All Other	~	<	<	<	<	<	<	<	<	<
Lederman Elliot Charles Md Pc	All Other	~	<	<	<	<	<	<	<	<	<
Reyes-Rigor Rosario H	All Other	<	<	<	<	<	<	<	<	<	<
Lk Better Health Medical Pc	All Other	~	<	<	<	<	<	<	<	<	<
Guzman Eliscer Md	All Other	<	<	<	<	<	<	<	<	<	<
Mederos Mariano Md	All Other	~	<	<	<	<	<	<	<	<	<
Smith Miriam Ann Md	All Other	~	<	<	<	<	<	<	<	<	<
Hannan Mohammad A Md	All Other										
Florimon Felix Md	All Other	<	<	<	<	<	<	<	<	<	<
Ditchek Alan Md	All Other	<	<	<	<	<	<	<	<	<	<
Chaudhry Muhammad Rafiq Md	All Other	<	<	<	<	<	<	<	<	<	<
Glass David Md	All Other	<	<	<	<	<	<	<	<	<	<
Rain Home Attendant Ser Inc	All Other	<	<	<	<	<	<	<	<	<	<
Bio-Reference Laboratories Inc	All Other	<	<	<	<	<	<	<	<	<	<
Raince Gurmukh S Md	All Other	<	<	<	<	<	<	ζ.	<	<	<
Pinckney Isaiah Howard li Md	All Other	<	<	<	<	<	<	<	<	<	<
Kissin Esther Md	All Other	<	<	<	<	<	<	<	<	<	<
Griffith-Reece Wendy	All Other	<	<	<	<	<	<	<	<	<	<
Marone Freya Md	All Other	<	<	<	<	<	<	<	<	<	<
Sacks Harry G Dds	All Other	<	<	<	<	<	<	<	<	<	<
Choy Lawrence T Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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K	K	K	S	ξ.	ξ.	3	K	ξ.	ζ.	All Other	lisada Claudia A Md
<	<	<	<	<	<	<	<	<	<	All Other	Wang Jy Ming Md
<	<	<	<	<	<	<	<	<	<	All Other	Gonzalez Carlos Manuel Md
<	<	<	<	<	<	<	<	<	<	All Other	Arce Samuel Md
<	<	<	<	<	<	<	<	<	<	All Other	Paoli Gloria Rosario Md
<	<	<	<	<	<	<	<	<	<	All Other	Gillego Azucena Manucdoc Md
<	<	<	<	<	<	<	<	<	<	All Other	Hwu Charles Joseph
<	<	<	<	<	<	<	<	<	<	All Other	Jerez Jose R Md
<	<	<	<	<	<	<	<	<	<	All Other	Weissman Laurence Roy Md
<	<	<	<	<	<	<	<	<	<	All Other	Corpuz Elsa P Md
<	<	<	<	<	<	<	<	<	<	All Other	Patterson Bentley Lorene Md
<	<	<	<	<	<	<	<	<	<	All Other	Cohen Stanley Bart Md
<	<	<	<	<	<	<	<	<	<	All Other	Babubhai I Patel Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Levine Randy L Md
										All Other	Duaban Maria Paz Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	St Agathas 11 Hayden Circle
<	<	<	<	<	<	<	<	<	<	All Other	Patel Baldevbhai V Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Boursiquot Jean Robert Md
<	<	<	<	<	<	<	<	<	<	All Other	Schwartz Glenn Eliot Md
<	<	<	<	<	<	<	<	<	<	All Other	Krespi Yosef P Md
<	<	<	<	<	<	<	<	<	<	All Other	Meltzer Robert M Md
<	<	<	<	<	<	<	<	<	<	All Other	Krumholz David Md
<	<	<	<	<	<	<	<	<	<	All Other	Jeng Ing-Yann Md
<	<	<	<	<	<	<	<	<	<	All Other	Rao Sudha
<	<	<	<	<	<	<	<	<	<	All Other	Yoeli Gideon C Md
<	<	<	<	<	<	<	<	<	<	All Other	Mangla Arun Kumar Md
<	<	<	<	<	<	<	<	<	<	All Other	Khanijou Rita Md
<	<	<	<	<	<	<	<	<	<	All Other	Patel Rajesh Jayantilal Md
<	<	<	<	<	<	<	<	<	<	All Other	Malonzo Mario Supan
<	<	<	<	<	<	<	<	<	<	All Other	Poretsky Leonid Md
<	<	<	<	<	<	<	<	<	<	All Other	Syed Ahmad Physician Pc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	

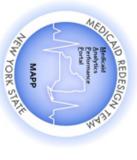


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Transitional Services For Ny
<	<	<	<	<	<	<	<	<	<	All Other	Gega Renato Cantada Md
<	<	<	<	<	<	<	<	<	<	All Other	Sekar Surya Md
<	<	<	<	<	<	<	<	<	<	All Other	Kahn David I Md
<	<	<	<	<	<	<	<	<	<	All Other	Mejia Enrique F
<	<	<	<	<	<	<	<	<	<	All Other	Jothianandan Kanthimathi Md
<	<	<	<	<	<	<	<	<	<	All Other	Schiffer Mark Benjamin Md
<	<	<	<	<	<	<	<	<	<	All Other	Cheng King Shek Eric Md
<	<	<	<	<	<	<	<	<	<	All Other	Melamedoff Gustavo R Md
<	<	<	<	<	<	<	<	<	<	All Other	Kaphan Mitchell L Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Chung Chin Woo Md
<	<	<	<	<	<	<	<	<	<	All Other	llkhanizadeh Rahman Md
										All Other	Ballas Mayer Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Sheridan Bernadette Lizina Md
<	<	<	<	<	<	<	<	<	<	All Other	Saint-Laurent Mario
<	<	<	<	<	<	<	<	<	<	All Other	Fein Alan Marc Md
<	<	<	<	<	<	<	<	<	<	All Other	Chung David Ingook Md
<	<	<	<	<	<	<	<	<	<	All Other	Go Teresita Alo Md
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<	<	<	<	<	<	<	<	<	<	All Other	Falk Bryan M Md
<	<	<	<	<	<	<	<	<	<	All Other	Braunstein Edward Allen
<	<	<	<	<	<	<	<	<	<	All Other	Patel Anilkumar Sureshchandra
<	<	<	<	<	<	<	<	<	<	All Other	Norman Steven Yale Dpm
<	<	<	<	<	<	<	<	<	<	All Other	Carvajal Ruben U Md Pc Md
<	<	<	<	<	<	<	<	<	<	All Other	Chime Chudi G Md
<	<	<	<	<	<	<	<	<	<	All Other	Jormark Susan Md
<	<	<	<	<	<	<	<	<	<	All Other	Bunyavanich Sanga Md
<	<	<	<	<	<	<	<	<	<	All Other	Ganesh Lalitha Md
<	<	<	<	<	<	<	<	<	<	All Other	Santana Rita Md
<	<	<	<	<	<	<	<	<	<	All Other	Youner Craig J Md
<	<	<	<	<	<	<	<	<	<	All Other	Karim Rukshana Omar Md
4.b.ii		3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Provider Name Provider Categopy 23.1		Participating in Projects	ects									
Dh Mail All Others	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
M Ober M Ober M C C C C C C C C C C C C C C C C C C	Lochard Jean Joseph Md	All Other	<	<	<	<	<	<	<	<	<	<
Al Other Al Oth	Nazarian Habib	All Other	<	<	<	<	<	<	<	<	<	<
Inin Odd All Other Control Con	Laud Sheela G Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Zayat Gabriel G Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Stamm Joseph Martin Od	All Other	<	<	<	<	<	<	<	<	<	<
All Others All	Wong Steven Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Gardenswartz Mark H Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Mohan Santha Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All	Hwang Yongkyu Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All Ot	Syalee Jogesh Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Menorah Home & Hosp Aged Inf	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other All	Chowdhry Mohammed Idris	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other	Paddu Upadhyaya Padmanabh	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Chang Thomas T M Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	St Agathas Depaul Icf	All Other	<	<	<	<	<	<	<	<	<	<
All Other \$	St Agathas 13 Hayden Circle	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other	Bajaj Deepika Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Blum Isaac Facs Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Fajardo Manuel Abrantes	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other X	New Horizon Counseling Ctr	All Other	<	<	<	<	<	<	<	<	<	<
ene Md All Other C	Ahuja Anita I Md	All Other	<	<	<	<	<	<	<	<	<	<
un Md All Other 3 3 4 <	Depasquale Eugene Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other All Other Mayor Md All Other Mayor Md All Other All Other Image: Control of the control	Hon John Wingsun Md	All Other	<	<	<	<	<	<	<	<	<	<
e Md All Other C <t< td=""><td>Khan Zahida Md</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Khan Zahida Md	All Other										
Mayor Md All Other anayalal Md All Other All Other S Md All Other All Other S S S	Malamud Enrique Md	All Other	<	<	<	<	<	<	<	<	<	<
anayalal Md All Other anayalal Md All Other All Other X </td <td>Kothari Purnima Mayor Md</td> <td>All Other</td> <td></td>	Kothari Purnima Mayor Md	All Other										
All Other Md All Other All Other 3 All Other 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 4 3 4 3 5 4 4 4 4 4 5 4 6 4 7 4 8 4 9 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10 4 <td>Ahuja Kishore Kanayalal Md</td> <td>All Other</td> <td><</td>	Ahuja Kishore Kanayalal Md	All Other	<	<	<	<	<	<	<	<	<	<
vid All Other d All Other 3 All Other 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5 4 6 4 7 4 8 4 9<	Trasi Sunil S Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
All Other All Other All other	Drew Michael S Md	All Other	<	<	<	<	<	<	<	<	<	<
All Other	Bass Sherry J Od	All Other	<	<	<	<	<	<	<	<	<	<
	Wagner Ira J Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

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<	<	<	<	<	<	<	<	<	<	All Other	Yoon Chung Hee Md
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<	<	<	<	<	<	<	<	<	<	All Other	Jhaveri Krishna K Md
<	<	<	<	<	<	<	<	<	<	All Other	Scharf Stephen Charles Md
<	<	<	<	<	<	<	<	<	<	All Other	Tenembaum Moises Marcos Md
										All Other	Gough James W Md
										All Other	Sherman Marc Noel Md
<	<	<	<	<	<	<	<	<	<	All Other	Cruz Erlinda S Md
<	<	<	<	<	<	<	<	<	<	All Other	St Agathas Ardsley Icf
<	<	<	<	<	<	<	<	<	<	All Other	St Agathas Pelham Manor Icf
<	<	<	<	<	<	<	<	<	<	All Other	Bunyavanich Sommai T Md
<	<	<	<	<	<	<	<	<	<	All Other	Shen Ivy Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Milosevic Milivoje Md
<	<	<	<	<	<	<	<	<	<	All Other	Jhaveri K Meenakshi
<	<	<	<	<	<	<	<	<	<	All Other	Scott Stanley Md
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<	<	<	<	<	<	<	<	<	<	All Other	Cadet Normil Richard Jean Md
<	<	<	<	<	<	<	<	<	<	All Other	Bogart Sydney David Md
<	<	<	<	<	<	<	<	<	<	All Other	Ahuja Rita K Md
<	<	<	<	<	<	<	<	<	<	All Other	Bangaru Babu S Md
<	<	<	<	<	<	<	<	<	<	All Other	Rim An Moo Md
<	<	<	ζ.	<	<	<	<	<	<	All Other	Nicoleau Aryel Md
										All Other	Ghavami Zia
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<	<	<	<	<	<	<	<	<	<	All Other	Choi Sangil Md
<	<	<	<	<	<	<	<	<	<	All Other	Bizzaro Thomas A Md
<	<	<	<	<	<	<	<	<	<	All Other	Rhee Jai-Jeen
<	<	<	<	<	<	<	<	<	<	All Other	Rosen Robert J Md
<	<	<	<	<	<	<	<	<	<	All Other	Sayeed Majeed Ahmed Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									pjects	Participating in Projects	

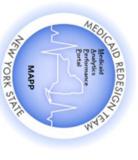


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Fishman Allen J Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Cho Won Sup Md	All Other	<	<	<	<	<	<	<	ζ.	<	<
Qureshi Shahina Murtaza	All Other										
Patel Mahendra Chaturbhai Md	All Other	<	<	<	<	<	<	<	<	<	<
Kitton Stuart E Dpm	All Other	<	<	<	<	<	<	<	<	<	<
Dennis Lester	All Other	<	<	<	<	<	<	<	<	<	<
Dyrszka Herbert Md	All Other	<	<	<	<	<	<	<	<	<	<
Lautin Robert Frederic	All Other	<	<	<	<	<	<	<	<	<	<
Castanos Dilia M Md	All Other	<	<	<	<	<	<	<	<	<	<
Yang Wen C Md	All Other	<	<	~	~	<	<	<	<	<	<
Thanjan Thresiamma George Md	All Other	<	<	~	<	<	<	<	<	<	<
Schabes George A Dds	All Other	<	<	~	~	<	<	<	<	<	<
Cheung Yiu Cheung Md	All Other	<	<	<	<	<	<	<	<	<	<
Sobol Norman J Md	All Other	<	<	<	<	<	<	<	<	<	<
Rodriguez Maria D Md	All Other	<	<	~	<	<	<	<	<	<	<
Tan Edwin C Md	All Other	<	<	~	<	<	<	<	<	<	<
Bernstein Chaim J Md	All Other	<	<	~	<	<	<	<	<	<	<
Charles Antoine V Md	All Other	<	<	~	<	<	<	<	<	<	<
George Jacob V Md	All Other	<	<	<	<	<	<	<	<	<	<
Bharel Virendra M Md	All Other	<	<	~	<	<	<	<	<	<	<
De La Cadena Flor S Md	All Other	<	<	~	<	<	<	<	<	<	<
Cath Char Nghbhd Svcs Inc Hoc Icf	All Other										
Charles B Wang Comm Hth Ctr I	All Other	<	<	<	<	<	<	<	<	<	<
St Lukes Roosevelt Hsp Ctr	All Other	<	<	<	<	<	<	<	<	<	<
Appleman Warren Md	All Other	<	<	<	<	<	<	<	<	<	<
Cohen David L Md	All Other	<	<	<	<	<	<	<	<	<	<
Barcia Rafael G Md	All Other	<	<	<	<	<	<	<	<	<	<
Lui Sheung Bun Md	All Other	<	<	~	<	<	<	<	<	<	<
Caro Sixto R Md	All Other	<	<	<	<	<	<	<	<	<	<
Hillside Manor Rehab/Ext Care	All Other	<	<	<	<	<	<	<	<	<	<
Parker Jewish Inst HIth Cr Re	All Other	<	<	<	<	<	<	<	<	<	<

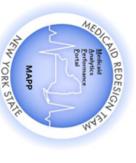


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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	ranicipanny in Frojects	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.iii	4.b.i	4.b.ii
Glengariff Health Care Center	All Other	~	<	<	<	<	<	<	<	<	<
Center For Nursing & Rehab In	All Other	~	<	<	<	<	<	<	<	<	<
Brooklyn Ctr Rehab & Residential Cr	All Other	<	<	<	<	<	<	<	<	<	<
Williamsbridge Manor Nh	All Other	<	<	<	<	<	<	<	<	<	<
University Nursing Home Snf	All Other	<	<	<	ζ.	<	<	<	<	<	<
Atlantis Reh & Res Hlth Cr Fac	All Other	<	<	<	<	<	<	<	<	<	<
St Marys Hospital For Childre	All Other	<	<	<	ζ.	<	<	<	<	<	<
Beth Abraham Health Services	All Other	~	<	<	<	<	<	<	<	<	<
Flushing Manor Care Ctr Snf	All Other	<	<	<	<	<	<	<	<	<	<
Hebrew H For Aged Riverdale	All Other	~	<	<	<	<	<	<	<	<	<
Kings Harbor Multicare Center	All Other	<	<	<	<	<	<	<	<	<	<
Woodcrest Nursing Home	All Other	<	<	<	<	<	<	<	<	<	<
Queens Ctr Reh & Res Hlth Cr	All Other	<	<	<	<	<	<	<	<	<	<
Margaret Tietz Center For Nur	All Other	<	<	<	<	<	<	<	<	<	<
Crown Nursing And Rehab Cente	All Other	<	<	<	<	<	<	<	<	<	<
Ny Congregational Nrs Ctr Inc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Waterview Nursing Cc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Palisade Nh Co Inc Snf	All Other	ζ.	<	<	<	<	<	<	<	<	<
Jamaica Hospital Nursing Home	All Other	<	<	<	<	<	<	<	<	<	<
Forest View Ctr For Reh & Nrs	All Other	<	<	<	<	<	<	<	<	<	<
Terrace Health Care Center	All Other	<	<	<	<	<	<	<	<	<	<
Grasso Cono M Md	All Other	<	<	<	<	<	<	<	<	<	<
Stern Harvey Md	All Other	ζ.	<	<	<	<	<	<	<	<	<
Becher Rodney A Md	All Other	<	<	<	<	<	<	<	<	<	<
Julian Maximo Md	All Other	<	<	<	<	<	<	<	<	<	<
Calvary Hospital Inc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Medical Arts Sanitarium	All Other	<	<	<	<	<	<	<	<	<	<
Goldwater Memorial Hosp	All Other	<	<	<	<	<	<	<	<	<	<
Kancherla Prakash Surya	All Other	ζ.	<	<	<	<	<	<	<	<	<
Adlersberg Jay B Md	All Other	<	<	<	<	<	<	<	<	<	<
Masih Emmanuel B Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Ryaw Myint Physician Pc Md
〈	<	<	<	<	<	<	<	<	<	All Other	Lopez Ernesto M Md
<	<	<	<	<	<	<	<	<	<	All Other	Delimon Joseph I Md
<	<	<	<	<	<	<	<	<	<	All Other	Newman Ransford C Md
<	<	<	<	<	<	<	<	<	<	All Other	Nukalapati Prasuna R Md
<	<	<	<	<	<	<	<	<	<	All Other	Raoof Nabil Pc Md
<	<	<	<	<	<	<	<	<	<	All Other	Chung Nakchin Md
<	<	<	<	<	<	<	<	<	<	All Other	Raoof Rebecca G Pc Md
<	<	<	<	<	<	<	<	<	<	All Other	Urena Andres F Md
<	<	<	<	<	<	<	<	<	<	All Other	Allen Theodore Elias Pc Md
<	<	<	<	<	<	<	<	<	<	All Other	St Barnabas Hospital
<	<	<	<	<	<	<	<	<	<	All Other	Lenox Hill Hospital
<	<	<	<	<	<	<	<	<	<	All Other	Mount Sinai Hospital
<	<	<	<	<	<	<	<	<	<	All Other	Flushing Hsp Med Cnt
<	<	<	<	<	<	<	<	<	<	All Other	Jamaica Hospital Med Ctr
<	<	<	<	<	<	<	<	<	<	All Other	North Shore Un Hsp Forest Hil
<	<	<	<	<	<	<	<	<	<	All Other	Riverdale Mental Hlth Cl
<	<	<	<	<	<	<	<	<	<	All Other	Long Island Consultation Ctr
<	<	<	<	<	<	<	<	<	<	All Other	Karen Horney Clinic, Inc
<	<	<	<	<	<	<	<	<	<	All Other	Bleuler Psychotherapy Ctr
<	<	<	<	<	<	<	<	<	<	All Other	Metropolitan Ctr For Mntl Hlt
<	<	<	<	<	<	<	<	<	<	All Other	Child Center Of Ny, The
<	<	<	<	<	<	<	<	<	<	All Other	University Optometric Ctr
<	<	<	<	<	<	<	<	<	<	All Other	Catholic Charities Neighbhd Svcs
<	<	<	<	<	<	<	<	<	<	All Other	Arista Ctr For Psychotherapy
<	<	<	<	<	<	<	<	<	<	All Other	Hamilton-Madison House,Inc
<	<	<	<	<	<	<	<	<	<	All Other	Samaritan Village Inc
<	<	<	<	<	<	<	<	<	<	All Other	Medical HIth Research Asc Nyc
<	<	<	<	<	<	<	<	<	<	All Other	Advanced Ctr For Psychotherap
<	<	<	<	<	<	<	<	<	<	All Other	Sy Manuel C Md
<	<	<	<	<	<	<	<	<	<	All Other	Thakore Hasit R Md
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Doctor Dilip Shikharchand Md	All Other	<	<	<	<	<	<	<	<	<	<
Haque Muhammad Mazharul Md	All Other	<	<	<	<	<	<	<		<	<
Moise Wesner Md	All Other	<	<	<	<	<	<	<	<	<	<
Chua Betty A Md	All Other	<	<	ζ	<	<	<	<		<	<
Behfarin Parviz Md	All Other	<	<	<	<	<	<	<		<	<
Hammer Arthur W Md	All Other	<	<	<	<	<	<	<		<	<
Chakrabarti Chhaya Md Pc	All Other	<	ζ	ζ	<	<	<	<		<	<
Leung Ching Sum Md	All Other	<	<	<	<	<	<	<	<	<	<
Golestaneh Nasser Md	All Other	<	<	<	<	<	<	<		<	<
Pinsker Richard W Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Bhupendro R Md	All Other	<	<	<	<	<	<	<		<	<
Huang Chien-Jen Md	All Other	<	<	<	<	<	<	<	<	<	<
Rana Thakor C Md	All Other	<	<	<	<	<	<	<	<	<	<
Wong Martha Shih Md	All Other	<	<	<	<	<	<	<	<	<	<
Perez Manuel G Md	All Other	<	<	<	<	<	<	<		<	<
Chennareddy Swaminathan	All Other	<	<	<	<	<	<	<	<	<	<
Singh Amarjit Md	All Other	<	<	<	<	<	<	<	<	<	<
Pili Manuel R Md	All Other	<	<	<	<	<	<	<	<	<	<
Patel Ishvarbhai S Md	All Other	<	<	<	<	<	<	<		<	<
Kukar Narinder M Md	All Other	<	<	<	<	<	<	<	<	<	<
Karimi Mahmood M Md	All Other	<	<	<	<	<	<	<	<	<	<
Fukilman Ocas Jorge Md	All Other	<	<	<	<	<	<	<	<	<	<
Agrawal Jugal K Md	All Other	<	<	<	<	<	<	<	<	<	<
Chadda Veena Md	All Other	<	<	<	<	<	<	<	<	<	<
Pulle Dunston Md Pc	All Other	<	<	<	<	<	<	<		<	<
Liu Ho-Mau Md	All Other	<	<	<	<	<	<	<		<	<
Huang Le Kiong Md	All Other	<	<	<	<	<	<	<	<	<	<
Lopez Juan S Md	All Other	<	<	<	<	<	<	<	<	<	<
Enu Christopher Chukwuemeka	All Other										
Chawla Satish K Pc Md	All Other	<	<	<	<	<	<	<	<	<	<
Fernandez Oscar E Md	All Other	<	<	<	<	<	<	<	<	<	<



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Ny Foundling Hospital St Agathas Da
											סבט הובמספוו
										All Other	Hzor Elizaheth
ζ.	<	<	<	ζ.	ζ.	<	<	<	<	All Other	Yurovitsky Alyssa
<	<	<	<	<	<	<	<	<	<	All Other	Cardona Erica
<	<	<	<	<	<	<	<	<	<	All Other	Goltyapina Natalya
<	<	<	<	<	<	<	<	<	ζ.	All Other	Sullivan Kevin M Md
<	<	<	<	<	<	<	<	<	<	All Other	Rivera Carmina Ramona N Md
<	<	<	<	<	<	<	<	<	<	All Other	Ahern Barbara Ann
<	<	<	<	<	<	<	<	<	ζ.	All Other	Rahman Mohammed Matiur Md
ζ.	<	<	<	<	<	<	<	<	ζ.	All Other	Jiang Ming Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Aung Kyawt Thandar
ζ.	<	<	<	<	<	<	<	<	<	All Other	Patel Yogita
<	<	<	<	<	<	<	<	<	<	All Other	Chinatown Gen Surg/Steven Wong
<	<	<	<	<	<	<	<	<	<	All Other	Vaynkadler Mark
										All Other	Nunez Denise Joanna Md
										All Other	Rahman Ahmadur Md
<	<	<	<	<	<	<	<	<	<	All Other	Kukar Atul Do
<	<	<	<	<	<	<	<	<	<	All Other	Khalil Ahmed
<	<	<	<	<	<	<	<	<	<	All Other	Bharati Anjali
<	<	<	<	<	<	<	<	<	<	All Other	Cherenfant Lucot
<	<	<	<	<	<	<	<	<	ζ.	All Other	Domond Jacques
<	<	<	<	<	<	<	<	<	<	All Other	Uduevbo Jerry Ainene Md
<	<	<	<	<	<	<	<	<	<	All Other	Global Medical Associates Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Raza Seyed Mohamed Jaffar Ali Md
<	<	<	<	<	<	<	<	<	<	All Other	Wisch Nathaniel Md
<	<	<	<	<	<	<	<	<	<	All Other	Price Hobart C Md
<	<	<	<	<	<	<	<	<	<	All Other	Rella Vincent J Md
<	<	<	<	<	<	<	<	<	<	All Other	Goldman Jack Md
<	<	<	<	<	<	<	<	<	<	All Other	De Lara Francisco Arturo
<	<	<	<	<	<	<	<	<	<	All Other	Sencion Sergio M
<	<	<	<	<	<	<	<	<	<	All Other	Obstbaum Stephen Allan
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Hangjun Jang Md
<	<	<	<	<	<	<	<	<	<	All Other	Yan Henry Jiann Md
<	<	<	<	<	<	<	<	<	<	All Other	Yee Vivian See Ki Md
<	<	<	<	<	<	<	<	<	<	All Other	Best Ophthalmology Pc
<	<	<	<	<	<	<	<	<	<	All Other	Mergie Desir Md PIIc
<	<	<	<	<	<	<	<	<	<	All Other	Koa & Keoni Medical Pllc
										All Other	Ja Personal Medical Care Practice P
<	<	<	<	<	<	<	<	<	<	All Other	Ding Cheng Yang
<	<	<	<	<	<	<	<	<	<	All Other	Florence P Golamco
<	<	<	<	<	<	<	<	<	<	All Other	Integrative Internal Med & Geriatri
<	<	<	<	<	<	<	<	<	<	All Other	Dr Sandra Patricia Garcia Dpm Pc
<	<	<	<	<	<	<	<	<	<	All Other	Ghaffar Tahira Farooqi Md
<	<	<	<	<	<	<	<	<	<	All Other	Nett Michael Patrick
<	<	<	<	<	<	<	<	<	<	All Other	Cerri Ruben Walter
<	<	<	<	<	<	<	<	<	<	All Other	Tin Hui Hing Md
										All Other	Dheeraj Khurana Mbbs
<	<	<	<	<	<	<	<	<	<	All Other	Li Xian Min Md
<	<	<	<	<	<	<	<	<	<	All Other	One Hanson Place Pediatrics Pc
<	<	<	<	<	<	<	<	<	<	All Other	Morano Mark
<	<	<	<	<	<	<	<	<	<	All Other	Chinatown Medical Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Alpine Home Health Care Llc
<	<	<	<	<	<	<	<	<	<	All Other	D Oleo Vargas Maximo Jose
<	<	<	<	<	<	<	<	<	<	All Other	Global Medical Care Associates Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Narasimhan Gopal
<	<	<	<	<	<	<	<	<	<	All Other	Saxena Amit K Md
<	<	<	<	<	<	<	<	<	<	All Other	Pancare Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Bay Ridge Family Medical Doctor Pc
<	<	<	<	<	<	<	<	<	<	All Other	Xinmei Li
<	<	<	<	<	<	<	<	<	<	All Other	Kevin N T Lin Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Orlovskiy Aleksandr Md
<	<	<	<	<	<	<	<	<	<	All Other	Knickerbocker Medical Care Pc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

Provider Name Reyes Elsa Jacqueline	Provider Category 2	2.a.i	2.a.iii	2.b.iii	o h iv	•		•			
Reyes Elsa Jacqueline					2.0.14	3.a.i	3.b.i	3.C.I	3.Q.III	4.D.I	4.b.II
	All Other	<	<	<	<	<	<	<	<	<	<
Lo Calvin Md	All Other	<	<	<	<	<	<	<	<	<	<
Qiu William Weiguang Md	All Other	<	ζ.	<	ζ.	<	ζ.	ζ.	<	ζ.	<
Chou Christina Lee Md	All Other	<	ζ.	<	<	<	ζ.	ζ.	<	〈	<
New Star Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Dong-Hong Shong Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Reichert James Michael	All Other	<	<	<	<	<	<	<	<	<	<
Samad Rubina Md	All Other	<	<	<	<	<	<	<	<	<	<
Linli Yan-Rosenberg Physician Pc	All Other	<	<	<	<	<	<	<	<	<	<
Redcross Kenneth Edward	All Other										
Tun Kan	All Other	<	<	<	<	<	<	<	<	<	<
Grand Cornell Cardiology Pc	All Other	<	<	<	<	<	<	<	<	<	<
Stickles Scott Michael Do	All Other	<	<	<	<	<	<	<	<	<	<
Jerome Medical Office Pc	All Other	<	<	<	<	<	<	<	<	<	<
Xin Pang	All Other	<	<	<	<	<	<	<	<	<	<
Quality Medical Provider Pc	All Other	<	<	<	<	<	<	<	<	<	<
Perez Emilio Ivan	All Other	<	<	<	<	<	<	<	<	<	<
Korneeva-Vladimirsky Irina Lvovna	All Other	<	<	<	<	<	<	<	<	<	<
Faruque Ahmed	All Other										
Silva Lourdes G	All Other	<	<	<	<	<	<	<	<	<	<
Alapati Prameela	All Other	<	<	<	<	<	<	<	<	<	<
Derek Sun	All Other	<	<	<	<	<	<	<	<	<	<
Minsheng Pain Management	All Other	<	<	<	<	<	<	<	<	<	<
139 Medical Facility Pc	All Other	<	<	<	<	<	<	<	<	<	<
Bouallali Hind	All Other	<	<	<	<	<	<	<	<	<	<
Belliard Christian Arturo Estevez	All Other	<	<	<	<	<	<	<	<	<	<
llya Blokh Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Pena Pena Yomaris Mercedes Md	All Other	<	<	<	<	<	<	<	<	<	<
Marc K Rybstein Md	All Other										
Springfield Pediatric Pc	All Other	<	<	<	<	<	<	<	<	<	<
Sahai Anuraag	All Other	<	<	<	<	<	<	<	<	<	<

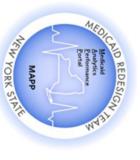


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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	Li Rehabilitation Medicine Pc
<	<	<	<	<	<	<	<	<	<	All Other	Rotkowitz Louis Philip Md
<	<	<	<	<	<	<	<	<	<	All Other	Ear Nose & Throat Associates Of Ny
<	<	<	<	<	<	<	<	<	<	All Other	Gary S Hirshfield Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Marian David Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Nejati Golali Md
<	<	<	<	<	<	<	<	<	<	All Other	Matthew S Hepinstall Md
<	<	<	<	<	<	<	<	<	<	All Other	Airiani Suzanna
<	<	<	<	<	<	<	<	<	ζ.	All Other	M & M Medical Pc
<	<	<	<	<	<	<	<	<	ζ.	All Other	Doshi Kaushik J
<	<	<	<	<	<	<	<	<	ζ.	All Other	Ren Lili Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Goldshteyn Vadim Md
<	<	<	<	<	<	<	<	<	<	All Other	Bronx Heart Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Mehta Nilesh
<	<	<	<	<	<	<	<	<	<	All Other	Berezovskaya Sabina
<	<	<	<	<	<	<	<	<	ζ.	All Other	Ortiz Grace
<	<	<	<	<	<	<	<	<	<	All Other	Kings Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Gates Pediatrics Pc
<	<	<	<	<	<	<	<	<	<	All Other	Paik Woong Ki
<	<	<	<	<	<	<	<	<	<	All Other	Jianlin Wu
<	<	<	<	<	<	<	<	<	<	All Other	Academy Medical Care Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lower Manhattan Gastroenterology Gr
<	<	<	<	<	<	<	<	<	<	All Other	Khan Naznin
<	<	<	<	<	<	<	<	<	<	All Other	Borawski Dorota Md
<	<	<	<	<	<	<	<	<	<	All Other	The Pac Program Of The Bronx Inc
<	<	<	<	<	<	<	<	<	<	All Other	Attantic Gastroenterology Pc
<	<	<	<	<	<	<	<	<	<	All Other	Maganov Igor Anatolyevich Md
<	<	<	<	<	<	<	<	<	ζ.	All Other	Cambridge Nephrology Pllc
										All Other	Agarwal Ruchi
<	<	<	<	<	<	<	<	<	<	All Other	Cheung Sandy
										All Other	Zhuo Ying
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ets	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

<	<	<	<	<	<	<	<	<	<	All Other	lvy Medical Services Pc
<	<	<	<	<	<	<	<	<	<	All Other	Green Debora
<	<	<	<	<	<	<	<	<	<	All Other	Kayaalp Emre
<	<	<	<	<	<	<	<	~	<	All Other	Benjamin Wu Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Ccn General Medicine Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Victoria Physical Medicine Pc
<	<	<	<	<	<	<	<	<	<	All Other	Jason Szepok Kong Do Pc
<	<	<	<	<	<	<	<	<	<	All Other	Babu Patel Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Selfhelp Community Ser Inc Nhtd
<	<	<	<	<	<	<	<	<	<	All Other	Mikheyeva Irina
<	<	<	<	<	<	<	<	~	<	All Other	Pattett Kathreen
<	<	<	<	<	<	<	<	~	<	All Other	Jacob Sunitha
<	<	<	<	<	<	<	<	~	<	All Other	Abedin Jahidul
<	<	<	<	<	<	<	<	~	<	All Other	Ng Medical Pllc
<	<	<	<	<	<	<	<	~	<	All Other	Washington Heights Pediatrics
<	<	<	<	<	<	<	<	~	<	All Other	Alfonso A Ortiz
<	<	<	<	<	<	<	<	<	<	All Other	Walter A Besser Pc
<	<	<	<	<	<	<	<	~	<	All Other	Avraham Y Henoch Md Pc
										All Other	Alam Anis
<	<	<	<	<	<	<	<	<	<	All Other	Flushing Radiation Oncology Service
<	<	<	<	<	<	<	<	<	<	All Other	Groupo Medico Dominicano Pllc
<	<	<	<	<	<	<	<	~	<	All Other	Tatiana Khrom Md Pc
<	<	<	<	<	<	<	<	~	<	All Other	Zhang Ting Ting
<	<	<	<	<	<	<	<	~	<	All Other	Avany Lucia Victor
<	<	<	<	<	<	<	<	~	<	All Other	Total Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Saravia Melissa Marie
										All Other	Bhuiyan Shamsul
<	<	<	<	<	<	<	<	<	<	All Other	Shi Zhengzhuan
<	<	<	<	<	<	<	<	<	<	All Other	Karayil Ajith
<	<	<	<	<	<	<	<	<	<	All Other	Chan Yuen
										All Other	Latina Medical Office Pc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ets	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Udeh Ngozi Julia	All Other	<	<	<	<	<	<	<	<	<	<
Xiao Hui Fang	All Other	<	<	<	<	<	<	<	<	<	<
Wahl Samuel Joseph	All Other	<	<	<	<	<	<	<	<	<	<
Woodside Medical Practice Pc	All Other	<	<	<	<	<	〈	ζ	<	〈	<
Nazir Ahsan	All Other	<	<	<	<	<	<	<	<	<	<
Muhammad Imran Kafeel	All Other										
Flushing Anesthesia Pain Management	All Other	<	<	<	<	<	<	<	<	<	<
Wei Alex	All Other	<	<	<	<	<	<	<		<	<
Akhand Abdul	All Other	<	<	<	<	<	<	<		<	<
Prachi Sunil Dharia	All Other	<	<	<	<	<	<	<		<	<
Best Care Ever Medgroup Pc	All Other	<	<	<	<	<	<	<		<	<
Saulius J Skeivys M D P C	All Other	<	<	<	<	<	<	<	<	<	<
Sound Health Medical Pc	All Other	<	<	<	<	<	<	<		<	<
Org Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Alizadeh Bajgiran Ahmadreza	All Other	<	<	<	<	<	<	<		<	<
Lnw Medical Office Pllc	All Other	<	<	<	<	<	<	<		<	<
Premium Medical Care P C	All Other	<	<	<	<	<	<	<		<	<
Keith C Chang Md Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Eastchester Medical Associates Pc	All Other	<	<	<	<	<	<	<		<	<
Lu Irene	All Other	<	<	<	<	<	<	<	<	<	<
Hubbard Natalie	All Other	<	<	<	<	<	<	<		<	<
Haines Christine Md	All Other	<	<	<	<	<	<	<	<	<	<
Chowdhury Ataul Hakim	All Other										
Dr Tuyen T Trinh D O Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Advanced Hematology Oncology Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Mohamad Erfani	All Other	<	<	<	<	<	<	<	<	<	<
Rebecca Anne Mazurkiewicz	All Other	<	<	<	<	<	<	<	<	<	<
Christina Mannino	All Other	<	<	<	<	<	<	<	<	<	<
Babayev Dina	All Other	<	<	<	<	<	<	<	<	<	<
Nemes Petru Codrin Md	All Other	<	<	<	<	<	<	<	<	<	<
Lee Shuk	All Other	<	<	<	<	<	<	<	<	<	<

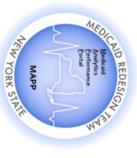


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Advocate Community Providers (PPS ID:25)

	ranicipanily in Frojects	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.iii	4.b.i	4.b.ii	
Mohd A Hossain	All Other	<	<	~	<	<	<	<	<	<	<	
Ann Prokofieva Md	All Other	<	<	~	<	<	<	<	<	<	<	
R Guillen Md Pc	All Other	<	<	<	<	<	ζ.	ζ	<	<	<	
Alex Bernstein	All Other	<	<	<	<	<	ζ.	ζ.	<	ζ.	\	
Michael Correa Md Pc	All Other	<	<	<	<	<	ζ.	ζ	<	<	<	
Win Yin Yin	All Other	<	<	<	<	<	<	<	<	<	<	
Degannes Rhonda Ruth	All Other	<	<	<	<	<	ζ.	ζ	<	<	<	
Zhao Xinyu	All Other	<	<	~	<	<	<	<	<	<	<	
Joseph Y Freidman	All Other	<	<	<	<	<	<	<	<	<	<	
Night And Day Medical Associates Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Condon Maureen Kathryn	All Other	<	<	<	<	<	<	<	<	<	<	
Aw Medical Office P C	All Other	<	<	<	<	<	<	<	<	<	<	
Narula Tara K Md	All Other	<	<	<	<	<	<	<	<	<	<	
Advanced Oncology Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Puttaswamygowda Vishwawanath	All Other	<	<	<	<	<	<	<	<	<	<	
Denny Martin	All Other											
Karen Clemente	All Other	<	<	<	<	<	<	<	<	<	<	
Prince Jose Md	All Other	<	<	<	<	<	<	<	<	<	<	
Yin Yin Win Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Cuidado Medico Y Geriatrico Of Quee	All Other	<	<	<	<	<	<	<	<	<	<	
Ortiz Rafael A	All Other	<	<	<	<	<	<	<	<	<	<	
Velasquez Luis	All Other	<	<	<	<	<	<	<	<	<	<	
Wang Mei	All Other	<	<	<	<	<	<	<	<	<	<	
Jean Joseph Lochard Md Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Amsalem Yoram	All Other	<	<	<	<	<	<	<	<	<	<	
Le Jimmy Chung	All Other	<	<	<	<	<	<	<	<	<	<	
Grand Concourse Medical Practice Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Nyein Roland Md	All Other	<	<	<	<	<	<	<	<	<	<	
Dr Prem Chattoo Do Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Tribeca Internal Med & Acupuncture	All Other	<	<	<	<	<	<	<	<	<	<	
Chopra Manju Rattan	All Other	<	<	<	<	<	<	<	<	<	<	



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Advocate Community Providers (PPS ID:25)

Provider Name Seung Hee Kang	Provider Category 2	2.a.i	၁ 	:							
Seung Hee Kang		-	2.a.III	2.b.III	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
7 July 17 Ober 14 Dr	All Other	<	<	<	<	<	<	<	<	<	<
Edwin & Chân Ma PC	All Other	<	<	<	<	<	<	<	<	<	<
Thomas Lyo Medical Pc	All Other	<	ζ.	ζ	<	<	ζ.	ζ	ζ.	ζ	<
Mohammed Abdul Wahid	All Other	<	ζ	ζ	<	<	ζ.	ζ.	ζ.	〈	<
Jerome Pediatric Pc	All Other	<	ζ.	ζ	<	<	ζ.	ζ	ζ.	ζ	<
Brooklyn Select Physician Pc	All Other										
General Medical Services Of Queens	All Other	<	<	<	<	<	<	<	<	<	<
Chacko Jeffrey K	All Other	<	<	<	<	<	<	<	<	<	<
Schulman Erica	All Other	<	<	<	<	<	<	<	<	<	\
Fort Washington Medical Office Pc	All Other	<	<	<	<	<	<	<	<	<	<
Heritage Health And Housing, Inc	All Other	<	<	<	<	<	<	<	<	<	<
Sullivan Erinmarie Md	All Other	<	<	<	<	<	<	<	<	<	<
Luiza Guseynov Physician Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Tribeca Radiation Oncology	All Other	<	<	<	<	<	<	<	<	<	<
Washington Heights Gi Pc	All Other	<	<	<	<	<	<	<	<	<	<
Li Brian	All Other	<	<	<	<	<	<	<	<	<	<
Children Of Zion Pediatrics	All Other	<	<	<	<	<	<	<	<	<	<
Manhattan Advanced Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Figueroa-Martinez Silkia	All Other	<	<	<	<	<	<	<	<	<	<
Bhuiyan Rafique Ahmed	All Other	<	<	<	<	<	<	<	<	<	<
Hylan Boulevard Physical Medicine	All Other	<	<	<	<	<	<	<	<	<	<
Ny Empire Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Procare Medical Services Pc	All Other	<	<	<	<	<	<	<	<	<	<
Mastan Alina	All Other	<	<	<	<	<	<	<	<	<	<
Greater New York Ophtholmology Care	All Other	<	<	<	<	<	<	<	<	<	<
Harlem Firstaid Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Elshoff Kathryn	All Other	<	<	<	<	<	<	<	<	<	<
Mcgeachy Ogadinma Okoro	All Other										
Rafique Bhuiyan Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Mjg Nursing Home Co Inc Lthhcp	All Other	<	<	<	<	<	<	<	<	<	<
Spingsea Physician Pc	All Other	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Manhattan Pulmonary & Internal Me	All Other	<	<	<	<	<	<	<	<	<	<
Nguyen Nina Thi	All Other	<	<	<	<	<	<	<	<	<	<
Mehra Sonita	All Other	<	<	<	<	<	<	<	<	<	<
Raymond L Yung Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Advanced Dermatology & Dermatologic	All Other	<	<	<	<	<	<	<	<	<	<
Northern Urgent Medical Care	All Other	<	<	<	<	<	<	<	<	<	<
Castillo Nicole	All Other	<	<	<	<	<	<	<	<	<	<
Cardiology Unlimited Pc	All Other	<	<	<	<	<	<	<	<	<	<
Fernando Taveras Md Pc	All Other										
Jerome Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Medinova Physicians Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Burgos Javier P	All Other	<	<	<	<	<	<	<	<	<	<
Dqs Cardiac & Vascular Services P	All Other	<	<	<	<	<	<	<	<	<	<
Jonathann C Kuo Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Sms Medical Services PIIc	All Other	<	<	<	<	<	<	<	<	<	<
Gorodnitskiy Alexander	All Other	<	<	<	<	<	<	<	<	<	<
Etienne Stephanie	All Other	<	<	<	<	<	<	<	<	<	<
Zhao Jingbo	All Other	<	<	<	<	<	<	<	<	<	<
Sotelo-Garza Danilo	All Other	<	<	<	<	<	<	<	<	<	<
Avany Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Medical Arts Of New York	All Other	<	<	<	<	<	<	<	<	<	<
Nahar Most L	All Other	<	<	<	<	<	<	<	<	<	<
Sandy Cheung Do Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Lau David Hai-Pong	All Other	<	<	<	<	<	<	<	ζ.	<	<
Guo Yujin	All Other	<	<	<	<	<	<	<	<	<	<
Familia Carmen	All Other	<	<	<	<	<	<	<	<	<	<
Jing Tong	All Other										
Tarife Karen	All Other	<	<	<	<	<	<	<	<	<	<
Klein Pamela	All Other	<	<	<	<	<	<	<	<	<	<
Kang Jun	All Other	<	<	<	<	<	<	<	<	<	<
Quality Medical Oncology Pc	All Other	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	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.iii	4.b.i	4.b.ii
Doctor Yio Medical Service Pc	All Other	<	<	<	<	<	<	<	ζ.	<	<
Ridgewood Pediatrics Pc	All Other	<	<	<	<	<	<	<	<	<	<
Advanced Gastroenterology Practice	All Other	<	<	<	<	<	<	<	ζ.	<	<
Tocco Michael Anthony	All Other	<	ζ.	<	<	ζ.	<	ζ.	ζ.	<	<
Lili Ren Md Pc	All Other	ζ.	ζ.	ζ.	<	ζ.	<	ζ.	ζ.	ζ	<
Salame Ghadir M	All Other										
Frances G Perez-Hernandez	All Other	<	<	<	<	<	<	<	<	<	<
Morris Rachel Emily	All Other	<	<	<	<	<	<	<	<	<	<
Mcpherson Christina	All Other	<	<	<	<	<	<	<	<	<	<
Dahan Shayna	All Other	<	<	<	<	<	<	<	<	<	<
Watts Rakiya	All Other	<	<	<	<	<	<	<	<	<	<
Soohoo Stephanie	All Other	<	<	<	<	<	<	<	<	<	<
Ambrose-Flaherty Stephanie	All Other	ζ.	<	<	<	<	<	<	<	<	<
Pantaleo Nicholas	All Other	<	<	<	<	<	<	<	<	<	<
Turan Naciye	All Other	<	<	<	<	<	<	<	<	<	<
Wong Alexander C	All Other	ζ.	<	<	<	<	<	<	<	<	<
Borrero Melissa	All Other	ζ.	<	<	<	<	<	<	<	<	<
Godbout Brandon J	All Other	ζ.	<	<	<	<	<	<	<	<	<
Dycman Medical Services Pc	All Other	<	<	<	<	<	<	<	<	<	<
Boro Park Ctr Rehab & Hlth Cr	All Other	ζ.	<	<	<	<	<	<	<	<	<
Zheng Yi Xiu	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Mayard Jules	All Other	ζ.	<	<	<	<	<	<	<	<	<
Fils-Aime Marsha	All Other	ζ.	<	<	<	<	<	<	<	<	<
Mesbah Reza	All Other	ζ.	<	<	<	<	<	<	<	<	<
Holtzman Dvorah G	All Other	ζ.	<	<	<	<	<	<	<	<	<
Ramirez Agramonte Sahira Giselle	All Other										
Xincon Home-Healthcare Services In	All Other	ζ.	<	<	<	<	<	<	<	<	<
Eastern Park Medical Services Pc	All Other	<	ζ.	<	<	<	<	<	<	<	<
Central Radiology Pc	All Other	<	ζ.	<	<	<	<	<	<	<	<
lg Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Preventive Diagnostics Inc	All Other	<	<	<	<	<	<	<	<	<	<



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	Farticipating in Projects	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.iii	4.b.i	4.b.ii
Badin Shadi	All Other	<	<	<	<	<	<	<	<	<	<
Hemli Jonathan Mishali	All Other	<	<	<	<	<	<	<	<	<	<
Wakim Wakim Victor	All Other	<	<	<	<	<	<	<	<	<	<
Yiu John	All Other	<	<	<	<	<	<	<	<	<	<
Flushing Family & Medical Practic	All Other	<	<	<	<	<	<	<	ζ.	<	<
Wuhua Jing M D Ph D P C	All Other	<	<	<	<	<	<	<	<	<	<
Spinal Pain & Rehab Medical P C	All Other	<	<	<	<	<	<	<	ζ.	<	<
Best Care Medicine Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Awan Khurram Shahzad	All Other	<	<	<	<	<	<	<	<	<	<
Brmc Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Lu Li	All Other	<	<	<	<	<	<	<	<	<	<
Buzinover Alla B	All Other	<	<	<	<	<	<	<	<	<	<
Prestige Pediatric Care Pc	All Other	<	<	<	<	<	<	<	<	<	<
Cohen Nadine	All Other	<	<	<	<	<	<	<	<	<	<
Wiltshire Veronica	All Other	<	<	<	<	<	<	<	<	<	<
Kezerashvili Anna	All Other	ζ.	<	<	<	<	<	<	<	<	<
Azra Wiqas Md	All Other	<	<	<	<	<	<	<	<	<	<
Zhenqing Brett Wu Md Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Patel Reena J	All Other	ζ.	<	<	<	<	<	<	<	<	<
Kiouranakis Nikolaos	All Other	<	<	<	<	<	<	<	<	<	<
Lata Vivian	All Other										
Alwani Salima	All Other	ζ.	<	<	<	<	<	<	<	<	<
Khaneja Amit	All Other										
Cadet-Valeus Sergelyne	All Other	<	<	<	<	<	<	<	<	<	<
Dhar Sonya	All Other										
Advanced Neurology Pc	All Other	ζ.	ζ.	<	<	<	<	<	<	<	<
Abbydek Family Medical Practice Pc	All Other	ζ.	ζ.	<	<	ζ.	<	<	<	<	<
Optimum Family Medicine Pc	All Other	<	ζ.	<	<	<	<	<	<	<	<
Mallapu Shravan K	All Other	<	ζ.	<	<	<	<	<	<	<	<
Hassid Babak	All Other	<	<	<	<	<	<	<	<	<	<
Boston Pediatrics PIIc	All Other	<	<	<	<	<	<	<	<	<	<



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										All Other	Awad Mary Z Md
<	<	<	<	<	<	<	<	<	<	All Other	Pearson Barry J
<	<	<	<	<	<	<	<	<	<	All Other	Jordan Nicole E
<	<	<	<	<	<	<	<	<	<	All Other	Morales Gustavo Adolfo
<	<	<	<	<	<	<	<	<	<	All Other	Nova Medical Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Urological Care At Flushing Pc
<	<	<	<	<	<	<	<	<	<	All Other	Stanley Ng Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Attoti Chandana
<	<	<	<	<	<	<	<	<	<	All Other	Taylor Kevia
<	<	<	<	<	<	<	<	<	<	All Other	Howard E Huey Do Pc
<	<	<	<	<	<	<	<	<	<	All Other	Diaz Angel A
<	<	<	<	<	<	<	<	<	<	All Other	Liotta Dara R
<	<	<	<	<	<	<	<	<	<	All Other	Chinatown Gastroenterology Pc
<	~	<	<	<	<	<	<	<	<	All Other	All Time Care Medical Pllc
<	<	<	<	<	<	<	<	<	<	All Other	First Health Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Patel Chirag
<	<	<	<	<	<	<	<	<	<	All Other	Carreno-Rijo Elizabeth
<	<	<	<	<	<	<	<	<	<	All Other	Sheldon Medical Care Pc
										All Other	Spumberg Eleanor Pearl
<	<	<	<	<	<	ζ.	<	<	<	All Other	Lindsay N Price
<	<	<	<	<	<	<	<	<	<	All Other	Varghese Betsy
<	<	<	<	<	<	<	<	<	<	All Other	Westchester Avenue Family Medicine
<	<	<	<	<	<	<	<	<	<	All Other	Ooi Yen Hoong
<	<	<	<	<	<	ζ.	<	<	<	All Other	Dr Amy S Chu-Wong Md Pc
										All Other	James Denise
<	<	ζ.	<	<	ζ.	ζ.	ζ.	<	<	All Other	Glenn Christophe
										All Other	Grace Medical Care Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Yanfeng Chen Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Jacqueline Dauhajre Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Spyropoulos Alex C
<	<	<	<	<	<	<	<	<	<	All Other	Jayman-Aristide Razia
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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Advocate Community Providers (PPS ID:25)

J	J)	^	> .	>	.	<u>-</u>	<u>.</u>	, 			
Howard Siegel	All Other	< !	S	<	<	٠ <u>١</u>	< :	<u> </u>	\	< !	< !	
Wong Thomas	All Other	<	<	〈	<	<	<	<	<	<	<	
Rahman Rounak	All Other	ζ.	<	<	<	<	〈	<	<	〈	<	
Jian Q Liang Dpm Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Sionov Katie Md	All Other	<	<	<	<	<	<	<	<	ζ.	<	
Pinter David Michael	All Other	<	<	<	<	<	<	<	<	<	<	
Dr Mario S Malonzo Md Pc	All Other	<	<	<	<	<	<	<	<	ζ.	<	
Gordon Samantha Danna	All Other											
Aaa Gastrointestinal Associates Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Health Point Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Ny Dialysis Svcs/Morris Park	All Other	<	<	<	<	<	<	<	<	<	<	
Park Jinhee	All Other	<	<	<	<	<	<	<	<	<	<	
Jimenez Ramos Farrah Del C	All Other	<	<	<	<	<	<	<	<	<	<	
Feng Yun Md	All Other	<	<	<	<	<	<	<	<	<	<	
He Jinghua Md	All Other	<	<	<	<	<	ζ.	<	<	ζ	<	
Saint-Hilaire Marlene	All Other	<	<	<	<	<	<	<	<	<	<	
Amazing Medical Services Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Stona Lurline P	All Other											
Comprehensive Womens Health Of Ny P	All Other	<	<	<	<	<	<	<	<	<	<	
Dr Rosario H Reyes-Rigor Physician	All Other	<	<	<	<	<	<	<	<	<	<	
Manhattan Family Medicine Pc	All Other	<	<	<	<	<	<	<	<	<	<	
New York Foundling Hospital	All Other	<	<	<	<	<	<	<	<	<	<	
Widmer Jessica Lynn	All Other	<	<	<	<	<	<	<	<	<	<	
Corujo Omar	All Other	<	<	<	<	<	<	<	<	<	<	
Fong Lu Physician Pc	All Other	<	<	<	<	<	ζ.	<	<	ζ	<	
Ckc Medical Office Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Gazi Farhad M	All Other	<	<	<	<	<	<	<	<	<	<	
Prime Medical Care Pc	All Other	<	<	<	<	<	<	<	<	<	<	
Chao Elaine Lynn	All Other	<	<	<	<	<	<	<	<	<	<	
Sirya Rosalynn H	All Other	<	<	<	<	<	<	<	<	<	<	
Ruben U Carvajal M D P C	All Other	<	<	<	<	<	<	<	<	<	<	

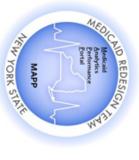


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<	<	<	<	<	<	<	<	<	<	All Other	Gaweda Oskar Adam
<	<	<	<	<	<	<	<	<	<	All Other	Mensah Bridget
<	<	<	<	<	<	<	<	<	<	All Other	Enterprise Radiology Pc
<	<	<	<	<	<	<	<	<	<	All Other	Queens Ob Gyn Pc
<	<	~	<	<	<	<	<	<	<	All Other	Sawhney Sabrina
<	<	<	<	<	<	<	<	<	<	All Other	Wang Xiao Hui
<	<	~	<	<	<	<	<	<	<	All Other	lacono Danielle
<	<	<	<	<	<	<	<	<	<	All Other	O'Leary Xiaoqing Lin
<	<	<	<	<	<	ζ.	<	<	<	All Other	Galanis Tommy
<	<	<	<	<	<	<	<	<	<	All Other	Kang Josephine
<	<	<	<	<	<	<	<	<	<	All Other	Medikids-Pediatric Medicine Pc
<	<	<	<	<	<	<	<	<	<	All Other	Arikupurathu Nisha
<	<	<	<	<	<	<	<	<	<	All Other	lm Soyoun
<	<	<	<	<	<	<	<	<	<	All Other	Markowitz Mindy
<	<	<	<	<	<	<	<	<	<	All Other	Byfield Celecia
<	<	<	<	<	<	<	<	<	<	All Other	Ani Samuel Onyemuwa
<	<	<	<	<	<	<	<	<	<	All Other	Manhattan Pediatric Associates Pc
										All Other	Advani Deepak
<	<	<	<	<	<	<	<	<	<	All Other	Lee Sophia Y
<	<	~	<	<	<	<	<	<	<	All Other	Wong Irene
<	<	<	<	<	<	<	<	<	<	All Other	Lee Paul K
<	<	<	<	<	<	<	<	<	<	All Other	Rahila Butt Md Pc
<	<	<	<	<	<	<	<	<	<	All Other	Abraham Cynthia
<	<	<	<	<	<	<	<	<	<	All Other	Evergreen Medical Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Hasanovic Adnan
<	<	<	<	<	<	<	<	<	<	All Other	Campusano Clarinelda
<	<	<	<	<	<	<	<	<	<	All Other	Stewart Amanda Patrice
<	<	<	<	<	<	<	<	<	ζ.	All Other	Mensah Stacey
										All Other	Cui Nuan
<	<	~	<	<	<	<	<	<	<	All Other	Alberto Glendalyz
<	<	<	<	<	<	<	<	<	<	All Other	Nicolaou Nicos
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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<	<	<	<	<	<	<	<	<	<	All Other	Ben-Meir Amos David
<	<	<	<	<	<	<	<	<	<	All Other	Doctor Mark Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Yanliang Sun
										All Other	Patel Monica Sidharaj
<	<	<	<	<	<	<	<	<	<	All Other	Kim Ji Young
<	<	<	<	<	<	<	<	<	<	All Other	Broadway I Medicine PIIc
<	<	<	<	<	<	<	<	<	<	All Other	Octaviani-Reyes Melba E
<	<	<	<	<	<	<	<	<	<	All Other	Giannetti Cynthia
<	<	<	<	<	<	<	<	<	<	All Other	Berookhim Boback
<	<	<	<	<	<	<	<	<	<	All Other	Sebolsky Paul
<	<	<	<	<	<	<	<	<	<	All Other	Konig Michael P
<	<	<	<	<	<	<	<	<	<	All Other	Zheng Xiangsheng
<	<	<	<	<	<	<	<	<	<	All Other	Sharad Soni Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Zhengzhuan Shi Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	The Heights Medical PIIc
<	<	<	<	<	<	<	<	<	<	All Other	Hispaniola Medical Care P C
<	<	<	<	<	<	<	<	<	<	All Other	Jiansheng Zhao Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Yong Kang Medical Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Kumar Manish
<	<	<	<	<	<	<	<	<	<	All Other	Kings Pulmonary Associates P C
<	<	<	<	<	<	<	<	<	<	All Other	Aziz Tasnia
<	<	<	<	<	<	<	<	<	<	All Other	Cai Steven
<	<	<	<	<	<	<	<	<	<	All Other	Pena-Miches Cervantes Beethoven
<	<	<	<	<	<	<	<	<	<	All Other	Bachan Moses
<	<	<	<	<	<	<	<	<	<	All Other	Urban Pediatrics Pc
<	<	<	<	<	<	<	<	<	<	All Other	Cao Shimin
<	<	<	<	<	<	<	<	<	<	All Other	Maltez Janet Miraldo
<	<	<	<	<	<	<	<	<	<	All Other	Lim H Tse Md Pc
										All Other	Sulaiman Ramez
<	<	<	<	<	<	<	<	<	<	All Other	Ahmed Mohamed
<	<	<	<	<	<	<	<	<	<	All Other	Advanced Diagnostic Imaging Pllc
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	



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										All Other	Singer Pamela S
										All Other	Basu Amit
<	~	<	<	<	<	<	<	<	<	All Other	Wilson Ko Md Facs Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lewis Kamica Lynn
<	<	<	<	<	<	<	<	<	<	All Other	Hernandez Maria L
<	<	<	<	<	<	<	<	<	<	All Other	Shin Dong-In
<	<	<	<	<	<	<	<	<	<	All Other	Liao Kevin
<	<	<	<	<	<	<	<	<	<	All Other	181st Street Medical Pc
										All Other	Jeon Eunjeong
<	<	<	<	<	<	<	<	<	<	All Other	Duchnowski Eva
<	<	<	<	<	<	<	<	<	<	All Other	Dr Carl M Jean Dpm Pc
<	<	<	<	<	<	<	<	<	<	All Other	Gao Pei
<	<	<	<	<	<	<	<	<	<	All Other	Lin Ya Li
<	~	<	<	<	<	<	<	<	<	All Other	Amsterdam Medical Practice Pllc
<	<	<	<	<	<	<	<	<	<	All Other	Kruh Jonathan Nicholas
										All Other	Wong Kaitlyn Lin
<	<	<	<	<	<	<	<	<	<	All Other	Wei Guo Lin Physician Pc
<	<	<	<	<	<	<	<	<	<	All Other	Womens Health Care Pc
<	<	<	<	<	<	<	<	<	<	All Other	Healthy Living David Ben Meir Md Mp
<	<	<	<	<	<	<	<	<	<	All Other	Godwin Medical P C
<	<	<	<	<	<	<	<	<	<	All Other	Foot Care Of Flushing P C
										All Other	Surasky Russell Scott
<	<	<	<	<	<	<	<	<	<	All Other	Good Care Medical Pc
<	<	<	<	<	<	<	<	<	<	All Other	Lee Frances
<	<	<	<	<	<	<	<	<	<	All Other	Talwar Sumit
<	<	<	<	<	<	<	<	<	<	All Other	Briskin Klara
<	<	<	<	<	<	<	<	<	<	All Other	Ola Pediatrics Pc
<	<	<	<	<	<	<	<	<	<	All Other	Nguyen Tracy Thuy
		<	<	<	<	<	<	<	<	All Other	House Call Medical Services Of New
<	<	<	<	<	<	<	<	<	<	All Other	A H Jung & C S Lee Medicales Pc
<	<	<	<	<	<	<	<	<	<	All Other	Garcia Quinones Saribel
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Spencer Trudy I	All Other	<	<	<	<	<	<	<	<	<	<
Ferdaus Akash	All Other										
Ypp New Modern Medicine Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Shankar Adurthy Ananth	All Other	<	<	<	<	<	<	<	<	<	<
Lugo Joanelle	All Other	<	<	<	<	<	<	<	<	<	<
Ho Vanessa	All Other	<	<	<	<	<	<	<	<	<	<
Bhupendra R Patel Md Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Olivo-Mercedes Yohanna M	All Other	<	<	<	<	<	<	<	<	<	<
Yang John B	All Other										
Liu Shin-Hua	All Other	<	<	<	<	<	<	<	<	<	<
Duda Olha	All Other	<	<	<	<	<	<	<	<	<	<
Feuerstein Michael A	All Other	<	<	<	<	<	<	<	<	<	<
Mak Cecilia Sze Man	All Other										
Pirelli Luigi	All Other	<	<	<	<	<	<	<	<	<	<
Adeniran Adebukola	All Other										
Frolova Alina	All Other										
Al-Waili Noori Siraj Dawood	All Other										
Bukhman Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Gould Jennifer Ann	All Other	<	<	<	<	<	<	<	<	<	<
Hue Jennifer E	All Other	<	<	<	<	<	<	<	<	<	<
Young Chainlie	All Other	<	<	<	<	<	<	<	<	<	<
Rosenbaum-Roller Shira	All Other	<	<	<	<	<	<	<	<	<	<
Guy-Rodriguez Eva	All Other	<	<	<	<	<	<	<	<	<	<
Leinbach Lindsey	All Other										
Gu Kangxia	All Other	ζ.	<	<	<	<	<	<	<	<	<
Hillside Polymedic D Ant T Ctr	All Other	<	<	<	<	<	<	<	<	<	<
Giaquinto Beth	All Other	<	<	<	<	<	<	<	<	<	<
Holliswood Operating Co Llc	All Other	<	<	<	<	<	<	<	<	<	<
Michael Li Md Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Queens Internal Medicine & Geriat	All Other	<	<	<	<	<	<	<	<	<	<
Miglino Christine Jane	All Other	<	<	<	<	<	<	<	<	<	<



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<	<	<	<	<	<	<	<	<	<	All Other	Goncharov Dimitry
<		<	<	<	<	<	<	<	<	All Other	Karibandi Karthik
<		<	~	<	<	<	<	<	<	All Other	Hammond Stephen Bemigho
<		<	<	<	<	<	<	<	<	All Other	Rajee Nirmala K
<		<	~	<	<	<	<	<	<	All Other	Spadafina Sarah Marie
<		<	<	<	<	<	<	<	<	All Other	Khalil Susan S
<		<	~	<	<	<	<	<	<	All Other	Kilshtok Sofya S
<		<	<	<	<	<	<	<	<	All Other	Zelmanovich Anat
										All Other	Tiga Pediatrics Pc
<	<	<	<	<	<	<	<	<	<	All Other	Premier Renal Care Pc
										All Other	Comprehensive Pediatric Care Pc
<		<	<	<	<	<	<	<	<	All Other	Ritecare Medical Office Pc
<		<	<	<	<	<	<	<	<	All Other	Phoenix Medical Office Pllc
<		<	<	<	<	<	<	<	<	All Other	Muhammad Sanni Adam M D P C
<		<	<	<	<	<	<	<	<	All Other	Li Angie
<		<	<	<	<	<	<	<	<	All Other	Chen Szu-Yu
<		<	<	<	<	<	<	<	<	All Other	Goenka Anuj
<	<	<	<	<	<	<	<	<	<	All Other	Yun Feng Medical Pc
<		<	<	<	<	<	<	<	<	All Other	Grace Family Medical Practice Pc
<		<	~	<	<	<	<	<	<	All Other	Pandit Ashwini
<		<	<	<	<	<	<	<	<	All Other	Mun Sun Ok
<		<	<	<	<	<	<	<	<	All Other	Lee Rachel
										All Other	Suntay Berk Tolga
<		<	<	<	<	<	<	<	<	All Other	Gonzalez Paul Edward
<	<	<	~	<	<	<	<	<	<	All Other	Jo Jihyun
										All Other	Wu Xuxia
<	<	<	<	<	<	<	<	<	<	All Other	Zhang Yuqing
<	<	<	<	<	<	<	<	<	<	All Other	Li Yanlun
<	<	<	<	<	<	<	<	<	<	All Other	Excelsior Integrated Medical Group
<	<	<	<	<	<	<	<	<	<	All Other	Krivitskaya Nataliya
<	<	<	<	<	<	<	<	<	<	All Other	Shulman Julia Paula
4.b.ii	4.b.i	3.d.iii	3.c.i	3.b.i	3.a.i	2.b.iv	2.b.iii	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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	Farticipating in Projects	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.iii	4.b.i	4.b.ii
Sachdev Karina	All Other	<	<	<	<	<	<	<	<	<	<
Tomback David Adam	All Other	<	<	<	<	<	<	<	<	<	<
Wilson-Bennett Renee	All Other	<	<	<	<	<	<	<	<	<	<
Richmond Hill Sleep Center Inc	All Other										
Singh Amandeep	All Other	<	<	<	<	<	<	<	<	<	<
Chee Benjamin Anted	All Other										
Lee Michael Jerry	All Other	<	<	<	<	<	<	<	<	<	<
Jiang Xiao-Hong	All Other	<	<	~	<	<	<	<	<	<	<
Des Jean Ryan	All Other	<	<	<	<	<	<	<	<	<	<
David Krumholz Md Pc	All Other	<	<	~	<	<	<	<	<	<	<
Chow Philbert	All Other	<	<	~	<	<	<	<	<	<	<
Cheuk W Lau Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
Wang Chuansheng	All Other	<	<	<	<	<	<	<	<	<	<
Chowdhury Utpal	All Other	<	<	<	<	<	<	<	<	<	<
Rs Nuclear Medicine Pc	All Other	<	<	<	<	<	<	<	<	<	<
East Sunrise Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Allcity Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Ablan Danilo Nagtalon	All Other	<	<	<	<	<	<	<	<	<	<
Huang Liwen	All Other										
Evergreen Medical Clinic Pc	All Other	<	<	<	<	<	<	<	<	<	<
Qsac Inc	All Other	<	<	<	<	<	<	<	<	<	<
First Step Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Yoon Mo Myung Ophthalmology Pc	All Other	<	<	<	<	<	<	<	<	<	<
Physicians Of The Future Medgroup P	All Other	<	<	<	<	<	<	<	<		
Cordoba Vargas Sandra Edith	All Other	<	<	<	<	<	<	<	<	<	<
Dupree Shashonna	All Other	<	<	<	<	<	<	<	<	<	<
Samboy Jazlen Rocio	All Other	<	<	<	<	<	<	<	<	<	<
Lydig Pediatrics Pc	All Other	<	<	<	<	<	<	<	<	<	<
Doj Operations Associates Llc	All Other										
Dontineni Nripen	All Other	<	<	<	<	<	<	<	<	<	<
Safe Medical Care Pllc	All Other	<	<	<	<	<	<	<	<	<	<



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		9									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii
Parkview Operating Co Llc	All Other	<	<	<	<	<	<	<	<	<	<
Uzor Jennyfer Paola	All Other	<	<	<	<	<	<	<	<	<	<
Wensong Li	All Other	<	<	~	<	<	<	<	<	<	<
Heart & Vascular Medicine	All Other	<	<	<	<	<	<	<	<	<	<
C & Y Medical Pc	All Other	<	<	<	<	<	<	<	<	<	<
Daniels Kathryn Elizabeth	All Other	<	<	~	<	<	<	<	<	<	<
Santha Mohan Md	All Other	<	<	<	<	<	<	<	<	<	<
Fit Feet Podiatry Pc	All Other	<	<	~	<	<	<	<	<	<	<
Van Orsouw Jillian Suzanne	All Other	<	<	<	<	<	<	<	<	<	<
Brinster Derek Ralph	All Other	<	<	~	<	<	<	<	<	<	<
Moshiri Kourosh	All Other	<	<	~	<	<	<	<	<	<	<
Wu Richard Kar	All Other	<	<	~	<	<	<	<	<	<	<
Austin Lu Medical Pllc	All Other	<	<	<	<	<	<	<	<	<	<
Bronx Community Medicine Pllc	All Other	<	<	~	<	<	<	<	<	<	<
Blum Corinne E	All Other	<	<	<	<	<	<	<	<	<	<
Gialvsakis John Peter	All Other	<	<	~	<	<	<	<	<	<	<
Kang Miyoung	All Other	<	<	~	<	<	<	<	<	<	<
Rizzo Mariano	All Other	<	<	~	<	<	<	<	<	<	<
Biro Nicolas	All Other										
Zimmerman Jason Simon	All Other	<	<	<	<	<	<	<	<	<	<
Parekh Sejal	All Other	<	<	~	<	<	<	<	<	<	<
Zabar Benjamin	All Other	<	<	<	<	<	<	<	<	<	<
Anderson Todd	All Other	<	<	<	<	<	<	<	<	<	<
Hung Stephanie	All Other	<	<	<	<	<	<	<	<	<	<
Chan Bennett	All Other	<	<	<	<	<	<	<	<	<	<
Ramanathan Deepak	All Other										
Chen Stanley	All Other	<	<	<	<	<	<	<	<	<	<
Habib Salma	All Other	<	<	<	<	<	<	<	<	<	<
Eisenberg Rachel	All Other	<	<	<	<	<	<	<	<	<	<
Tseng Tiffany	All Other	<	<	<	<	<	<	<	<	<	<
Fox Patricia A	All Other	<	<	<	<	<	<	<	<	<	<



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Advocate Community Providers (PPS ID:25)

Provider Name Provider Changory 2al		Participating in Projects	cts									
Outsiam All Others CRIT	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i		3.d.iii	4.b.i	4.b.ii
All Other Control Cont	Pastori Luciano Juan	All Other	<	<	<	<	<	<	<	<	<	<
Millother 2014 100 Merican 2014 100 Meri	Salcedo Osiris	All Other	<	<	<	<	<	<	<	<	<	<
In Majority All Other IX	Tang Karen	All Other	<	~	<	<	<	<	<	<	<	<
MAI Other MAI OT	Paschal Gehres Megan	All Other	<	<	<	<	<	<	<	<	<	<
Libez Mod All Other C	Yap Laurel Win	All Other	<	<	<	<	<	<	<	<	<	<
Chand D All Other C	Wanda Rodriguez Md	All Other	<	<	<	<	<	<	<	<	<	<
Abadd D All Other U.S. I. S. I. S	Tian Wenping	All Other	<	~	<	<	<	<	<	<	<	<
On Marie All Other X	Hallenbeck Richard D	All Other										
All Other	Borowski Allison Marie	All Other	<	~	<	<	<	<	<	<	<	<
All Other All	Yin Xiaoqin S	All Other	<	~	<	<	<	<	<	<	<	<
Ng DoPlic All Other X	Sohn Bret K	All Other	<	~	<	<	<	<	<	<	<	<
All Other All	Yuancong Wang Do Plic	All Other	ζ.	<	<	<	<	<	<	<	<	<
MI Other All O	You Lu	All Other	ζ.	<	<	<	<	<	<	<	<	<
We Gabriel All Other L	Gosturani Artur	All Other										
w Gabriel All Other S. S	Kim Changrae	All Other										
man SYCS In C Day All Other X <td>Gorski Matthew Gabriel</td> <td>All Other</td> <td>ζ.</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td>	Gorski Matthew Gabriel	All Other	ζ.	~	<	<	<	<	<	<	<	<
Care Of New York Inc All Other X	Maranatha Human Svcs Inc Day	All Other	<	<	<	<	<	<	<	<	<	<
t Proj Comm Svo All Other I.V. I.V.<	Girling Health Care Of New York Inc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Ind Pic All Other All Oth	Vocational Inst Proj Comm Svc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Inna All Other Inna Inna All Other Inna	Samuel Cho Md Pc	All Other	<	<	<	<	<	<	<	<	<	<
d Plic All Other \$	Ibragimova Anna	All Other										
Imal Medicine Pc All Other Image: Control of the property of the prop	Wingtat Mui Md Pllc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Services Pc All Other Services Pc All Other Services Pc <	Broadway Internal Medicine Pc	All Other	ζ.	<	<	<	<	<	<	<	<	<
Services Pc All Other Image: Company of the company of	Kam Yi Sheng	All Other	<	~	<	<	<	<	<	<	<	<
All Other	Winkler Karyn	All Other										
All Other	I & R Medical Services Pc	All Other										
All Other	Bronx Heart Medical Pc	All Other	<	~	<	<	<	<	<	<	<	<
All Other All Other All Other	Kennedy Pavilion Rh I Llc	All Other	<	~	<	<	<	<	<	<	<	<
	Sapphire Ctr Rehab & Nrsng C Queens	All Other	ζ.	<	<	<	<	<	<	<	<	<
	Riano Marin Ervin Rene	All Other										
	Thum Celine	All Other										



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Advocate Community Providers (PPS ID:25)

	Participating in Projects	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.iii	4.b.i	4.b.ii
Barayev Vladimir	All Other										
Yuen Benny	All Other										
Hu Yuhe	All Other										
Harris Kemoy	All Other										
Li Jack	All Other	<	<	<	<	<	<	ζ.	ζ.	<	<
Persaud Indrani	All Other	<	<	<	<	<	<	<	<	<	<
Rodas Olga	All Other										
Wu Tao	All Other	<	<	<	<	<	<	<	<	<	<
Yan Wayne	All Other										
Revcore Recovery Center Of Manhatta	All Other										
Mckenzie Katherine	All Other										
Zelman David	All Other										
Melamed Eitan	All Other										
Mensah Nana	All Other										
Oseitutu Nanna	All Other										
Harris Michael Eli	All Other	<	<	<	<	<	<	<	<	<	<
Hernandez Angie Lorena	All Other	<	<	<	<	<	<	<	<	<	<
Leung Ho Ning	All Other	ζ.	<	<	<	<	<	<	<	<	<
Tam Anthony	All Other	<	<	<	<	<	<	<	<	<	<
Alam Salma	All Other										
Khurana Divya	All Other										
Diaz Guerrero Emmanuel	All Other										
Comprehensive Primary Family Medica	All Other										
Healthy Children Pediatric Medicine	All Other	<	<	~	<	<	<	<	<	<	<
Powell Patrice Robin	All Other										
Jose A Goris M D P C	All Other	<	<	~	<	<	<	<	<	<	<
Beat Medical Care Pllc	All Other										
Akash Medical Care Pllc	All Other										
Chauhan Ipsita	All Other										
Sultana Noushin	All Other										
Jamison Sarah Grace	All Other										



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Advocate Community Providers (PPS ID:25)

	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.iii	4.b.i	4.b.ii
Metropolis Medical Pc	All Other										
Lee Terrance	All Other										
Hands On Health Associates Llc	All Other										
Chen Zu Yu	All Other										
luang Ai Lin	All Other										
Ahmadur Rahman Md Pc	All Other										
Balance Medical Professional	All Other										
Palton Ayoung Joanna	All Other										
Vang Lora Shuo	All Other										
i Lin	All Other										
Otero Ramirez Lauren	All Other										
'u Christine	All Other										
Or Tuyen T Trinh D O Pllc	Uncategorized										
xponents Inc	Uncategorized										
vraham Y Henoch Md Pc	Uncategorized										
lelp/Project Samaritan Svcs Corp	Uncategorized										
ouglas B. Friedrich, Md, P.C.	Uncategorized										
iberty Dental Care P.C.	Uncategorized										
alvary Hospital Inc	Uncategorized										
anlian Medical Group Llc	Uncategorized										
dvanced Oncology Pc	Uncategorized										
loward E Huey Do Pc	Uncategorized										
lospice Of New York Llc	Uncategorized										
ukhman Md Pc	Uncategorized										
alisade Nh Co Inc Snf	Uncategorized										
illside Manor Nursing Ctr	Uncategorized										
ajesh Patel	Uncategorized										
oa & Keoni Medical Pllc	Uncategorized										
rthur R Dove Md Pc	Uncategorized										
leights Surgicare	Uncategorized										
heldon Medical Care Pc	Uncategorized										



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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.iii	4.b.i	4.b.ii	
St Agathas 13 Hayden Circle	Uncategorized											
Candida Catucci Md Pc	Uncategorized											
Quality Medical Provider Pc	Uncategorized											
Catholic Charities Comm Svcs Arch	Uncategorized											
United Jewish Council Home Attendant Service Corp	Uncategorized											
Sapna Pandya	Uncategorized											
Westchester Avenue Family Medicine	Uncategorized											
Krishna K. Jhaveri Physician Pc	Uncategorized											
Grand Buy Pharmacy Inc	Uncategorized											
Kings Pulmonary Associates P C	Uncategorized											
Flushing Hsp Med Cnt	Uncategorized											
Smart Medical Care Pc	Uncategorized											
Hillside Manor Rehab/Ext Care	Uncategorized											
Mmc Cham	Uncategorized											
Comprehensive Care Mgt D&T Ct	Uncategorized											
Patrick Kolwaite	Uncategorized											
Prestige Pediatric Care Pc	Uncategorized											
June Yin, Md	Uncategorized											
Williamsburg Physical Therapy	Uncategorized											
Org Medical Pllc	Uncategorized											
Rahila Butt Md Pc	Uncategorized											
Parihar, Karanjit	Uncategorized											
I & R Medical Services Pc	Uncategorized											
Flushing Hsp Med Cnt	Uncategorized											
Rain (Regional Aid For Interim Needs)	Uncategorized											
St Mary'S Comm Care Prof Inc	Uncategorized											
Mornini Katelyn	Uncategorized											
Tiga Pediatrics Pc	Uncategorized											
Montefiore Medical Center	Uncategorized											
Best Care Medicine Pllc	Uncategorized											
Outreach Development Corp	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.iii	4.b.i	4.b.ii	
Sincere Medical Care Pc	Uncategorized										
Mercy Medical Care Pc	Uncategorized										
St Agathas Depaul Icf	Uncategorized										
Nottage Edith	Uncategorized										
Sop Medical Pc	Uncategorized										
Advanced Pediatrics Pc	Uncategorized										
St Marys Hospital For Childre	Uncategorized										
Rajendra Mark Rampersaud Md Pllc	Uncategorized										
Enterprise Radiology Pc	Uncategorized										
Amsterdam Medical Practice Pllc	Uncategorized										
Zhao Gastroenterology & Hepatology Pc	Uncategorized										
Garcia Felix	Uncategorized										
Master Dev Rashmin	Uncategorized										
Bhupendra R Patel Md Pllc	Uncategorized										
General Medical Services Of Queens	Uncategorized										
Chatham Medical Pc	Uncategorized										
Kew Gardens Family Physicians, Llp	Uncategorized										
New York Primary Care Medicine Pc	Uncategorized										
Rs Nuclear Medicine Pc	Uncategorized										
Concourse Village Primary Care Pllc	Uncategorized										
Pediatric Spec Of Queens P C	Uncategorized										
Global Medical Care Associates Pllc	Uncategorized										
Ig Medical Pc	Uncategorized										
Jp Gastroenterology Medical Practice, P.C.	Uncategorized										
Advantage Health Medical Pc	Uncategorized										
Qsa Services Inc	Uncategorized										
Amber Court Of Westbury	Uncategorized										
Jamaicarx Inc	Uncategorized										
Ganesh Karim Md	Uncategorized					1					
Manhattan Pulmonary & Internal Me	Uncategorized					1					
First Care Medical Group Pc	Uncategorized					1					



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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.iii	4.b.i	4.b.ii	
Babubhai I Patel Physician Pc	Uncategorized										1
Losada Eric Mr.	Uncategorized										
Jason Szepok Kong Do Pc	Uncategorized										
Woodside Medical Practice P C	Uncategorized										
Ear Nose & Throat Associates Of Ny	Uncategorized										
Pioneer Homecare Corp	Uncategorized										
Jldh Medical Service Pllc	Uncategorized										
Ho Mau Liu Md Pc	Uncategorized										
Broadway Internal Medicine Pc	Uncategorized										
Fdlc Pediatrics Medicine.Pllc	Uncategorized										
Mih Experience Ltd	Uncategorized										
Medisys Ambulance Service Inc	Uncategorized										
Bio-Reference Laboratories Inc	Uncategorized										
Aljud Licensed Home Care Agency Dba Amber Court At Home	Uncategorized										
Li Rehabilitation Medicine Pc	Uncategorized										I
Ilya Blokh Md Pc	Uncategorized										
Mathew Anna S	Uncategorized										I
Revcore Recovery Center Of Manhatta	Uncategorized										I
Charles B Wang Comm Hth Ctr I	Uncategorized										I
Delong Liu,M.D.& Min Xu,M.D.,P.C.	Uncategorized										I
Harlem Dialysis Ctr	Uncategorized										I
Hermano, Lourdes	Uncategorized										I
Hobeika Paul Dr.	Uncategorized										I
Wong Tsz	Uncategorized										
Flushing Hsp Med Cnt	Uncategorized										I
Zhenqing Brett Wu Md Pllc	Uncategorized										·
Ny Dialysis Svcs/Morris Park	Uncategorized										1
Three J'S Pharmacy Inc	Uncategorized										
Dr Amy S Chu-Wong Md Pc	Uncategorized										
Medikids-Pediatric Medicine Pc	Uncategorized										
Queens Village Primary Medical Care	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.iii	4.b.i	4.b.ii
Evergreen Medical Pllc	Uncategorized										
Deen, Ryan	Uncategorized										
Dev R Master Md Pllc	Uncategorized										
Glengariff Health Care Center	Uncategorized										
Bronx Heart Medical Pc	Uncategorized										
Riverdale Mental Hlth Cl	Uncategorized										
Imhurst Podiatry Group Pc	Uncategorized										
Advanced Eye Physician Pllc	Uncategorized										
nw Medical Office Pllc	Uncategorized										
lunction Blvd Pediatrics	Uncategorized										
Cardiology Unlimited Pc	Uncategorized										
ongevious Medical Health Care Pc	Uncategorized										
r Carl M Jean Dpm Pc	Uncategorized										
Chixin Fang Medical P.C.	Uncategorized										
Vomens Health Care Pc	Uncategorized										
T Adebayo, Md, Pc	Uncategorized										
ung A Han, Md, Pc	Uncategorized										
Clason Point Medical Pc	Uncategorized										
Ilcity Medical, P.C.	Uncategorized										
lesbah Medical Pc	Uncategorized										
Sahad Sylena	Uncategorized										
w Comprehensive Medical Care Pc	Uncategorized										
jh Medical Services Pc	Uncategorized										
atiana Khrom Md Pc	Uncategorized										
ptown Medical Llp	Uncategorized										
havana R. Japi Physician P.C.	Uncategorized										
dvanced Gastroenterology Practice	Uncategorized										
an Q Liang Dpm Pc	Uncategorized										
g Medical P.C	Uncategorized										
Resource Medical Services Pc	Uncategorized										
Crecca Melissa	Uncategorized										



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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.iii	4.b.i	4.b.ii	
Marian David Md Pc	Uncategorized										
Raphael Novogrodsky Md Pc	Uncategorized										
Jewish Bd Of Fam Child Svc	Uncategorized										
Fort Washington Medical Office Pc	Uncategorized										
Mohammad Basit, Mdpc	Uncategorized										
Lederer Elaine	Uncategorized										
Hebrew H For Aged Riverdale	Uncategorized										
Night And Day Medical Associates Pc	Uncategorized										
Sterling Podiatry & Medical Office	Uncategorized										
Prime Medical Care Pc	Uncategorized										
Jacqueline Dauhajre Md Pc	Uncategorized										
Queens Coordinated Care Partners LI	Uncategorized										
Atlantis Reh & Res Hlth Cr Fac	Uncategorized										
Vns Of Ny Hospice Care	Uncategorized										
Bgr Service Inc	Uncategorized										
Doctor Yio Medical Service Pc	Uncategorized										
Jamaica Hospital Med Ctr	Uncategorized										
Salcare Home Health Services, Inc	Uncategorized										
Chinatown Gen Surg/Steven Wong	Uncategorized										
Getwell Med-Care Pc	Uncategorized										
Wartburg Lutheran Hm Aging	Uncategorized										
Sandy Cheung Do Pllc	Uncategorized										
Lawrence Y Liang Medical Pc	Uncategorized										
Winston C. Tom Md Pc	Uncategorized										
Areba Casriel Institute	Uncategorized										
139 Medical Facility Pc	Uncategorized										
Aw Medical Office P C	Uncategorized										
Flushing Medical	Uncategorized										
Tandon, Pooja	Uncategorized										
Cliffside Renal Dialysis	Uncategorized										
Xu Z Chen Psychiatrist Llc	Uncategorized										



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i 2	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	
Berkshire Farm Center And Services For Youth	Uncategorized											
Jamaica Hospital Med Ctr	Uncategorized											
Gordon Claudia	Uncategorized											
Jose Goris Md Pc	Uncategorized											
Mohammed K Rashid Md Pc	Uncategorized											
Eguiguren Martina Dr.	Uncategorized											
Allcity Medical, P.C.	Uncategorized											
Episcopal Social Services	Uncategorized											
Grace Medical Care Pllc	Uncategorized											
C & Y Medical Pc	Uncategorized											
ing O. Cheng, M.D., P.C.	Uncategorized											
Personal Touch Medical Management Inc	Uncategorized											
he Heights Medical Pllc	Uncategorized											
Merriderm Dermatology Pllc	Uncategorized											
A Star Pharmacy Inc	Uncategorized											
homas Lyo Medical Pc	Uncategorized											
Dominick K. Bioh Md Pc	Uncategorized											
Vashington Heights Gi Pc	Uncategorized											
e Kiong Huang Mdpc	Uncategorized											
Catherine F. Zeng,M.D.P.C.	Uncategorized											
De La Cruz Heydi	Uncategorized											
Grand Concourse Medical Practice Pc	Uncategorized											
Rodriguez-Mcdowell Dawnann	Uncategorized											
Mrs. Mary'S Place Hcs, Inc.	Uncategorized											
Metropolitan Ctr For Mntl Hlt	Uncategorized											
Boston Pediatrics Pllc	Uncategorized											
ruong, Ann	Uncategorized											
Allcity Medical Pc	Uncategorized											
Dr. William O. Benenson Rehab Pavilion	Uncategorized											
Flushing Manor Dialysis Center, Llc	Uncategorized											
Health Development & Restorative Medicine, Pc	Uncategorized											



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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.iii	4.b.i	4.b.ii
Advanced Diagnostic Imaging Pllc	Uncategorized										
Won Sohn, Md	Uncategorized										
Beat Medical Care Pllc	Uncategorized										
Eastchester Medical Associates Pc	Uncategorized										
ong Island Consultation Ctr	Uncategorized										
Fatima Pediatric Med Care Pc	Uncategorized										
Jesus Pichardo Md Pc	Uncategorized										
Knickerbocker Medical Care Pc	Uncategorized										
Neopeds Medical Services Pc	Uncategorized										
Coradin Vanessa Mrs.	Uncategorized										
Hylan Boulevard Physical Medicine	Uncategorized										
Fizel Laura Dr.	Uncategorized										
Queens Medical Care Pc	Uncategorized										
Cornerstone Of Medical Arts Center Hospital	Uncategorized										
run Feng Medical Pc	Uncategorized										
Catherine Alikor Mpi, Physician Pc	Uncategorized										
/anfeng Chen Physician Pc	Uncategorized										
Oqs Cardiac & Vascular Services P	Uncategorized										
New York Vein Center	Uncategorized										
Balance Medical Professional	Uncategorized										
North Shore Un Hsp Forest Hil	Uncategorized										
Brothers Drug Corp	Uncategorized										
Crossbay Chemist Corp	Uncategorized										
lack Simon Goldman Md Pc	Uncategorized										
All Metro Home Care Services Of New	Uncategorized										
Aol Medical Services P.C.	Uncategorized										
Rtf Childrens Village	Uncategorized										
íimchuck, Elaina	Uncategorized										
Cione Christine Ms.	Uncategorized										
Spinal Pain & Rehab Medical P C	Uncategorized										
Advanced Dermatology & Dermatologic	Uncategorized										



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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.iii	4.b.i	4.b.ii	
New Horizon Counseling Ctr Mh	Uncategorized										
Xeron Clinical Lab Inc	Uncategorized										
Silver Lake Support Services	Uncategorized										
Linli Yan-Rosenberg Physician Pc	Uncategorized										
Comprehensive Pediatric Care Pc	Uncategorized										
Joseph Laura	Uncategorized										
Flushing Manor Care Center	Uncategorized										
Advanced Ctr For Psychotherap	Uncategorized										
Flushing Manor Nursing Home	Uncategorized										
Arista Ctr For Psychotherapy	Uncategorized										
Queens Cardiovascular Pllc	Uncategorized										
Mergie Desir Md Pllc	Uncategorized										
Help/Psi Aids Adhcp	Uncategorized										
Briggs Family Pediatrics Pc	Uncategorized										
Arcadia Health Pharmacy Corp	Uncategorized										
Allcity Medical, P.C.	Uncategorized										
Ny Otolaryngology Plic	Uncategorized										
Wingtat Mui Md Pllc	Uncategorized										
Jana Health Care Physician P.C.	Uncategorized										
Inwood Medical Diagnostic, P.C.	Uncategorized										
Suretox Laboratory Llc	Uncategorized										
Essen Medical Associates Pc	Uncategorized										
Union Plaza Care Center	Uncategorized										
New Horizon Counseling Ctr	Uncategorized										
Jacqueline Deleon	Uncategorized										
Jamaica Hospital Medical Center - Brady Msc	Uncategorized										
Medisys Family Care	Uncategorized										
Centre Street Pharmaceutical Llc	Uncategorized										
Holliswood Operating Co Llc	Uncategorized										
Neaz-Nibur Derek	Uncategorized										
Central Radiology Pc	Uncategorized										



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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.iii	4.b.i	4.b.ii	
Bronx Center Rehab & Hith Car	Uncategorized											
New York Foundling Hospital	Uncategorized											
Integrative Internal Med & Geriatri	Uncategorized											
Millennium Medical Group Pc	Uncategorized											
George Hall Md Pc	Uncategorized											
Accentcare Of New York Inc	Uncategorized											
Ja Personal Medical Care Practice P	Uncategorized											
First Health Medical Pc	Uncategorized											
Jana Health Care Corp	Uncategorized											
Pharmacy World Inc	Uncategorized											
Wei Guo Lin Physician Pc	Uncategorized											
Universal Health Care, Llc D/B/A At Your Side Home Care Services	Uncategorized											
Forest View Ctr For Reh & Nrs	Uncategorized											
Ckc Medical Inc	Uncategorized											
Calvary Hha & Hospice Care	Uncategorized											
St Johns Home For Boys	Uncategorized											
Samaritan Village Inc	Uncategorized											
Washington Heights Pediatrics	Uncategorized											
Madison York Rego Park, Llc	Uncategorized											
Lam Ida Ms.	Uncategorized											
Ritecare Medical Office Pc	Uncategorized											
University Optometric Ctr	Uncategorized											
Jamaica Hospital Nursing Home	Uncategorized											
Haym Salomon Hm For Age Adhc	Uncategorized											
St Agathas Ardsley Icf	Uncategorized											
Cath Char Nghbhd Svcs Caldwell Icf	Uncategorized											
Lutheran Social Services Of Metropolitan New York	Uncategorized											
St Lukes Roosevelt Hsp Ctr	Uncategorized											
John, Anish	Uncategorized											
Williamsburg Internal Medicine Pc	Uncategorized											
Lili Ren Md Pc	Uncategorized											



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Advocate Community Providers (PPS ID:25)

	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.iii	4.b.i	4.b.ii	
Amazing Medical Services Pc	Uncategorized											
Bynoe Morella	Uncategorized											
Blumenkrantz, Ingrid	Uncategorized											
Mount Sinai Hospital	Uncategorized											
Calvary Hospital Inc	Uncategorized											
Brogan Gerard	Uncategorized											
Jamaica Psychiatric Serv Pc	Uncategorized											
Harlem East Life Plan	Uncategorized											
Tapper Michael Dr.	Uncategorized											
3340 Broadway Pharmacy 2 Inc	Uncategorized											
Second Century Services Corp	Uncategorized											
St Agathas 11 Hayden Circle	Uncategorized											
Bronx Heart Medical Pc	Uncategorized											
Arms Acres	Uncategorized											
South Queens Pediatric Assoc, Llp	Uncategorized											
211 Wpr Medical Services Pc	Uncategorized											
Global Medical Associates Pllc	Uncategorized											
Vilson Ko Md Facs Pc	Uncategorized											
Chung Lap Pang Benny	Uncategorized											
Optimal Physical Medicine And Ehabilitation Of Nyc	Uncategorized											
Physicians Of The Future Medgroup P	Uncategorized											
Masnick-Friedman Helene	Uncategorized											
Arms Acres	Uncategorized											
Abbydek Family Medical Practice Pc	Uncategorized											
Medical Arts Of New York	Uncategorized											
uancong Wang Do Pllc	Uncategorized											
Ooctor Mark Physician Pc	Uncategorized											
Jonathann C Kuo Md Pc	Uncategorized											
Award Pharmacy Corp	Uncategorized											
Transitional Services For Ny	Uncategorized											
Clara Cheung Nutrition Consulting, Llc	Uncategorized											



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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.iii	4.b.i	4.b.ii	
Jamaica Hospital Medical Center - Brady Ira	Uncategorized											
Nyein Roland Md	Uncategorized											
Sharad Soni Physician Pc	Uncategorized											
Pancare Medical Pc	Uncategorized											
A H Jung & C S Lee Medicales Pc	Uncategorized											
Coz Pediatrics P C	Uncategorized											
Dry Harbor Nursing Home Adhc	Uncategorized											
Medical HIth Research Asc Nyc	Uncategorized											
Agustin Pharmacy Inc	Uncategorized											
Medicine Center Rx Llc	Uncategorized											
R Guillen Md Pc	Uncategorized											
Child Center Of Ny	Uncategorized											
God'S Love We Deliver, Inc	Uncategorized											
Elm York, Llc	Uncategorized											
Amber Court Of Pelham Gardens	Uncategorized											
Chdfs, Inc.	Uncategorized											
Sawhne, Jasmine	Uncategorized											
Four Seasons Nrs & Reh Ctr Ad	Uncategorized											
Selfhelp Special Fam Hc Inc	Uncategorized											
Empire Joint And Spine Pc	Uncategorized											
Lenox Hill Hospital	Uncategorized											
Ny Hispanic Family Medical Pc	Uncategorized											
Jose A Goris M D P C	Uncategorized											
Mental Hlth Prov/W Queens Mh	Uncategorized											
Essen Medical Associates,Pc	Uncategorized											
Quality Medical Oncology Pc	Uncategorized											
Brooklyn Select Physician Pc	Uncategorized											
Dr Ww Dermatology Pllc	Uncategorized											
Hui Chih Yung Physician Pc	Uncategorized											
Poliakoff Cyrus	Uncategorized											
Community Home Care Referral Service, Inc.	Uncategorized											



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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.iii	4.b.i	4.b.ii	
The First Chinese Presbyterian Community Affairs Home Attendant Corp.	Uncategorized											
Queens Medical Services Pllc	Uncategorized											
Grossman, Lisa	Uncategorized											
Dorsten Medical Pc	Uncategorized											
Health Point Medical Pc	Uncategorized											
Krishna K Jhaveri Physician Pc	Uncategorized											
Renato Yu M.D. F.A.A.P., P.C.	Uncategorized											
Jerome Pediatric Pc	Uncategorized											
Bobb-Inniss Celine Gillian	Uncategorized											
Joseph P Addabbo Family Hlth	Uncategorized											
Zorrilla Marcia Mrs.	Uncategorized											
St Agathas Pelham Manor Icf	Uncategorized											
One Hanson Place Pediatrics Pc	Uncategorized											
Northern Urgent Medical Care	Uncategorized											
Canarsie Aware Inc	Uncategorized											
The Pac Program Of The Bronx Inc	Uncategorized											
Alejandro Williams Dental Office Pc	Uncategorized											
Dr. Ma'S Medical Rehab., P.C.	Uncategorized											
K S Prakash Pc	Uncategorized											
Woodcrest Nursing Home	Uncategorized											
Mararaja, Binal	Uncategorized											
Dhillon, Swapna	Uncategorized											
Fong Lu Physician Pc	Uncategorized											
Flushing Anesthesia Pain Management	Uncategorized											
Jamaica Anesthesiologist P C	Uncategorized											
Crown Nursing And Rehab Cente	Uncategorized											
Buena Vida Cont Care & Reh Ct	Uncategorized											
Michael Li Md Pllc	Uncategorized											
Granditroiano, Caterina	Uncategorized											
Sorensen, Mark	Uncategorized											
Christopher Chow Dpm Pc	Uncategorized											



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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.iii	4.b.i	4.b.ii	
Juan Collado, Dds Pc	Uncategorized									
Evergreen Medical Clinic Pc	Uncategorized									
Womens Health Practice Llc	Uncategorized									
Paul Frank Md Pllc	Uncategorized									
Bridge Back To Life Ctr Inc	Uncategorized									
Dr. Rudrama Duggirala Medical Services,Pc	Uncategorized									
Vnsny Community Health Services	Uncategorized									
Comunilife Mental Health CI	Uncategorized									
Metro True Care Medical Pc	Uncategorized									
Premier Renal Care Pc	Uncategorized									
Manhattan Advanced Medical Pllc	Uncategorized									
Hanna Z Adult Daycare Inc	Uncategorized									
Drugland Pharmacy Corp	Uncategorized									
Heart & Vascular Medicine	Uncategorized									
Lower Manhattan Gastroenterology Gr	Uncategorized									
Conifer Park	Uncategorized									
Zambon Primary Healthcare Medecine	Uncategorized									
Stages Pediatrics P.C.	Uncategorized									
Jianjun Li Gi Medical Pc	Uncategorized									
Amsterdam Pediatrics Pllc	Uncategorized									
Bay Park Ctr Nursing & Rehab Adhc	Uncategorized									
Zhengzhuan Shi Medical Pc	Uncategorized									
Life Adjustment Center, Inc.	Uncategorized									
Flushing Hospital & Med Ctr	Uncategorized									
Veritas Therapeutic Communit	Uncategorized									
Manhattan Family Medicine Pc	Uncategorized									
St Barnabas Hospital	Uncategorized									
Catholic Charities Neighbhd Svcs	Uncategorized									
Junction Medical, Pc	Uncategorized									
Orozco Marisol Ms.	Uncategorized									
Riverdale Mental HIth CI	Uncategorized									



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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.iii	4.b.i	4.b.ii	
Long'S Medical Rehab, P.C.	Uncategorized										
Brown Julie	Uncategorized										
Healthy Children Pediatric Medicine	Uncategorized										
Curtis Tennyson	Uncategorized										
Mb Medical Associates P C	Uncategorized										
Harrison F. Mitchell, M.D.,P.C	Uncategorized										
Wadsworth Medical, Pc	Uncategorized										
Flushing Primary Care Associates, Llp	Uncategorized										
Jyming Wang Md Pc	Uncategorized										
Ogorek Elchanan	Uncategorized										
Santiago Brunilda	Uncategorized										
Girling Health Care Of New York Inc	Uncategorized										
Shin Eun Kyung	Uncategorized										
Mercedes Mota-Martinez, Dentist, Pc	Uncategorized										
New York Foundling	Uncategorized										
Sherman Pediatrics Care Pllc	Uncategorized										
York Home Care, Llc	Uncategorized										
Hamilton-Madison House,Inc	Uncategorized										
Caremark Srx Inc	Uncategorized										
Hamilton, Robin	Uncategorized										
Fit Feet Podiatry Pc	Uncategorized										
Canal Radiology Associates Pc	Uncategorized										
Alternate Staffing Inc.	Uncategorized										
Kings Medical Pc	Uncategorized										
Madison York Assisted Living Community Llc	Uncategorized										
Susan Sachs	Uncategorized										
Eric Rishe Md	Uncategorized										
All Time Care Medical Pllc	Uncategorized										
Eastern Park Medical Services Pc	Uncategorized										
Good Care Medical Pc	Uncategorized										
Berkshire Farm Center	Uncategorized										



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	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.iii	4.b.i	4.b.ii	
Queens Internal Medicine & Geriat	Uncategorized											
Heights Physician Medical Care P.C	Uncategorized											
Foot Care Of Flushing P C	Uncategorized											
Samuel Cho Md Pc	Uncategorized											
Broadway Pharmacy Iii Inc	Uncategorized											
Wensong Li	Uncategorized											
Tribeca Internal Med & Acupuncture	Uncategorized											
West Midtown Medical Group	Uncategorized											
Dr Fu Rehabilitation Medical P C	Uncategorized											
Summit Home Health Care	Uncategorized											
Elmcor Youth Adult Act Inc	Uncategorized											
Optimum Family Medicine Pc	Uncategorized											
Procare Medical Services Pc	Uncategorized											
Creedmoor Addiction Trt Ctr	Uncategorized											
Chinatown Medical Physician Pc	Uncategorized											
Georgoulias Sofia	Uncategorized											
Advanced Diagnostic Imaging Pllc	Uncategorized											
Urological Care At Flushing Pc	Uncategorized											
Wang Ellen Yee	Uncategorized											
Perry Ave Family Medical Ctr	Uncategorized											
Riverdale Mental HIth CI	Uncategorized											
Forest View Ctr Reh Nrs Adhc	Uncategorized											
David Hom, Md	Uncategorized											
Family Home Care Services Of Brooklyn & Queens, Inc.	Uncategorized											
Martin De Porres Group Homes	Uncategorized											
Cmd Enterprises Llc	Uncategorized											
Aids Ctr Of Queens County Inc	Uncategorized											
Greater New York Ophtholmology Care	Uncategorized											
International Peds Plus Pllc	Uncategorized											
Alcantara Milka	Uncategorized											
Brmc Medical Pllc	Uncategorized											



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* Safety Net Providers in Green												
	Participating		T				•		_	ı	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.iii	4.b.i	4.b.ii	
Avany Medical Pc	Uncategorized											
Luiza Guseynov Physician Pllc	Uncategorized											
Flushing Family & Medical Practic	Uncategorized											
Macaluso Diane	Uncategorized											
East Sunrise Medical Pllc	Uncategorized											
Hao Ye, Md	Uncategorized											
Venkata Ravi, Md	Uncategorized											
Medical Arts Sanitarium	Uncategorized											
Hailiu Zuo, Physician,Pc	Uncategorized											
Victoria Physical Medicine Pc	Uncategorized											
Grand Street Pharmaceutical Llc	Uncategorized											
Best Care Ever I Inc	Uncategorized											
Future Bright Management, Inc.	Uncategorized											
Parkview Operating Co Llc	Uncategorized											
P.R. Medical Pc	Uncategorized											
Babu Patel Md Pc	Uncategorized											
Child Center Of Ny, The	Uncategorized											
Malaspina, Dolores	Uncategorized											
Choi & Tam Inc	Uncategorized											
New York Foundling Hospital, The	Uncategorized											
Andrea Ward Dpm Pc	Uncategorized											
Arms Acres	Uncategorized											
Dmitry Khasak Md Pc	Uncategorized											
Patino Francesca	Uncategorized											
Severe Jeanne	Uncategorized											
Confucius Pharmacy Inc	Uncategorized											
Amber Court Of Brooklyn	Uncategorized											
Advanced Hematology Oncology Pllc	Uncategorized											
Romero Wallace	Uncategorized											
Fernando Taveras Md Pc	Uncategorized											
Urban Pediatrics Pc	Uncategorized											



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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.iii	4.b.i	4.b.ii	
Metropolitan Medical Care P.C.	Uncategorized										
Santha Mohan Md	Uncategorized										
Sreepathi Pharmacy Inc	Uncategorized										
Jamaica Hospital Med Ctr	Uncategorized										
Cah Skip Of New York Inc	Uncategorized										
Xincon Home-Healthcare Services In	Uncategorized										
Hispaniola Medical Care P C	Uncategorized										
Groupo Medico Dominicano Pllc	Uncategorized										
Godwin Medical P C	Uncategorized										
Jean Joseph Lochard Md Pc	Uncategorized										
Garidis Christina	Uncategorized										
Excelsior Integrated Medical Group	Uncategorized										
Hillside Polymedic D Ant T Ctr	Uncategorized										
Jerome Medical Pc	Uncategorized										
Evergreen Physical Therapy Pc	Uncategorized										
Advanced Neurology Pc	Uncategorized										
Comprehensive Primary Family Medica	Uncategorized										
Ahmadur Rahman Md Pc	Uncategorized										
Schnurmacher Center Reh & Nrs	Uncategorized										
Realization Center Inc	Uncategorized										
Sinog Medical Assoc Pc	Uncategorized										
Isabella Nursing Home	Uncategorized										
Elizabeth Yougewirth Dpm Pllc	Uncategorized										
Best Care Ever Medgroup Pc	Uncategorized										
Yin Yin Win Medical Pc	Uncategorized										
Best Care Medical Services Pc	Uncategorized										
Ridgewood Pediatrics Pc	Uncategorized										
Aronoff Matthew	Uncategorized										
Lesser David	Uncategorized										
Highland Care Center Inc Snf	Uncategorized										
Care At Home Diocese Of Brooklyn, Inc	Uncategorized										



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Pathing Ratisation Oncology Service Uncategorized Uncate	* Safety Net Providers in Green												
Zewin K Chan Md PC Linching Radiation Oncology Sentore Uncategorized Uncategor		Participating	in Projects										
Pathing Ratisation Oncology Service Uncategorized Uncate		Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	3.a.i	3.b.i	3.c.i	3.d.iii	4.b.i	4.b.ii	
Incentificat Lesas, Inc Disk'A Mijhs License Home Care Service genry Jign Nursing Home Co. Inc. Lithlorp Uncategorized	Edwin K Chan Md Pc	Uncategorized											
Agency Jincategorized Jincat		Uncategorized											
Igliny Nursing Home Co Inc Lithicp Uncategorized	=	Uncategorized											
Sethel Medical Practice P.C Ung Kin Yin Uncategorized Ung Medical Pite Uncategorized													
Vang Kin Yin Ig Medical Pilce Uncategorized Unca													
Ng Medical Pilc Uncategorized													
Anthony Verrone, M.D., P.C. Uncategorized Un													
Beth Abraham Health Services Uncategorized													
Idetropolitan Jewish Hm Care Uncategorized U	· · · · · · · · · · · · · · · · · · ·												
Doshi Diagnostic Imaging Srv Walter A Besser Pc Uncategorized U		-											
Walter A Besser Pc Uncategorized		Uncategorized											
Transitional Services/Ny Uncategorized	Doshi Diagnostic Imaging Srv	Uncategorized											
Sest Choice Home Health Care, Inc. Uncategorized	Walter A Besser Pc	Uncategorized											
Healthy Living David Ben Meir Md Mp Uncategorized	Transitional Services/Ny	Uncategorized											
Oycman Medical Services Pc Uncategorized	Best Choice Home Health Care, Inc.	Uncategorized											
Arg Medical Practice, Pc Uncategorized	Healthy Living David Ben Meir Md Mp	Uncategorized											
Doj Operations Associates Lic Uncategorized	Dycman Medical Services Pc	Uncategorized											
Luck Toni Uncategorized Uncate	Rrg Medical Practice, Pc	Uncategorized											
Margaret Tietz Center For Nur Uncategorized	Doj Operations Associates Llc	Uncategorized											
Flushing Hsp Med Cnt Uncategorized	Luck Toni	Uncategorized											
New York Center Reh Care Snf Uncategorized	Margaret Tietz Center For Nur	Uncategorized											
Parkshore Home Health Care Llc Buy-Rite Corp Uncategorized	Flushing Hsp Med Cnt	Uncategorized											
Buy-Rite Corp Uncategorized	New York Center Reh Care Snf	Uncategorized											
Bay Ridge Family Medical Doctor Pc Uncategorized Uncategor	Parkshore Home Health Care Llc	Uncategorized											
Douglas B. Friedrich, Md, P. C. Minsheng Pain Management Uncategorized	Buy-Rite Corp	Uncategorized											
Minsheng Pain Management Uncategorized	Bay Ridge Family Medical Doctor Pc	Uncategorized											
Premium Medical Care P C Uncategorized Safe Health Pharmacy Corp Uncategorized Safe Health Pharmacy Corp Uncategorized Safe New York Congregational Nursing Ctr Uncategorized Safe Health Pharmacy Corp Safe Health Phar	Douglas B. Friedrich, Md, P. C.	Uncategorized											
Safe Health Pharmacy Corp Uncategorized Service Congregational Nursing Ctr Uncategorized Service Congregational Nursing Ctr Service Congregation Service Congregation Service Ctr Service Congregation Service Ctr Service Congregation Service Ctr Ser	Minsheng Pain Management	Uncategorized				1		1					
Safe Health Pharmacy Corp Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized	Premium Medical Care P C	Uncategorized				1		1					
New York Congregational Nursing Ctr Uncategorized Uncategorized	Safe Health Pharmacy Corp	-				1		1					
	New York Congregational Nursing Ctr	Uncategorized											
losephine Huang Md, Pllc Uncategorized	Josephine Huang Md, Pllc					1		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.iii	4.b.i	4.b.ii	
Cath Char Nghbhd Svcs Adessa Icf	Uncategorized											
Raymond L Yung Md Pc	Uncategorized											
University Medical Office, Pllc	Uncategorized											
Medinova Physicians Pllc	Uncategorized											
Best Ophthalmology Pc	Uncategorized											
National Pediatrics Md Pc	Uncategorized											
Broadway I Medicine Pllc	Uncategorized											
Little Ones Pediatrics	Uncategorized											
Faith Mission Alcohol Crisis Center	Uncategorized											
1150 Webster Pharmacy Inc	Uncategorized											
T R I Center Inc	Uncategorized											
Shiel Medical Laboratory Inc	Uncategorized											
Jamaica Hospital Medical Center - Brady Gr Day Hab	Uncategorized											
Moore Gregory	Uncategorized											
Weimin Qu Md Pc	Uncategorized											
Luis F Stiller Md Pc	Uncategorized											
Astoria Pediatric Pc	Uncategorized											
P & P Pediatric, Pc	Uncategorized											
Parikh Arpan Dr.	Uncategorized											
Americare Certified Ss Inc	Uncategorized											
Woodlawn Medical Assoc Pc	Uncategorized											
Ckc Medical Office Pc	Uncategorized											
Jacob Perlow Hospice	Uncategorized											
Ac Pharmacy Corp	Uncategorized											
Michael Correa Md Pc	Uncategorized											
Spingsea Physician Pc	Uncategorized											
Hispaniola Pediatrics Pc	Uncategorized											
Phoenix Medical Office Pllc	Uncategorized											
Terrace Health Care Center	Uncategorized											
Leung Jonathan	Uncategorized											
Wuhua Jing M D Ph D P C	Uncategorized											



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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.iii	4.b.i	4.b.ii	
Atlantic Gastroenterology Pc	Uncategorized										
David Mun Md Pc	Uncategorized										
Nae Edison Llc	Uncategorized										
Gary S Hirshfield Md Pc	Uncategorized										
Ola Pediatrics	Uncategorized										
Transitional Ser For Ny Mh	Uncategorized										
Jns Counseling Services Inc	Uncategorized										
Elderplan Inc.	Uncategorized										
Cindy Chen Md Pc	Uncategorized										
Forestdale, Inc.	Uncategorized										
Academy Medical Care Pc	Uncategorized										
Santillan Yadira	Uncategorized										
Q.S.A.C	Uncategorized										
Goodwill Industries Act Rc	Uncategorized										
Queens Ob Gyn Pc	Uncategorized										
Karen Horney Clinic,Inc	Uncategorized										
Bleuler Psychotherapy Ctr	Uncategorized										
Empire St Hm Care Ser Lthhcp	Uncategorized										
University Nursing Home Snf	Uncategorized										
Total Medical Pc	Uncategorized										
Pediatrics 2000 At 207 Pllc	Uncategorized										
Waterview Nursing Cc	Uncategorized										
Loring Medical Pc	Uncategorized										
William G Johnson M.D. P.C	Uncategorized										
The Grand Pavilion At Rockville Ctr	Uncategorized										
Medisys Family Care	Uncategorized										
Cobble Hill Hlth Ctr Inc Lthhcp	Uncategorized										
Beck Rachel	Uncategorized										
Valdes Lazaro	Uncategorized										
Creedmoor Pc	Uncategorized										
Jennan Comprehensive Medical Pc	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.iii	4.b.i	4.b.ii	
Sound Health Medical Pc	Uncategorized											
Boyce Rosalind	Uncategorized											
Stiebel Troy	Uncategorized											
Metropolitan Ctr For Mntl Hlt	Uncategorized											
Brooklyn Ctr Rehab & Residential Cr	Uncategorized											
Lee & Kong, Llp	Uncategorized											
Ruben U Carvajal M D P C	Uncategorized											
Ypp New Modern Medicine Pllc	Uncategorized											
Aaa Gastrointestinal Associates Pc	Uncategorized											
Simonson Melanie	Uncategorized											
House Call Medical Services Of New	Uncategorized											
Heritage Health And Housing, Inc	Uncategorized											
Parker Jewish Inst Hlth Cr Re	Uncategorized											
New Star Medical Pc	Uncategorized											
Keith C Chang Md Pllc	Uncategorized											
Bridgeview Neuromed Care Pc	Uncategorized											
Virk Amrit	Uncategorized											
Amazing Home Care	Uncategorized											
Advanced Cardiovascular Imaging, Pc	Uncategorized											
Lydig Pediatrics Pc	Uncategorized											
Cleaver John	Uncategorized											
Wisdom Medical P.C.	Uncategorized											
City Care Family Practice, P.C.	Uncategorized											
Cs Leung Rehabilitation Medicine PI	Uncategorized											
East Shore Women'S Care, P.C.	Uncategorized											
Cheung Clara Ms.	Uncategorized											
Joshi, Sagar	Uncategorized											
Wu Xuxia Medicine Pc	Uncategorized											
Edward V Chan Md Pllc	Uncategorized											
All Neurological Services Pc	Uncategorized											
Vocational Inst Proj Comm Svc	Uncategorized											



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Provider Name Cambridge Nephrology Pllc Chinatown Gastroenterology Pc Harlem Firstaid Medical Pc Alex Wei, M.D. Pllc Janny A. Ozuna Mendez, Md, Pllc Metropolis Medical Pc Dr Sandra Patricia Garcia Dpm Pc Roosevelt Cardiology Pc All Neurological Services Pc Pediatrics 2000 lii Pllc Broadway Pediatrics Md Pc Imperial Medical, Pc Ming Zhu M.D.P.C Sunrise Medical Pc Uncategorized Uncategorized	Participating in Projects Provider Category 2.a.i	T									
Cambridge Nephrology Pllc Chinatown Gastroenterology Pc Uncategorized Harlem Firstaid Medical Pc Uncategorized Alex Wei, M.D. Pllc Uncategorized Janny A. Ozuna Mendez, Md, Pllc Uncategorized Metropolis Medical Pc Uncategorized Dr Sandra Patricia Garcia Dpm Pc Uncategorized Roosevelt Cardiology Pc Uncategorized All Neurological Services Pc Uncategorized Pediatrics 2000 lii Pllc Uncategorized Broadway Pediatrics Md Pc Uncategorized	Provider Category 2.a.i										
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Harlem Firstaid Medical Pc Alex Wei, M.D. Pllc Janny A. Ozuna Mendez, Md, Pllc Metropolis Medical Pc Dr Sandra Patricia Garcia Dpm Pc Roosevelt Cardiology Pc All Neurological Services Pc Pediatrics 2000 lii Pllc Broadway Pediatrics Md Pc Incategorized Uncategorized											
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Ming Zhu M.D.P.C Sunrise Medical Care, Pc Ny Empire Medical Pc Con General Medicine Pllc Xiao Huifang Ob/Gyn,Pc Uncategorized Uncategorized Uncategorized Uncategorized											
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Ccn General Medicine Pllc Uncategorized Xiao Huifang Ob/Gyn,Pc Uncategorized											
Xiao Huifang Ob/Gyn,Pc Uncategorized											
A Class Pharmacy Corp Uncategorized											
Safe Medical Care Pllc Uncategorized											
Hillside Manor R & Ecc Adhc Uncategorized											
Pediatrics 2000 li P C Uncategorized											
Tien Cardiology Associate, P.C. Uncategorized											
Dong-Hong Shong Md Pc Uncategorized											
Gates Pediatrics Pc Uncategorized											
Alpine Home Health Care Llc Uncategorized											
Saulius J Skeivys M D P C Uncategorized											
Miguel R Hernandez Md Pc Uncategorized											
Williamsbridge Manor Nh Uncategorized											
Menorah Home & Hosp Aged Inf Uncategorized											
Queens Medical Office Pc Uncategorized											
Manhattan Eye Ear & Throat Hs Uncategorized											



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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.iii	4.b.i	4.b.ii	
Counseling Srv Of E D N Y Inc	Uncategorized										
181st Street Medical Pc	Uncategorized										
Endocrine Medical Care Pc	Uncategorized										
Richmond Hill Sleep Center Inc	Uncategorized										
Queens Ctr Reh & Res Hlth Cr	Uncategorized										
Centerlight Healthcare Inc.	Uncategorized										
America Medical Group Pc	Uncategorized										
Alina Mastan Physician P.C.	Uncategorized										
Mihail Medvedovsky Phys Pc	Uncategorized										
Linfield, Louis	Uncategorized										
Medical Hlth Research Asc Nyc	Uncategorized										
Mmc Einsten Division	Uncategorized										
Dr Prem Chattoo Do Pc	Uncategorized										
Bronx Community Medicine Pllc	Uncategorized										
Center For Nursing & Rehab In	Uncategorized										
Neda Khoobyar, Dpm	Uncategorized										
Kings Harbor Multicare Center	Uncategorized										
Montefiore Medical Ctr Ai	Uncategorized										
Cruz & Herrera Mds Pc	Uncategorized										
Tribeca Radiation Oncology	Uncategorized										
Bobbitt Theresa	Uncategorized										
Baird Denise	Uncategorized										
Dependable Home Care, Inc.	Uncategorized										
Lim H Tse Md Pc	Uncategorized										
Ameriway Pharmacy Inc.	Uncategorized										
Yong Kang Medical Pllc	Uncategorized										
Hands On Health Associates, Llc	Uncategorized										
Yoon Mo Myung Ophthalmology Pc	Uncategorized										
Julio E Albarran Marzan Md Pc	Uncategorized										
Akash Medical Care Pllc	Uncategorized										
Riverdale Mental HIth CI	Uncategorized										



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DSRIP Implementation Plan Project

Advocate Community Providers (PPS ID:25)

* Safety Net Providers in Green

	Participatir	ng 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.iii	4.b.i	4.b.ii	
Comprehensive Womens Health Of Ny P	Uncategorized											
Jamaica Hospital Med Ctr	Uncategorized											
lvy Medical Services Pc	Uncategorized											
Jerome Medical Office Pc	Uncategorized											
Montefiore Medical Center	Uncategorized											
Ola Pediatrics Pc	Uncategorized											
Samaritan Village Inc	Uncategorized											
Boro Park Ctr Rehab & Hlth Cr	Uncategorized											
Nova Medical Pllc	Uncategorized											
David Krumholz Md Pc	Uncategorized											
Tradition, Llc	Uncategorized											
Cheung And Kan Medical Group, Pllc	Uncategorized											
Goldwater Memorial Hosp	Uncategorized											
Ny Therapeutic Communities	Uncategorized											
Carnegie Hill Institute Llc	Uncategorized											
Good Shepherd Services	Home and Community Based Services											
Good Shepherd Services	Home and Community Based Services											

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Narrative Text :