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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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Quarterly Report - Implementation Plan for Brooklyn Bridges PPS

Year and Quarter: DY3, Q3 Quarterly Report Status: O Adjudicated

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	In Process
Section 05	IT Systems and Processes	In Process
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.b.iii</u>	ED care triage for at-risk populations	In Process
<u>2.b.ix</u>	Implementation of observational programs in hospitals	In Process
<u>2.c.i</u>	Development of community-based health navigation services	In Process
<u>3.a.i</u>	Integration of primary care and behavioral health services	In Process
<u>3.c.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adults only)	In Process
<u>3.d.ii</u>	Expansion of asthma home-based self-management program	In Process
<u>4.b.i</u>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	In Process
<u>4.c.ii</u>	Increase early access to, and retention in, HIV care	In Process



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Section 01 – Budget

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

Instructions :

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

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	10,948,391	11,668,388	18,868,357	16,708,366	10,948,391	69,141,892
Cost of Project Implementation & Administration	7,554,705	5,133,864	5,283,156	3,090,963	2,737,212	23,799,900
Implementation	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Revenue Loss	0	2,916,968	3,773,683	4,594,675	2,737,212	14,022,538
Internal PPS Provider Bonus Payments	0	1,750,181	6,603,945	6,683,164	4,489,028	19,526,318
Cost of non-covered services	656,931	700,073	1,320,789	1,169,553	985,396	4,832,742
Other	2,737,212	1,166,787	1,886,842	1,169,554	0	6,960,395
Contingency Fund	2,737,212	1,166,787	1,886,842	1,169,554	0	6,960,395
Total Expenditures	10,948,848	11,667,873	18,868,415	16,707,909	10,948,848	69,141,893
Undistributed Revenue	0	515	0	457	0	0

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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Benchmarks					
Waiver Revenue DY3	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total		
18,868,357	69,141,892	14,700,316	51,532,009		

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	10,612,721	2,521,744	47.73%	13,187,179	55.41%
Implementation	0					
Administration	0					
Revenue Loss	0	4,191,494	2,367,054	62.73%	9,831,044	70.11%
Internal PPS Provider Bonus Payments	0	0	6,603,945	100.00%	19,526,318	100.00%
Cost of non-covered services	0	0	1,320,789	100.00%	4,832,742	100.00%
Other	0	2,805,668	1,886,842	100.00%	4,154,727	59.69%
Contingency Fund	0					
Total Expenditures	0	17,609,883				

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.



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Brooklyn Bridges PPS (PPS ID:32)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	10,948,391	11,668,388	18,868,357	16,708,366	10,948,391	69,141,892
Practitioner - Primary Care Provider (PCP)	1,888,676	1,370,975	1,650,986	1,106,899	908,755	6,926,291
Practitioner - Non-Primary Care Provider (PCP)	0	52,506	198,119	200,495	134,671	585,791
Hospital	1,057,659	3,664,879	4,985,035	5,465,992	3,432,464	18,606,029
Clinic	1,510,941	1,201,791	1,717,026	1,286,509	996,345	6,712,612
Case Management / Health Home	656,931	700,072	1,320,789	1,169,554	985,396	4,832,742
Mental Health	377,735	431,711	924,552	822,865	585,763	3,142,626
Substance Abuse	0	70,007	264,158	267,326	179,561	781,052
Nursing Home	0	320,867	849,079	898,050	585,763	2,653,759
Pharmacy	0	0	0	0	0	0
Hospice	0	52,505	198,118	200,495	134,671	585,789
Community Based Organizations	226,641	241,525	488,692	426,887	306,568	1,690,313
All Other	0	0	0	0	0	0
Uncategorized						0
Home and Community Based Services						0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	5,718,583	8,106,838	12,596,554	11,845,072	8,249,957	46,517,004
Undistributed Revenue	5,229,808	3,561,550	6,271,803	4,863,294	2,698,434	22,624,888

Current File Uploads

User ID File Type File Name File Description Upload Date

No Records Found

Narrative Text :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Benchmarks								
Waiver Revenue DY3	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total					
18,868,357.00	69,141,892.00	13,260,066.00	51,188,441.73					

		Percentage of Safety Net			_					Percent	Spent B	y Project	t			
Funds Flow Items	DY3 Q3 Quarterly Amount -	Funds - DY3 Q3	Safety Net Funds	Safety Net Funds Percentage	Total Amount Disbursed to Projects Selected By PPS Distance (Distance)						 DY Adjusted	Cumulative Difference				
	Update	Quarterly Amount - Update	Flowed YTD	YTD		2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	77,926	100.00%	77,926	0	0	0	0	0	0	0	0	0	1,573,060	6,848,365
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	198,119	585,791
Hospital	665,121	100.00%	2,126,809	100.00%	5,630,435	0	0	100	0	0	0	0	0	0	2,858,226	12,975,594
Clinic	0	0.00%	974,231	100.00%	3,646,750.27	0	0	0	0	0	0	0	0	0	742,795	3,065,861.73
Case Management / Health Home	0	0.00%	0	0.00%	50,000	0	0	0	0	0	0	0	0	0	1,320,789	4,782,742
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	924,552	3,142,626
Substance Abuse	0	0.00%	0	0.00%	25,000	0	0	0	0	0	0	0	0	0	264,158	756,052
Nursing Home	0	0.00%	0	0.00%	25,000	0	0	0	0	0	0	0	0	0	849,079	2,628,759
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	198,118	585,789
Community Based Organizations	25,000	0.00%	0	0.00%	338,773	100	0	0	0	0	0	0	0	0	300,034	1,351,540
All Other	0	0.00%	0	0.00%	146,554	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	0	0.00%	0	0.00%	74,262	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
Additional Providers	0	0.00%	0	100.00%	137,715											
PPS PMO	750,129	100.00%	2,176,858	100.00%	7,801,035										0	0
Total	1,440,250	98.26%	5,355,824	95.50%	17,953,450.27											

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Current File Uploads

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No Records Found

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider **Provider Name Provider Category** DY3Q3 **Practitioner - Primary Care Provider (PCP)** 0 Practitioner - Primary Care Provider (PCP) 0 0 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) 0 Hospital 665,121 Hospital 665,121 Nyu Hospitals Center Clinic 0 Clinic 0 **Case Management / Health Home** 0 Case Management / Health Home 0 0 **Mental Health** 0 Mental Health Substance Abuse 0 Substance Abuse 0 0 Nursing Home 0 Nursing Home 0 Pharmacy Pharmacy 0 Hospice 0 0 Hospice **Community Based Organizations** 25,000 25,000 Chinese-American Planning Council, Inc. **Community Based Organizations** All Other 0 All Other 0 Uncategorized 0 0 Uncategorized Home and Community Based Services 0 Home and Community Based Services 0

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

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* Safety Net Providers in Green

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

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Waiver Quarterly Update Amount By Provider									
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY3Q3						
	Additional Providers								
Er Medical Pc	Additional Providers	Approved	0						
Crown Medical Pc	Additional Providers	Approved	0						
Boro Park Pediatric Associates	Additional Providers	Approved	0						

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

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

IA Instructions / Quarterly Update

Milestone Name IA Instructions	Quarterly Update Description
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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 Decerdo Found					

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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		
No Records Found							
PPS Defined Milestones Narrative Text							
Milestone Name Narrative Text							

No Records Found



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

Instructions :

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

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	10,339,893	10,339,893	10,339,893	10,339,893	10,339,893	51,699,465
Cost of Project Implementation & Administration	3,633,072	3,325,069	4,917,066	5,585,057	41,013	17,501,277
Administration	1,118,250	1,138,296	1,764,249	2,375,351	41,013	6,437,159
Implementation	2,514,822	2,186,773	3,152,817	3,209,706	0	11,064,118
Revenue Loss	3,800,000	3,800,000	1,900,000	0	0	9,500,000
Internal PPS Provider Bonus Payments	0	0	0	0	0	0
Cost of non-covered services	1,807,000	1,807,000	1,807,000	1,807,000	1,807,000	9,035,000
Other	0	308,003	616,005	1,848,014	7,392,058	10,164,080
Contingency Fund	0	308,003	616,005	1,848,014	7,392,058	10,164,080
Total Expenditures	9,240,072	9,240,072	9,240,071	9,240,071	9,240,071	46,200,357
Undistributed Revenue	1,099,821	1,099,821	1,099,822	1,099,822	1,099,822	5,499,108

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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

Instructions :

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

Benchmarks						
Non-Waiver Revenue DY3	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total			
10,339,893	51,699,465	8,946,321	42,878,027			

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	685,353	4,231,713	86.06%	16,815,924	96.08%
Administration	0					
Implementation	0					
Revenue Loss	0	8,136,085	1,191,781	62.73%	1,363,915	14.36%
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	1,807,000	100.00%	9,035,000	100.00%
Other	0	0	616,005	100.00%	10,164,080	100.00%
Contingency Fund	0					
Total Expenditures	0	8,821,438				

Current File Uploads

User ID File Type File Name	File Description	Upload Date
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Narrative Text :



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

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

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	10,339,893	10,339,893	10,339,893	10,339,893	10,339,893	51,699,465
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	3,800,000	3,800,000	1,900,000	0	0	9,500,000
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	308,003	616,005	1,848,014	7,392,058	10,164,080
Uncategorized	0	0	0	0	0	0
Home and Community Based Services	0	0	0	0	0	0
PPS PMO	5,440,072	5,132,069	6,724,066	7,392,057	1,848,013	26,536,277
Total Funds Distributed	9,240,072	9,240,072	9,240,071	9,240,071	9,240,071	46,200,357
Undistributed Non-Waiver Revenue	1,099,821	1,099,821	1,099,822	1,099,822	1,099,822	5,499,108

Current File Uploads

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

Narrative Text :



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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				
10,339,893.00	51,699,465.00	8,092,993.00	42,024,699.00				

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	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	334,879	100.00%	1,043,098	100.00%	8,470,964	856,902	1,029,036
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	75,010	100.00%	75,010	100.00%	75,010	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	616,005	10,164,080
Uncategorized	0	0.00%	0	0.00%	0	0	26,536,277
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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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	443,439	100.00%	1,128,792	100.00%	1,128,792	5,595,274	0
Total	853,328	100.00%	2,246,900	100.00%	9,674,766		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider **Provider Name Provider Category** DY3Q3 **Practitioner - Primary Care Provider (PCP)** 0 Practitioner - Primary Care Provider (PCP) 0 0 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) 0 Hospital 334,879 334,879 Nyu Hospitals Center Hospital Clinic 0 Clinic 0 **Case Management / Health Home** 75,010 Vnsny Community Health Services Case Management / Health Home 75,010 0 **Mental Health** Mental Health 0 Substance Abuse 0 Substance Abuse 0 **Nursing Home** 0 Nursing Home 0 0 Pharmacy Pharmacy 0 Hospice 0 Hospice 0 0 **Community Based Organizations** 0 **Community Based Organizations** All Other 0 All Other 0 0 Uncategorized 0 Uncategorized Home and Community Based Services 0 Home and Community Based Services 0

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

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* Safety Ne	et Providers	in Green
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Non-Waiver Quarterly Update Amount By Provider							
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY3Q3				
А	dditional Providers		0				
	0						

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IPQR Module 1.11 - IA Monitoring

Instructions :

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

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Brooklyn Bridges PPS (PPS ID:32)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub- committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1	Completed	Identify size and number of standing committees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Solicit and appoint members of the Executive Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Solicit and appoint members of the Nominating Committee, Clinical Sub-Committee, Finance Sub-Committee, and Information Technology Sub-committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Obtain Executive approval of final governance structure.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1	Completed	Draft, and obtain approval from Executive Committee on, charter for Clinical Sub-Committee. The charter will describe the responsibilities of the Clinical Sub-Committee, the process for appointing members to the Clinical Sub-committee, and the consensus-based decision making process of the Clinical Sub-committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Solicit and appoint members of the Clinical Sub-committee. Clinical Sub-Committee members to include broad representation of PPS partners including behavior health providers, FQHCs, primary care physicians, and community	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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



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



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



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Milestone/Task Name	Status			Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3	Completed	Connect with agencies and engage agencies in implementation activities on an on-going basis based on recommendations from Clinical Sub Committees and in coordination with PPS Central Services.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e. g. workforce transformation committee).	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1	PPS Workforce Impact Analysis Coordinator to draft workforce communication and engagement plan in coordination with PPS leadership overseeing partner and community engagement. Workforce communication and engagement plan will include on-going updates and two way communication on the workforce impact gap analysis, workforce transition road map, and training strategy. 10/01/2016 12/31/2016 10/01/2016		10/01/2016	12/31/2016	12/31/2016	DY2 Q3			
Task Step 2	Completed	Develop input/revise workforce communication and engagement plan from 1199 and Clinical Sub-Committee members.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3	Completed	Obtain Executive Committee approval of workforce communication and engagement plan.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.		09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1	Completed	Solicit and appoint CBOs to standing committees and sub- committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Establish CBO communication infrastructure for bi-directional communication and feedback including email listserv, PPS partner meetings and one-on-one meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Assign PPS Lead for on-going CBO engagement and communication	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Solicit input from CBOs on Masters Service Agreement	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 5	Completed	Execute Masters Service Agreement with 20 CBOs	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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

IA Instructions / Quarterly Update

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

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	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	



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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :

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

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

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

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

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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



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☑ IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

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



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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

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



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

IPQR Module 2.8 - Progress Reporting

Instructions :

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

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

IPQR Module 2.9 - IA Monitoring

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1	Completed	Revise PPS Finance Subcommittee charter as necessary (including a schedule of subcommittee meetings) and present to PPS Executive Committee for review and approval.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Revise Finance Subcommittee membership as necessary.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Convene regular Finance Subcommittee meetings.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Document Finance Subcommittee actions and minutes and provide regular reports to PPS Executive Committee.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Review PPS finance and reporting structure.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Obtain Executive Committee sign off of PPS finance structure, policies and procedures.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; include any additional financial indicators that they deem	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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



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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 6		requirements and procedures to enable ongoing monitoring of PPS value-based payment revenue.							
Task Step 7	Completed	Provide quarterly updates to Executive Committee on progress toward value-based payment and revise PPS plan as needed.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 8	Completed	As part of a provider adoption strategy, develop provider and MCO education and engagement strategy for PPS provider partners and MCOs, to facilitate understanding of the process and requirements necessary for engaging in various levels of value-based payment arrangements.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 9	Completed	Develop value-based payment educational materials and share with PPS provider partners and MCOs (e.g., "lessons learned" from providers with advanced value-based payment arrangements, the role of the PPS in assisting with value- based payment transition for its provider partners, etc.).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	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	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Milestone #7 Execute the PPS's Partner Engagement Schedule for VBP Education and Trainings. Track training progress, as appropriate.	In Progress	PPS-Defined VBP Milestone (Financial Stability Milestone #7)	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task Step 1	Completed	Create VBP Overview and make available to PPS Partners. This will describe what value based payments are, their important role in the DSRIP program, how they will help to improve patient outcomes, and how VBP will reshape our healthcare system.	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task Step 2	Not Started	Develop and roll out instructor-led trainings on transitioning to VBP to primary care providers/practices, behavioral health providers, and CBOs focused on social determinants. The purpose of this training is to share knowledge on how to establish VBP contracts, and resources needed for transitioning to VBP.	12/01/2017	03/31/2018	12/01/2017	03/31/2018	03/31/2018	DY3 Q4	
Task	Not Started	Continue executing the PPS's Partner Engagement Schedule	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 3		for VBP Education and Trainings. Instructor-led training will be tailored for primary care providers/practices, behavioral health providers, and CBOs focused on social determinants, respectively. Training progress will be tracked, as appropriate.							
Milestone #8 Collaborate with Community Based Organizations (CBOs) on an ongoing basis to address VBP Social Determinants of Health, and develop a plan to ensure that CBOs are included in system transformation efforts.	In Progress	PPS-Defined VBP Milestone (Financial Stability Milestone #8)	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task Step 1	Completed	Hire an Assistant Director, DSRIP Partner Engagement and Relations, who will work closely with and build relationships with PPS Partners and CBOs. A Project Coordinator will also assist with these efforts.	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task Step 2	Completed	Review Community Needs Assessment and identify social determinants of health which need to be addressed.	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task Step 3	In Progress	Hold monthly CBO meetings to build relationships between community-based partners and the PPS. VBP social determinants of health will be discussed on an ongoing basis.	07/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task Step 4	Not Started	Develop a plan to ensure that CBOs are included in system transformation efforts.	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2	

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

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



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	
Develop an implementation plan geared towards addressing the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP education and training	
Execute the PPS's Partner Engagement Schedule for VBP Education and Trainings. Track training progress, as	
appropriate. Collaborate with Community Based Organizations (CBOs) on an ongoing basis to address VBP Social Determinants of	
Health, and develop a plan to ensure that CBOs are included in system transformation efforts.	

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 (with Exception) & Ongoing	The PPS must give each task a title.
Milestone #8	Pass (with Exception) & Ongoing	The PPS must give each task a title.



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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
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
No Records Found			·		
		PPS De	fined Milestones Narrative Text		
Milestone Name			Narrative Text		

No Records Found



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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

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

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

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

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

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

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

NYS Confidentiality – High



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

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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

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

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



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☑ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

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



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IPQR Module 3.6 - Key Stakeholders

Instructions :

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

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



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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.

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

IPQR Module 3.8 - Progress Reporting

Instructions :

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

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

• Identify, monitor, and improve the PPS partner organizations that are or will become financially fragile during the course of the DSRIP period

• Seamlessly implement and adhere to financial controls and the PPS compliance plan

• Establish and execute the PPS' plans to transition to the targeted volume of value-based payment revenues

IPQR Module 3.9 - IA Monitoring

Instructions :



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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

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



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



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Brooklyn Bridges PPS (PPS ID:32)

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
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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Brooklyn Bridges PPS (PPS ID:32)

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		Driginal nd 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
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No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

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

- Workforce capacity issues, including resources and the capacity to identify a CC/HL coordinating body/staff in a timely fashion and to activate sufficient training staff with the necessary skills and competencies in CC/HL, and the ability of staff to be available, and released to attend training.
- Ensuring the IT infrastructure is in place to support training program development, delivery and tracking.
- Ability to develop and execute a contract with a training vendor in a timely fashion.

• Partner communication and engagement issues, including the ability to ensure active participation of all PPS partners in a CC/HL strengths and gap analysis.

• Practitioner communication and engagement issues, including the ability to ensure providers and CBOs engagement in training programs and to successfully change provider/practitioner behavior around CC/HL best practices.

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

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 4.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
CC/HL strategy and training oversight	Larry McReynolds, Executive Sponsor, DSRIP, Family Health Centers at NYU Langone Alessandra Taverna-Trani, Director, DSRIP, NYU Langone	Input and approval of CC/HL and training strategies (ultimately responsible for the strategies).
Day-to-day coordination and implementation of the strategy	Virginia Tong, NYU Langone Hospital – Brooklyn	CC/HL coordination policies and processes.
Training Strategy planning and development	NYU Langone Brooklyn PPS Central Services	Lead training program development and implementation.
Approval of CC/HL strategy and training	NYU Langone Brooklyn PPS Executive Committee	Oversee CC/HL strategy and training plan for the PPS



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 4.6 - Key Stakeholders

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

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

IPQR Module 4.8 - Progress Reporting

Instructions :

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

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

IPQR Module 4.9 - IA Monitoring

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

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

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



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



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



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



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name U	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.	

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 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		riginal nd Date Start Date	End Date	DSRIP arter Reporting Date 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
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No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

IT Systems Design				
• Risk: Ability to anticipate and define access, use and interoperability requirements (e.g., data elements that need to be shared, unique user access requirements, workflow integration requirements, end user limitations, etc.).				
Mitigation Strategy: Engage PPS partners early; develop robust IT current state survey and review thereof; develop robust technical support,				
raining and communications strategies; leverage industry best practices and NYU implemented strategies.				
IT Systems Implementation				
• Risk: Integration with third party systems (disparate IT systems), end user availability for training and education, relative lack of technical resources within PPS partner organizations, incompatible EHRs, lack of critical information systems.				
• Mitigation Strategy: Conduct detailed technical review during planning phase; identify IT leads within each partner organization and engage them early, and throughout the planning and implementation process; develop robust technical support, training and communications strategies; provide guidance on preferred EHR platforms; leverage NYU expertise and experience.				
Risk: Timing and availability of RHIO/SHIN-NY capabilities.				
Mitigation Strategy: Work with RHIO/SHIN-NY on pre-planning to align timelines and implementation planning activities.				
IT Governance Structure:				
Risk: Ability to develop and enforce IT standards and policies across the PPS.				
Mitigation Strategy: Leverage PPS governance structure with senior representation from range of partner organizations; educate and communicate value of standards.				
• Risk: Process for capturing and prioritizing requests in support of the NYU Langone Brooklyn PPS DSRIP clinical program objectives.				
Mitigation Strategy: Establish and communicate process for demand management and assign required responsibilities.				
Data Sharing:				
Risk: Obtaining accurate PPS partner IT information.				
Mitigation Strategy: Conduct detailed technical review during planning phase.				
Risk: Obtaining consents.				
• Mitigation Strategy: Establish program and process for obtaining patient consents including educating patients and providers, using the State- sanctioned RHIO consent form as a template; leverage NYU accepted process and procedures.				



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• Risk: Obtaining partner contracts for data sharing.

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

Data Security & Confidentiality:

• Risk: Many PPS partners lack detailed knowledge regarding security and confidentiality regulations.

• Mitigation Strategy: Leverage NYU technology and security services; educate PPS partners regarding security and confidentiality policies; periodically review compliance with BAAs and other legally binding agreements.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 5.6 - Key Stakeholders

Instructions :

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

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



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IPQR Module 5.7 - Progress Reporting

Instructions :

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

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

IPQR Module 5.8 - IA Monitoring

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
individuals throughout the network, focused on clinical quality and performance reporting.									
Task Step 1	Completed	Identify PPS members requiring training.	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 2	Completed	Identify scope of training (e.g., quality/process improvement strategies and monitoring, performance reporting, and pay for performance and pay for reporting)	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 3	Completed	Identify PPS team and develop a comprehensive strategy to lead and provide oversight over training	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 4	Completed	Design training content tailored for user communities.	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 5	Completed	Develop model and tools to track/manage the training program.	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 6	Completed	Communicate training program including access, goals, benefits, etc.	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Step 7	Completed	Implement program, track participation, continuously improve program based on feedback.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milesto	one Name	User ID	File Type	File Name	Description	Upload Date
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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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
throughout the network, focused on clinical quality and	
performance reporting.	

Milestone Review Status

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



DSRIP Implementation Plan Project

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Brooklyn Bridges PPS (PPS ID:32)

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		riginal nd Date Start Date	End Date	DSRIP arter Reporting Date Year and Quarter
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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
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No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

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.

ata:	
Risk: The quality and range of data available to measure and understand quality and performance may not be sufficient.	
litigation Strategy: Develop customized data and analytics capabilities; leverage NYU advanced analytics resources.	
gnment and Communication:	
Risk: PPS performance may not represent a significant percentage of each providers business and they may not focus sufficiently or	n the metrics
litigation Strategy: Engage members and communicate the benefits and requirements of PPS participation; incent performance.	
Risk: Members may not understand the performance measures or they may feel that they can't significantly influence the measures.	
Aitigation Strategy: Tailor training for the different groups that will be accessing and using the reports and dashboards; provide perfo porting down to the practice or individual level wherever possible; share successful implementation strategies among partners to de actices within the PPS.	
Risk: PPS leaders (e.g., Central Services and/or clinical program leadership) may not understand how the performance is measured ould work with to address specific performance gaps.	d or who they
litigation Strategy: Provide analytics expertise to support leadership in understanding performance and assessing high impact area	IS.
gistics:	
Risk: PPS resources are distributed across Brooklyn and have many demands on their time.	
Aitigation Strategy: Provide a flexible training approach that includes online/on-demand as well as in-person training program alternative and the state of the s	atives.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Reporting Leader	Kris Batchoo, NYU Langone Hospital – Brooklyn	Manage this Work Stream.
	Kris Batchoo, NYU Langone Hospital – Brooklyn	Dravida divised and husiness data demain superties and each tisel
Reporting Analysts	Diana Budman, NYU Langone Hospital – Brooklyn	Provide clinical and business data domain expertise and analytical support.
	Olga Lanina, NYU Langone Hospital – Brooklyn	
Training Leaders	PPS PMO & Clinical Programs	Develop training curriculum and coordinate/manage training
		program.
Trainers	PPS PMO and/or Contracted Service	Conduct training.
IT Data Integrators	Kathleen Mullaly, NYU	Integrate data required for reporting and analytics.
IT Developers	NYU IT	Develop on-line training tools, reports and dashboards.



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 6.6 - Key Stakeholders

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 6.7 - IT Expectations

Instructions :

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

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

IPQR Module 6.8 - Progress Reporting

Instructions :

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

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

IPQR Module 6.9 - IA Monitoring

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure The development of standard performance reports to professional groups The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1	Completed	Establish practitioner engagement and communication infrastructure for overseeing outreach, education and engagement of practitioners; strategy to be coordinated with partner communication and engagement strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Create listserv, newsletter and website for providing on-going update and performance reports to practitioners; establish communication mechanism for receiving comments and questions.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3	Completed	Engage professional practioner organizations including MSSNY, county associations, ACP chapters or AAFP affiliations.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4	Completed	Assign practitioner representatives to PPS committees including Governance, Clinical Project Planning, IT, and Finance.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Conduct outreach with practitioners, through face-to-face meetings and webinars, to develop better understanding of PPS goals, metrics and clinical project plans.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task Step 1	Completed	Identify needed training capacity for practitioners through engagement of Clinical Sub-Committee and partner surveys.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 2 Completed		Identify vendor/internal resources for practitioner training/education development.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 3	Completed	Set up training/education curriculum that is specifically designed for practitioners.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 4	Completed	Establish plan for evaluating on-going training needs.	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Step 5	Completed	On-going tracking and monitoring of training programs including: evidence of training take-up, description of training programs delivered, participant level data and training outcomes.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name User IE	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			



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
other professional groups, designed to educate them about the	
DSRIP program and your PPS-specific quality improvement	
agenda.	

Milestone Review Status

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



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Brooklyn Bridges PPS (PPS ID:32)

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		riginal nd Date Start Date	End Date	DSRIP arter Reporting Date 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
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No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 7.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Practitioner Engagement Oversight	Dr. Gary Kalkut, NYU Dr. Isaac Dapkins, Medical Director, NYU Langone Brooklyn PPS	Oversees practitioner engagement and communication infrastructure to ensure outreach, education and engagement of practitioners.
Practitioner Training Oversight	NYU Langone Brooklyn PPS Central Services, TBD	Oversees practitioner education and training.



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 7.6 - Key Stakeholders

Instructions :

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

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



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 7.7 - IT Expectations

Instructions :

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

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

IPQR Module 7.8 - Progress Reporting

Instructions :

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

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

IPQR Module 7.9 - IA Monitoring

Instructions :



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Brooklyn Bridges PPS (PPS ID:32)

Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3	NO
Task A Step 1	In Progress	Identify staff responsible for developing and reporting on bed reduction plan.	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3	
Task Step 2	Completed	Develop implementation plans for the ED Triage and Observation Unit projects.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task A Step 3	In Progress	Develop method to monitor the impact of DSRIP and care activities on utilization.	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3	
Task A Step 4	Not Started	Draft and finalize bed reduction plan.	10/01/2017	12/31/2017	10/01/2017	12/31/2017	12/31/2017	DY3 Q3	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone Review Status

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



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Brooklyn Bridges PPS (PPS ID:32)

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		riginal nd Date Start Date	End Date	DSRIP arter Reporting Date 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
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No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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

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

• Limited success in engaging NYU Langone Brooklyn PPS patients in the PPS's population health management activities and initiatives.

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

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead the PHM Roadmap development	NYU Langone Brooklyn PPS Central Services Population Health Management Lead, TBD	Oversight of PHM roadmap development; oversight and/or coordination across the moving parts (e.g., IT assessment; PCMH assessment and certification).
Lead assessments integral to PHM Roadmap	NYU Langone Brooklyn PPS Central Services Population Health Management Lead, TBD	Oversight of IT, PCMH and workforce assessments, and coordination with PHM Lead.
Lead the Bed Reduction strategy	TBD	Ensuring modeling of impact of clinical projects on hospital/community care utilization.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 8.6 - Key Stakeholders

Instructions :

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

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

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

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

IPQR Module 8.8 - Progress Reporting

Instructions :

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

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

IPQR Module 8.9 - IA Monitoring

Instructions :



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Brooklyn Bridges PPS (PPS ID:32)

Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

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

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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Data sharing systems and interoperability A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination Training for operations staff on care coordination and communication tools							
Task Step 1	Completed	Utilize clinical project workgroups to define desired future CI state; analyze clinical integration needs assessment to identify gaps to future state (re: IT, care management staffing and protocols, clinical protocols, etc.).	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2	
Task Step 2	Completed	Utilize clinical project workgroups to develop prioritized steps (possibly to include a workforce training plan, workflow standardization protocols, or standardize care management protocols, for example) for closing the identified CI gaps, with a particular focus on closing care transition gaps.	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2	
Task Step 3	Completed	Finalize a clinical integration strategy across all clinical projects signed off by the Clinical Committee. The clinical integration strategy will include transition strategy across care continuum and leverage care management/care coordination expertise.	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

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



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Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name Status Description	-	Original End Date Start Date	End Date	End Date Y	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
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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.

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

• Inability of providers and practitioners of all sizes to financially, administratively or operationally be able to adopt the HIT/HIE tools and processes necessary to effectuate clinical integration across the PPS.

• Educating and engaging practitioners sufficiently to ensure PPS-wide adoption of evidence-based clinical pathways, care models, and care transitions protocols to ensure true clinical integration across projects. Practitioners must be resourced appropriately to adopt these new care models and protocols.

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

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Oversight of CI Work Stream	Clinical Sub-Committee	Oversight and approval body.
Lead clinical integration work stream	Dr. Gary Kalkut, NYU	Oversee and monitor clinical integration activities.
Support development of clinical integration needs assessment and strategy	Project-specific clinical workgroups	Clinical integration needs assessment and strategy development.



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IPQR Module 9.6 - Key Stakeholders

Instructions :

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

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



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IPQR Module 9.7 - IT Expectations

Instructions :

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

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

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

IPQR Module 9.8 - Progress Reporting

Instructions :

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

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

IPQR Module 9.9 - IA Monitoring:

Instructions :



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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.

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

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

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

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

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

Instructions :



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

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



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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

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



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IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		1
PPS Finance Sub-Committee	Conduct PPS-wide financial impact monitoring.	Responsible for on-going monitoring of the impact of the DSRIP projects on the financial health of the network and individual providers.
Project Advisory Committee	Represent partners in PPS governance.	Serve on PPS-wide committees as organizational and provider- type representative.
External Stakeholders		
NYU Langone Brooklyn PPS attributed members	Impacted positively by the nine clinical projects resulting in improved access and coordination of care and overall health and health outcomes.	Beneficiaries of the PPS infrastructure and clinical projects. Responsible for playing an active role in their care.
Medicaid Managed Care Organizations	Contract to support financially sustainable clinical projects.	Partners in sharing claims and EHR data, negotiating and piloting new payment models.
NYC Department of Health and Mental Hygiene	Collaborate with the PPS to implement several Domain 3 and 4 projects (i.e., Asthma, Tobacco, HIV).	The PPS project implementation planning teams are working with DOHMH representatives to determine DOHMH responsibilities to support interventions.
Brooklyn-area PPSs, including OneCity Health, Community Care of Brooklyn, and Advocate Community Partners	Collaborate with the PPS on implementation of our HIV and tobacco use cessation projects. For Domain 2 and 3 projects, collaborate with the PPS by sharing best practices, lessons learned for Asthma, Diabetes and Behavioral Health projects and coordinating patient data-sharing of other PPSs lives who seek care by our PPS providers (e.g., ED Care Triage, Observation Unit).	PPSs will share best practices and avoid duplication of effort.
1199	Serves as PPS primary workforce vendor.	Assist PPS with workforce engagement, development, and training.
OPWDD	Committed to ensuring representation and coordination among DD providers.	Provide technical assistance to PPS, as needed, to promote and establish participation of DD providers.
ОМН	Committed to ensuring representation and coordination among providers of mental health services.	Provide technical assistance to PPS, as needed, to support integration of behavioral health and primary care.
OASAS	Committed to ensuring representation and coordination among providers of substance abuse services.	Provide technical assistance to PPS, as needed to ensure integration of substance abuse providers.



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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.

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

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

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

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

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

IPQR Module 10.6 - Performance Monitoring



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Instructions :

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

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



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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.

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

• Leveraging culturally-specific organizations to serve as cultural brokers for messaging on appropriate use of the emergency department;

• Promoting training and employment opportunities to build a community-based and linguistically and culturally competent community health workforce;

• Subcontracting with CBOs to provide health education and wellness prevention services;

· Capitalizing on CBO existing expertise on particular health issues such as asthma prevention through home inspection; and

Developing and disseminating health information to hard to reach populations

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

IPQR Module 10.8 - IA Monitoring

Instructions :



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

Current File Uploads

User ID File Type File Name File Description Upload Date	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 & Complete	



DSRIP Implementation Plan Project

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

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



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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
		redeployment and hiring.							
Task Step 5	Completed	Obtain approval of workforce transition roadmap from Executive Committee.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1	Completed	Develop and implement workforce survey to assess partners' provider and staff capacity and determine "As Is" workforce 01/0 status.		03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2	Completed	Map current state analysis against future state analysis to develop gap analysis	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3	Completed	Identify percentage of employees impacted from full placement, partial placement, no placement.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Develop recruitment plan and timeline for new hires, if needed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Conduct refined workforce budget analysis for submission to the State.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6	Completed	Finalize current state assessment and obtain PPS governance approval	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1	Completed	Develop process and work plan for conducting a compensation benefit analysis	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2	Completed	Determine whether compensation and benefit analysis will be conducted by PPS staff, vendor, or coordinated across multiple Brooklyn PPSs	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3	Completed	Work with partners to gather compensation and covered benefits of existing roles that may potentially be redeployed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Compare obtained compensation and benefit information against future positions' compensation and covered benefits.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Create compensation and benefit analysis.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Brooklyn Bridges PPS (PPS ID:32)

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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found



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Brooklyn Bridges PPS (PPS ID:32)

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

Milestone Review Status

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



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Brooklyn Bridges PPS (PPS ID:32)

IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

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

Milestone Name	Narrative Text
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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.

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

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

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

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

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



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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities				
Workforce Impact Analysis Coordinator	Frank Scheets, NYU	Project management and oversight of Workforce Impact Analysis.				
	Rhett Tanselle. NYU Langone Hospital – Brooklyn	i roject management and eveleight of vientieree impact analysis.				
Data Analyst	Rhett Tanselle, NYU Langone Hospital – Brooklyn	Provides data support and analysis of workforce data; develops				
	Kris Batchoo, NYU Langone Hospital – Brooklyn	summary reports and analysis for approval.				
Workforce Stakeholder Liaisons	Jose LaBarca, NYU	Provide on-going updates and communication to PPS partners,				
	Catherine Panags, NYU	unions, and workforce on Workforce Impact Analysis.				
Workforce Impact Analysis Consultant	BDO	To provide on-going feedback and consultation.				
Training Coordinator	Celeste Del Gatto, NYU	Oversee deployment of workforce training and retraining.				
Training Vendors	1199 TEF and possibly others TBD	A training vendor that can provide training modules and/or				
		certification training to support workforce re-training needs.				



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Search 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

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



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IPQR Module 11.8 - IT Expectations

Instructions :

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

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

IPQR Module 11.9 - Progress Reporting

Instructions :

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

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



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IPQR Module 11.10 - Staff Impact

Instructions :

Please upload the Workforce Staffing Impact (Projections) and the Workforce Staffing Impact (Actuals) tables provided for quarterly reporting.

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include details on workforce spending. 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)	2,541,189.00						

	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	520,698.30	0.00	1,714,453.29	177.61%		
Redeployment	0.00	0.00	0.00	0.00%		
New Hires	140,531.90	0.00	154,401.13	0.00%		
Other	291.24	0.00	577,345.25	49.10%		
Total Expenditures	661,521.44	0.00	2,446,199.67	96.26%		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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Narrative Text :

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



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



IPQR Module 11.12 - IA Monitoring:

Instructions :

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

DSRIP Implementation Plan Project



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Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. PCMH Status- Significant funding required to support partners' meeting PCMH NCQA 2014 Level 3 status greater than resources provided by the State; no guarantee partners will buy in/comply. Mitigation: PPS will make best effort to conduct efficiently a current state assessment, develop plan to support deployment of PCMH solutions to eligible providers across the PPS; provide technical assistance to partners; incent providers through fund flow.

2. IT Connectivity- Significant money and expertise required to meet EHR, data sharing and HIE connectivity requirements which may be greater than PPS's resources. Mitigation: PPS will conduct current state assessment to help develop gap analysis, informing which partners to prioritize when expending resources required and timing to support partner's EHR/HIE connectivity implementation; leverage NYU's HIE solution that already connects 26 different EHRs from various institutions; provide technical assistance to partners without existing EHRs; and help establish connectivity to HIE and the RHIO.

3. MCO Contracting- Complexity and considerable legal structural impediments. Collaborative Contracting Model requires that each partner remain autonomous. Mitigation: PPS meeting with MCOs to better coordinate population health efforts and looking possibly to develop shared savings models and other risk-bearing structures with various MCOs. Plan to assist partners in developing the structure and capacity to enter into risk-based contracts.

4. Patient Engagement- Difficulties actively engaging hard to reach patients, many of whom may have little familiarity with the health care system; no insight which individuals comprise Medicaid non- or infrequent utilizers. Mitigation: PPS will actively target said patients through coordinating, training, equipping and deploying Community Health Workers as key element of the community-based patient navigation strategy; partner with CBOs to support outreach and navigation activities that are culturally competent and accessible; develop multilingual patient outreach and education materials.

5. Provider Engagement- Difficulty engaging some providers to follow IDS care coordination protocols, use standardized interventions/ tools and participate in performance management programs. Mitigation: PPS will identify clinical project leaders to serve as project champions and build support across the network leading to move from silos to optimally integrated network. Increase buy- in by including partners in PPS's governance structure. To minimize conflicting demands and over-burdening those providers committed to same projects across multiple PPSs (non-exclusive providers), seek collaboration with other Brooklyn-based PPSs. Select providers to pilot population health resources/tools to identify and track high-risk patients. Refine/ launch tools, resources and protocols across PPS based on feedback; provide technical assistance to those who struggle with implementing IDS requirements. Develop incentive programs and a communication plan to solicit feedback.

6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required for population health management. Mitigation- None available.



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Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post- acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q2	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 1. Complete contracting with all PPS providers to ensure a robust integrated delivery system.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 2. All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. Ensure that the milestone has been completed.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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



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



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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)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
TaskStep 1. Complete current state assessment of interoperability andHIE requirements across the PPS safety net providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' EHRs fail to meet RHIO's HIE and SHIN-NY connectivity requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network (see IT section for details).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskStep 4. Identify resources and expertise required to implementHIE connectivity plan for PPS safety net provider partners.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan and achieve HIE connectivity across PPS safety net provider partners.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or		Provider	Safety Net Practitioner - Primary Care Provider	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

NYS Confidentiality – High



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



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
partners.										
Task Step 5. Implement plan across PPS safety net partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
TaskPrimary care capacity increases improved access for patientsseeking services - particularly in high-need areas.		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of EHR systems' MU certification and 2014 Level 3 PCMH standards across the PPS		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. Identify gaps highlighting where PPS members' fail to meet EHR MU and 2014 PCMH Level 3 certification requirements.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Develop roadmap to achieving EHR MU & 2014 PCMH Level 3 certification requirements across PPS provider partners.		Project		Completed	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Work with Partners to identify resources and expertise required to implement EHR MU & 2014 PCMH Level 3 certification plan for PPS provider partners.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task A Step 5. Implement plan and support partners in completing EHR MU and 2014 PCMH Level 3 certification requirements.		Project		In Progress	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 6. Confirm that partners have met EHR MU and 2014 PCMH Level 3 and/or APCM standards by the end of DY3.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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



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Brooklyn Bridges PPS (PPS ID:32)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 5. Expand implementation of provider incentive-based compensation models.										
Milestone #11										
Engage patients in the integrated delivery system through										
outreach and navigation activities, leveraging community health	DY4 Q2	Project	N/A	In Progress	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
workers, peers, and culturally competent community-based										
organizations, as appropriate.										
Task					10/01/0010		10/01/0010			
Community health workers and community-based organizations		Project		In Progress	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
utilized in IDS for outreach and navigation activities.										
Step 1. Develop objectives and components of the community		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
outreach plan to achieve patient engagement with the PPS.		FIOJECI		III FIOgless	01/01/2017	09/30/2010	01/01/2017	09/30/2018	09/30/2010	D14 Q2
Task										
Step 2. Identify the timing, resource requirements, CHW										
recruitment/retraining strategies and culturally-competent		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
expertise to launch the community outreach plan.										
Task		D : (04/04/0047	00/00/0040	04/04/0047	00/00/0040	00/00/0040	D)// 00
Step 3. Implement the community outreach plan.		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task										
Step 4. Develop and implement tools to track, on an on-going		Project		In Progress	04/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
basis, levels of community engagement and identify priority areas		i lojeci		III I IOgless	04/01/2017	09/30/2010	04/01/2017	09/30/2010	09/30/2010	D14 Q2
for further engagement efforts by the PPS.										
Task										
Step 5. Review impact of community outreach activities upon the		Project		Not Started	10/01/2017	09/30/2018	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
PPS communities served and refine patient engagement						20,00,2010		50,00,2010		
interventions, accordingly										

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
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;	



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Prescribed Milestones Narrative Text

Milestone Name Narrative Text additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. 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 statedetermined 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 navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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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IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Template for Project 2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine/Population Health Management)	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



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Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. Patient Engagement & Acceptance- Patient behavior is extremely difficult to change, especially in the short period of time required. Mitigation: The PPS will oversee the development of enhanced clinical pathways and training of staff in collaboration with partners to address social issues that drive ED frequent flyers; utilize patient tracking and compliance tools to identify hard to engage patients; prioritize hard to engage populations, based on scale, urgent need and potential impact of targeted, intensified intervention by the PNC, EDs and/or PCMHs; develop care navigation strategies, outreach, expertise and tools with which to engage and manage these ED frequent utilizer population and will develop multilingual patient outreach and education materials with a focus on the availability of primary care services in the community. In addition, as part of the PNC (2.c.i) project, the PPS will develop a Community Resource Guide, which will distinguish between MH and SUD providers in our network to guide quality patient referrals.

2. Existing Legal Structures- Federal EMTALA requirements, including screening/treating/stabilizing/transferring all patients who enter the ED. Mitigation: None available.

3. Infrastructure Development Time - Delay in the implementation of PNC will impede efficient and timely scheduling and tracking of patients going to an ED to PCPs across the PPS. Mitigation: The PPS will leverage NYU's existing EHR and open-access scheduling to schedule and track follow-up appointments with PCPs; have case managers follow up with each patient's PCMH (as applicable) to schedule a follow-up appointment; case managers to identify the most appropriate PCMH location for follow-up PCP appointment and scheduling for patients without a PCP. Because IT/EHR systems among and between providers are separate and distinct, NYU Langone Brooklyn PPS will work with the NYU Langone IT Department to support integration and data exchange between systems.

4. Provider Engagement- Providers may resist adoption of standardized ED Care Triage project protocols. Mitigation: PPS will identify clinical project leaders to serve as project champions and liaise with partner champions to build support across the PPS provider network; engage partner providers to design and agree on standardized protocols to meet project requirements; optimize EMR and HIE functionality.

5. PCP Capacity- Insufficient number of PCPs available in the City, and existing practices cannot take on additional patients; Medicaid reimbursement structure to PCPs Mitigation: PPS will conduct an assessment to identify current capacity and analyze possible shortage areas and brainstorm ideas with provider practices to ease capacity issues, e.g. extend after-hours PCP availability in FQHCs and DTCs across the network where possible.

6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to target patients in need for ED Care Triage services. Mitigation- None available.



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

Instructions :

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

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

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	454	1,817	2,180	3,634
PPS Reported	Quarterly Update	0	3,405	0	0
	Percent(%) of Commitment	0.00%	187.40%	0.00%	0.00%
	Quarterly Update	0	3,378	0	0
IA Approved	IA Approved Percent(%) of Commitment		185.91%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (2,180) 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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Stand up program based on project requirements		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Conduct a current state assessment at Lutheran MC ED and NYU Cobble Hill ED to understand current ED discharge workflows and processes related to ED screening, patient education, ED discharge and scheduling post-ED follow-up visits with primary care providers.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
TaskStep 2. Review research on effective strategies for reducing EDreadmissions and for educating patients on proper use of the ED.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. Interview ED patients to get a better understanding what would encourage them to use primary care resources instead of the ED.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4. Develop patient education strategies on appropriate use of the ED based on key findings from patient survey in Step 3		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Roll out patient education strategies with community partners		Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
TaskStep 6. Develop a plan for a PPS ED discharge program that provides LMC and Cobble Hill ED patients with the following upon discharge:1. Education on appropriate ED use2. A scheduled appointment with a primary care provider of their choice3. Enroll all eligible patients into health home4. SBIRT screening to identify potential ED "frequent fliers" appropriate for referral to substance abuse care.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7. Identify ED discharge program lead										
TaskStep 8. Determine resource needs to successfully implement the discharge program.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9. Recruit, train and assign staff to discharge unit		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10. Train ED nurses and case managers on new ED discharge procedures.		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task A Step 11. Begin conducting ED care triage services at LMC		Project		In Progress	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 12. Begin conducting ED care triage services at Cobble Hill		Project		Not Started	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Step 13. Initiate dialogue with skilled nursing facilities to reduce unnecessary ED visits and admissions.		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 14. Engage ED care triage workgroup to review ED care triage performance		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 15. Identify continuous quality improvement initiatives		Project		Not Started	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
 Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable 	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	
Task		Provider	Safety Net Practitioner -	Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4



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
Encounter Notification Service (ENS) is installed in all PCP offices and EDs			Primary Care Provider (PCP)							
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
TaskStep 1. Conduct a current state assessment to determine which community primary care providers in the PPS will meet NCQA2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards or will meet them by DSRIP Year 3.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Establish partnerships with providers identified in Step 1.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
TaskStep 3. Engage the IT Sub-Committee to:1. Establish connectivity between participating EDs andproviders identified in Step 12. Build real time notifications to Health Home care managersas applicableNote: These steps will be implemented in phases.		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 4. Employ the Patient Navigation Center (PNC)/Care Management strategy to coordinate open access scheduling between participating EDs and providers identified in Step 1.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
 Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). 	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Develop a network of primary care providers throughout		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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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 PPS community to serve as a central referral list for ED patients without a primary care provider.										
 Task Step 2. Develop protocols for discharge management to assist ED patients with: Receiving an immediate appointment with a primary care provider. Identifying and accessing needed community support resources. Receiving a timely appointment with a primary care provider (if the patient has an established relationships with a primary care physician) Receiving appropriate reminders of scheduled appointments Determining if local PPS CHWs are required to educate and/or accompany some "frequent flier" ED patients to referred primary care site 		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Train staff on protocols developed in Step 2.		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
TaskStep 4. Evaluate success of providing patients with timelyaccess primary care providers and determine if any revisions,training, or communication interventions are needed		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and ED patient registries in use across the PPS primary care provider		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Prescribed Milestones Current File Uploads

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Prescribed Milestones Narrative Text

Milestone Name Narrative Text emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) 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 & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass (with Exception) & Complete	
Milestone #5	Pass & Complete	



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 2.b.iii - ED care triage for at-risk populations	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. Infrastructure Development Ramp Up

a. Availability of space and staff could delay in the opening of the permanent Observation Unit (OU) near NYU Langone Hospital – Brooklyn ED could impact available OU bed capacity to accommodate projected ramp-up of PPS patients. Mitigation: The PPS will develop a plan to locate temporary observation beds, develop clinical protocols, and identify the appropriate workforce to serve patients meeting observation status until the permanent unit opens.

b. Successful OU program relies on the Patient Navigation Center (PNC). Delays in PNC establishment would impact patient information flow to PCMHs, tracking of PPS patients, and timely scheduling of follow-up appointments, possibly resulting in avoidable admissions and/ or preventable ED visits. Mitigation: In lieu of a PNC, the PPS will leverage NYU's existing EMR and open-access scheduling to schedule appointments with NYU Langone Hospital – Brooklyn PCPs. OU case/care managers will direct patients to make appointments as part of discharge planning; OU discharge protocols will be established for hand-offs of patients between OU/ED care/case managers and community care/case managers in PCMH and HH sites. Discharge plans will include social work, home health and other services to ensure effective transition into community. NYU's HIE will be leveraged where possible to enable information sharing across partners to enable timely hand-offs for patients moving from the OU into a community setting. The PPS will conduct a current state assessment to understand partners' implementation of EHRs and HIE connectivity. The PPS will provide technical assistance, including data and analytics support, to assist partners with meeting reporting requirements. Expense for this mitigation strategy is a significant concern.

2. Reimbursement & Contracts - Observation reimbursement structure or rate under Medicaid; no or little payment for these services stop long-term investments in OU. Mitigation: The PPS will work with State Medicaid and MCOs to design a reasonable rate structure based on Medicare.
3. Provider Engagement - Providers may resist adoption of standardized Observation Unit project protocols. Mitigation: The PPS will identify clinical project leader(s) to serve as project champions PPS among ED physicians and clinicians; achieve provider buy-in by engaging providers in design and to agree upon standardized protocols to meet requirements; provide training for providers engaged with the project; facilitate connections between OU physicians/other specialists to ensure access to appropriate tests required to support OU decision making; configure EMR/HIE functionality to ensure the system is user-friendly and provides the information critical to meet project goals; create tools for ED physicians identifying OU-appropriate conditions and protocols.

7. Cross-PPS Collaboration - No other Brooklyn-based PPSs implementing this project; insufficient number of PPSs to coordinate project implementation strategies and share best practices. Mitigation: The PPS will use the MIX to understand strategies and best practices among NYS PPSs.

8. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure OU performance. Mitigation- None available.

9. Ramp Up- OU services dissimilar to services such as screening; ramp up not dependent on patient engagement but rather demand for services and availability/capacity of the OU.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Benchmarks									
Actively Engaged Speed	Actively Engaged Scale								
DY2,Q4	523								

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	66	262	314	523
PPS Reported	Quarterly Update	0	341	0	0
	Percent(%) of Commitment	0.00%	130.15%	0.00%	0.00%
	Quarterly Update	0	341	0	0
IA Approved	Percent(%) of Commitment	0.00%	130.15%	0.00%	0.00%

A Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (314) 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							



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	DY3 Q2	Project	N/A	Completed	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Observation units established in proximity to PPS' ED departments.		Provider	<u>Hospital</u>	Completed	05/01/2015	06/30/2017	05/01/2015	06/30/2017	06/30/2017	DY3 Q1
TaskCare coordination is in place for patients routed outside of ED orOBS services.		Project		Completed	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
TaskStep 1. Determine preferred location for the NYU Lutheran OUand identify costs/timing to reconfigure and equip the OU.		Project		Completed	05/01/2015	09/01/2015	05/01/2015	09/01/2015	09/30/2015	DY1 Q2
TaskStep 2. Identify ED physician and nurse to lead NYU LutheranOU		Project		Completed	05/01/2015	09/01/2015	05/01/2015	09/01/2015	09/30/2015	DY1 Q2
TaskStep 3. Identify preliminary set of conditions/diagnoses that willbe evaluated & managed for Observation status, following bestpractice OU protocols		Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 4. Establish agreements with key NYU Lutheran clinical and ancillary departments to support goals, protocols and workflows of the OU		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
TaskStep 5. Confirm OU workflow and documentation; install requiredOU workflow prompts & documentation templates to the NYULutheran EHR		Project		Completed	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 6. Confirm OU staffing model		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 7. Recruit, train and assign staff to the OU		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4



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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
Step 8. Roll out OU communication/outreach strategy for Lutheran physicians, staff and patients (leverage materials from NYU Langone)										
Task Step 9. Open the NYU Lutheran OU		Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10. Evaluate ramp-up success of placing patients into the OU and determine if any revisions, additional training, or communication interventions are needed.		Project		Completed	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Create clinical and financial model to support the need for the unit.	DY3 Q2	Project	N/A	Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols		Provider	<u>Hospital</u>	Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:	•	•								
Lutheran Medical Center; Nyu Hospitals Center Task Step 1. Establish the outcome metrics, benchmarks and goals the Lutheran OU team will use to measure its performance of the OU. Example of performance goals will include % of OU status patients admitted		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Engage NYU Lutheran OU clinical work group and the Clinical Sub-Committee to review OU performance		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Identify continuous quality improvement initiatives		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 4. Expand the number of conditions/diagnoses which OU protocols will be applied to		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	DY2 Q4	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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
Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.										
Task Step 1. Identify case management needs for people being discharged from OU.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Develop case management protocols and train case management staff		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Initiate case management for patients being discharged from OU		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q2	Project	N/A	Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion: Lutheran Medical Center; Nyu Hospitals Center										
TaskStep 1. Complete current state assessment of interoperability andHIE requirements across the PPS safety net providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' EHRs fail to meet RHIO's HIE and SHIN-NY connectivity requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network (see IT section of IDS		Project		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

Brooklyn Bridges PPS (PPS ID:32)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
project 2.a.i for details).										
TaskStep 4. Identify resources and expertise required to implementHIE connectivity plan for PPS safety net provider partners.		Project		Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
TaskStep 5. Implement plan and achieve HIE connectivity across PPSsafety net provider partners.		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 1. Complete current state assessment of EHRs and patient registries in use across the PPS primary care provider network.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations; and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries, ability to identify "high risk" OU patients, ability for the PNC to access provider organizations' appointment schedules and EHR capabilities to track engaged OU populations across PPS primary care partners		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan across PPS primary care partners		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish appropriately sized and staffed observation (OBS) units in close	
proximity to ED services, unless the services required are better provided	
in another unit. When the latter occurs, care coordination must still be	
provided.	
Create clinical and financial model to support the need for the unit.	
Utilize care coordination services to ensure safe discharge either to the	
community or a step down level of service, such as behavioral health or	
assisted living/SNF.	
Ensure that all PPS safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including Direct	
exchange (secure messaging), alerts and patient record look up by the	
end of Demonstration Year (DY) 3.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	

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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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 2.b.ix - Implementation of observational programs in hospitals	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. Information Technology Adoption – EHRs & other technical platforms are extremely tricky to build and adopt, including ones to track all patients engaged in this project for proactive care management, and thus difficult or delayed milestone realization. Mitigation: PPS will conduct current state assessment and develop plans to advance partner implementation of EHRs/ HIE connectivity; PPS will provide technical assistance, data and analytics support to assist partners in meeting reporting requirements, and work with vendors who have successfully implemented relevant IT tools.

2. Patient Engagement- PPS may not meet patient engagement targets due to difficulty to engage patients or have them comply with care plan. Mitigation: During initial roll-out of the Patient Navigation Center (PNC), PPS will track patients' care plan compliance; identify hard to engage populations; analyze data to determine size, location, clinical needs and demographic profiling of these populations to identify reason for resistance; prioritize populations, based on scale, urgent need and potential impact of targeted, intensified intervention by PNC; develop culturally-specific care navigation strategies, expertise and tools with which to engage patients; deploy community health workers and embed care managers in PCMH sites for active patient engagement; staff will receive training and support to engage patients. PPS will track populations prioritized for targeted patient navigation resources to improve patient engagement performance and lessons learned can be applied to other populations. PPS will develop multilingual patient outreach and education materials to highlight importance of primary prevention, chronic disease management, and leverage community resources to support health and well-being; CHWs will support patients' clinical needs as well as their social and economic needs.

3. Provider Engagement- Providers may resist adoption of standardized PPS patient navigation and coordination protocols. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with them to build support across the PPS provider network; create provider buy-in by engaging key partner providers in design and piloting standardized patient navigation protocols to meet project requirements. PPS will aim to refine and launch PNC tools, resources and protocols based on pilot feedback and develop a community care resource guide to assist the patients and ensure compliance with protocols. PPS will configure EMR/ HIE functionality to ensure system is user-friendly and provides information critical to meet goals; provide technical assistance, including IT and communications support, to providers who may struggle with implementing PNC requirements.

4. Workforce Risk- Supply for community health workers and navigators may not meet City-, State-, and Nation-wide demand. PPS may encounter challenges recruiting adequate numbers of case managers, care coordinators and CHWs to support centralized and community-based staffing needs. Mitigation: PPS will evaluate and identify project staffing needs; prioritize and identify voluntary redeployment opportunities to fill new/vacant positions and promote retraining opportunities for these positions. PPS will recruit CHWs from diverse communities within the PPS's target area to meet the needs of PPS patients. If access required services in target area seems unlikely to meet demand, PPS will implement strategies (likely in partnership with other Brooklyn PPSs) to increase access to these services via vendor contracts and/or expanding the capacity of these organizations already in the PPS.

5. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure PNC performance. Mitigation: None available.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	1,426	5,701	6,841	13,031
PPS Reported	PPS Reported Quarterly Update		19,063	0	0
	Percent(%) of Commitment	0.00%	334.38%	0.00%	0.00%
	Quarterly Update	0	18,769	0	0
IA Approved	Percent(%) of Commitment	0.00%	329.22%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (6,841) 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				



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	DY3 Q2	Project	N/A	Completed	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Community-based health navigation services established.		Project		Completed	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Conduct current state assessment to understand existing community-based health navigation services and CHW FTEs in place among PPS partners.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Convene a community navigation project work group/program oversight group consisting of medical, behavioral health, community nursing, and social support service providers throughout the PPS network.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. Determine the scope of the PPS's community-based health navigation services.		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Step 4. Determine staffing and resources needed to support community navigation services.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5. Hire community-based navigators as necessary (phased growth).		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 6. Train community navigator staff on the PPS's community navigation protocols and procedures (on-going).		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 7. Design centralized Patient Navigation Center (PNC) and determine scope of services and required staffing.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 8. Design the infrastructure and work streams of the PPS's Patient Navigation Center (PNC)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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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
Step 9. Determine best implementation approach for PNC (e.g. leverage services vendor or build capabilities)										
Task Step 10. Implement the initial PNC call center capabilities.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
TaskStep 11. Conduct annual review of community-navigationservices to determine whether the services are successfullyassisting patients in accessing healthcare services and makerevisions as necessary.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Conduct current state assessment to understand the community care resource needs of PPS partners and available resources in the PPS.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Identify industry best practices and develop resource requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
TaskStep 3. Develop a community care resource guide and enhancebased on experience (phased development and implementation).		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Navigators recruited by residents in the targeted area, where possible.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskStep 1. Conduct an analysis of the PPS network and incollaboration with clinical workgroups to understand unique,culturally competent community staffing needs.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Engage with community partners to help identify		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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
community residents that can aid with community navigator recruitment (on-going).										
Task Step 3. Hire and train community navigators.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	DY3 Q2	Project	N/A	Completed	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Navigator placement implemented based upon opportunity assessment.		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
TaskTelephonic and web-based health navigator servicesimplemented by type.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Identify skillsets necessary for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Establish standardized job description for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Ensure that hired community navigators are trained and placed into positions based on geography, PPS programmatic need, navigator skill set and interested and cultural and linguistic match to the communities they will serve.		Project		Completed	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	DY3 Q2	Project	N/A	Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.		Project		Completed	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
TaskStep 1. Identify community-based organizations that can providethe PPS with access to non-clinical resources.		Project		Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 2. Train navigators on use of the resource guide.		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Case loads and discharge processes established for health navigators following patients longitudinally.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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 Step 1. Conduct research on best practices in case load and discharge processes for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Develop a case load and discharge protocol for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Market the availability of community-based navigation services.	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskHealth navigator personnel and services marketed withindesignated communities.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 1. Engage the PPS's Communications and Outreach teamto develop pamphlet materials regarding available community-based navigation services.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Distribute pamphlets developed in Step 1 to all PPS providers to put on display for patients in waiting and exam rooms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 3. Conduct an online webinar to educate PPS providers on available community-based navigation services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and patient registries in use across the PPS primary care provider network.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations; b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry; and c) PPS PCP partner organizations cannot make their schedules available to the PPS Patient Navigation Center for appointment scheduling.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Develop roadmap to achieving expansion and/or		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create community-based health navigation services, with the goal of	
assisting patients in accessing healthcare services efficiently.	
Develop a community care resource guide to assist the community	
resources and ensure compliance with protocols, under direction from a	
collaborating program oversight group of medical/behavioral health,	
community nursing, and social support services providers.	
Recruit for community navigators, ideally spearheaded by residents in the	
targeted area to ensure community familiarity.	
Resource appropriately for the community navigators, evaluating	
placement and service type.	
Provide community navigators with access to non-clinical resources, such	
as transportation and housing services.	
Establish case loads and discharge processes to ensure efficiency in the	
system for community navigators who are following patients	
longitudinally.	
Market the availability of community-based navigation services.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone Review Status

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



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone	Completed	Mid-Point Assessment Project Narrative Template for Project 2.c.i	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DV2 01
Mid-Point Assessment	Completed	(Development of community-based health navigation services)	0-7/01/2010	00/00/2010	07/01/2010	00/00/2010	00/00/2010	

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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Project 3.a.i – Integration of primary care and behavioral health services

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

Instructions :

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

1. PCMH Status Risk- PPS partner support needed to achieve PCMH NCQA 2014 Level 3 status by DY 3 deadline may be greater than PPS's resources. Mitigation: The PPS will conduct a current state assessment and provide technical assistance to help eligible partners become PCMH 2014 NCQA Level 3 certified by end of DY 3.

2. Information Technology Adoption Risk- PPS partners may be unable to use EHRs & other technical platforms effectively to track all patients engaged in this project. EMRs may not integrate a patient's medical and Behavioral Health (BH) records within his/her patient record. Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs/HIE connectivity, and provide technical assistance to aid partners with meeting tracking and reporting requirements.

3. Patient Engagement Risk- Patients may not consent to share BH records. Patients may resist engagement due to social stigma associated with BH. Mitigation: PPS will use culturally competent care managers & navigators to educate patients about benefits of sharing information with their providers and management of BH disorders within their respective cultural frameworks.

4. Provider Engagement Risk- Providers resist adoption of standardized BH Integration and IMPACT project protocols. BH and PCP providers approach patients from different practice and clinical perspectives. The warm handoff means two patient visits on the same day, which we understand Medicaid won't pay for. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with them to build support across the PPS provider network; create provider buy-in by engaging partner providers; configure EMR/HIE functionality to ensure system is user-friendly and provides information critical to meet project goals. PPS will engage providers in training to promote collaborative team-based care models and increase understanding of respective perspectives. If appropriate, PPS may consider incentive programs to support consistent protocol engagement. Discussions with MCOs and the State could help mitigate the financial risks associated with this project.

5. Workforce Risk- Given the psychiatry shortage in Brooklyn and PPSs competition for similar staff, the PPS may be unable to hire adequate BH specialists to provide care under this project. Mitigation: PPS will develop a comprehensive recruiting /training plan that includes identification of Depression care managers and child psychiatrists necessary to implement the IMPACT model. PPS will also explore use of telemedicine, in light of required fiscal sustainability and capital needs, to minimize need for on-site BH staff in light of staffing shortages and investigate the use of provider incentive programs.

6. Infrastructure Development Risk- Some sites may struggle to achieve co-location of BH services due to facility configuration/ space capacity issues and possible denial of capital funding requests. Some sites may not be successful because simply co-locating services doesn't automatically lead to effective integration of services. Reimbursement structure does not support this integration long term. Mitigation: PPS's project model allows sites to use the IMPACT model where co-location is not feasible in addition to employing Model 1 (co-located BH services at PCMH locations). PPS will engage providers to adopt best practice protocols to establish communication and clinical processes to effectively work together in a co-located model.

7. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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.

Benchr	narks
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	16,915

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	1,691	6,766	8,119	16,915
PPS Reported	Quarterly Update	0	18,819	0	0
	Percent(%) of Commitment	0.00%	278.14%	0.00%	0.00%
	Quarterly Update	0	18,723	0	0
IA Approved	Percent(%) of Commitment	0.00%	276.72%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (8,119) 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.

	Madula Daview Otatus
	Module Review Status
Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

	Models Selected	
Model 1 🝼	Model 2 🔇	Model 3 🝼

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
TaskCo-location Work Step 1. Assess current delivery ofBH services in primary care provider network.			Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Co-location Work Step 2. Identify primary care partners that will be early adoption sites for BH co- location ("Phase 1 adopters").			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
TaskCo-location Work Step 3. Develop site-specific plansfor Phase 1 adopters.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Co-location Work Step 4. Identify site-specific financial sustainability challenges in current reimbursement environment and develop strategies for how to fill the gap.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
TaskCo-location Work Step 5. Identify site-specific staffingneeds and recruit, hire and train staff.			Project		Completed	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Co-location Work Step 6. Start BH screening and co- located services at Phase 1 adopter sites.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Co-location Work Step 7. Document lessons learned to adjust strategies, workflows and practices.			Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Co-location Work Step 8. Identify "Phase 2 adopter" sites.			Project		Completed	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Co-location Work Step 9. Develop Phase 2 site- specific plans, integrating lessons learned.			Project		In Progress	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
Task A Co-location Work Step 10. Identify site-specific staffing needs and recruit, hire and train staff.			Project		In Progress	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
Task A Co-location Work Step 11. Start BH screening and co- located services at Phase 2 adopter sites.			Project		In Progress	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
Task PCMH Work Step 1. Complete current state assessment of primary care partners with BH co- location with respect to APCM and 2014 Level 3 PCMH standards.			Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
TaskPCMH Work Step 2. Identify gaps highlighting wherePPS safety net members' fail to meet APCM and 2014PCMH Level 3 certification requirements.			Project		Completed	10/01/2015	03/01/2016	10/01/2015	03/01/2016	03/31/2016	DY1 Q4
TaskPCMH Work Step 3. Develop roadmap to achieving2014 PCMH Level 3 certification requirements acrossPPS safety net provider partners.			Project		Completed	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
TaskPCMH Work Step 4. Work with Partners to identifyresources and expertise required to implement 2014PCMH Level 3 certification plan for PPS primary carepartners implementing BH co-location.			Project		Completed	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task A PCMH Work Step 5. Implement plan and support partners in completing 2014 PCMH Level 3 certification requirements.			Project		In Progress	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3



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Brooklyn Bridges PPS (PPS ID:32)

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
TaskPCMH Work Step 6. Confirm that all PPS primary carepartner sites with BH co-location have met 2014PCMH Level 3 or APCM standards by the end of DY3.			Project		Completed	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
TaskRegularly scheduled formal meetings are held todevelop collaborative care practices.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskCoordinated evidence-based care protocols are inplace, including medication management and careengagement processes.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Develop PPS evidence-based practice guidelines, protocols and policies to implement evidence-based standards of care at partner primary care sites with BH co-location.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
TaskStep 2. Establish regular meetings at implementingsites with BH clinicians and PCPs; ensure relevantstaff attend these meetings.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskStep 3. Develop and roll out training to providers atPhase 1 adoper sites for BH co-location.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Monitor implementation at partner sites, capture lessons learned, and adapt practices based on lessons.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskStep 5. Implement at additional Phase 2 adopter sitesand monitor implementation.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015		03/31/2018	
Task			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Policies and procedures are in place to facilitate and											
document completion of screenings.											
Task Screenings are documented in Electronic Health Record.			Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
TaskStep 1. Identify appropriate PPS evidence-basedpreventive care screenings and administrationprotocols for patients ages 5 and older.			Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
TaskStep 2. Develop PPS screening protocols and workflows to facilitate implementation and documentation ofscreenings, including protocols for "warm transfers" toBH providers for patients who screen positive.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
TaskStep 3. Develop site-specific plans to roll-outpreventive care screenings at Phase 1 adopter sitesand implement plans.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
TaskStep 4. Monitor implementation at Phase 1 sites,capture lessons learned, and adapt practices based onlessons.			Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A Step 5. Develop site-specific plans to roll-out preventive care screenings at Phase 2 adopter sites and implement plans.			Project		In Progress	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
TaskStep 6. Adapt EHR systems to ensure screenings canbe captured electronically and provide training to staff.			Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all	DY2 Q4	Model 1	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients engaged in this project.											
Task											
EHR demonstrates integration of medical and			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
behavioral health record within individual patient			riojeci		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	D12 Q4
records.											
Task											
PPS identifies targeted patients and is able to track			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
actively engaged patients for project milestone						0.70.720.00	00,01,2011	0.701/2010	00/01/2011	00,01,2011	
reporting.											
Task											
Step 1. Complete current state assessment of EHRs in						10/01/00/5				00/04/0040	
use across the PPS primary care provider network,			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
including capacity to integrate medical and BH record											
for services delivered at primary care site.											
Task Step 2. Identify gaps highlighting where a) current											
EHRs do not document PPS's clinical project											
requirements (e.g., number of screenings completed)											
			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
and target PPS populations, b) PPS primary care			-								
partners cannot easily upload appropriate EHR patient											
data to the PPS project reporting system, c) EHRs do											
not integrate medical and BH record. Task											
Step 3. Develop roadmap to achieving expansion											
and/or establishment of EHR capabilities to track			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
engaged patients across PPS primary care partners			riojeci		Completed	07/01/2010	03/31/2017	07/01/2010	03/31/2017	03/31/2017	D12 Q4
implementing project.											
Task											
Step 4. Identify resources, timing and expertise											
required to implement the patient tracking plan for PPS			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
primary care partners.											
Task											
Step 5. Implement plan across PPS primary care			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
partners implementing project.											
Milestone #5											
Co-locate primary care services at behavioral health	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
sites.											
Task				Practitioner - Primary Care							
Primary care services are co-located within behavioral			Provider	Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Health practices and are available.											



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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
by screening as measured by documentation in Electronic Health Record (EHR).											
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskPPS identifies targeted patients and is able to trackactively engaged patients for project milestonereporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Identify primary care partners that will implement IMPACT.			Project		Completed	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 2. Develop site-specific plans for phased implementation of program model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 3. Identify site-specific financial sustainabilitychallenges in current reimbursement environment anddevelop strategies for how to fill the gap.			Project		Completed	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 4. Implement site-specific plans in a phased approach and document to ensure they are adequately staffed (e.g. depression care manager, consulting psychiatrist), required screenings/services are being offered, and other project requirements are being addressed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5. Document lessons learned & challenges at early adopter sites with IMPACT & adapt strategy for later phases of roll-out.			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	
Task			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6. Monitor implementation and offer technical assistance as needed.											
Milestone #10											
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskCoordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Identify PPS partner collaborative care standards, policies and procedures for IMPACT care management.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 2. Develop training & communication strategy,including materials to be rolled out across the PPSprimary care provider network implementing IMPACT.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 3. Roll out provider training and materials startingwith early adopter PCPs in the network, trackingparticipation of PCPs in the training initiatives.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4. Monitor implementation at partner sites, capture lessons learned, and adapt practices based on lessons.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.											
Task Step 1. Develop position requirements for Depression Care Manager (CM) per evidence-based model and NYS regulatory/reimbursement mandates.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 2. Implementing sites hire new staffmembers/identify current staff for CM role and PPSdocuments CM staffing per model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Training is provided to Depression Care Managers.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Develop position requirements for Consulting Psychiatrist (PSY) per evidence-based model and NYS regulatory/reimbursement mandates.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2. Implementing sites identify new clinician(s) /identify current clinician for PSY role and PPS documents site-specific PSY designation per model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 3. Training is provided to consulting psychiatristsat implementing sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	
Task			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 1. Implement reporting mechanisms and roster system to measure numbers of patients and % receiving PHQ-2 and 9 screening for those screening positive, and SBIRT.											
Task Step 2. Monitor implementation, and develop/ implement as needed technical assistance plans to help participating partner sites achieve 90% target.			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task A Step 1. Develop a treatment protocol and work flow for providing "stepped care" per IMPACT model.			Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 2. Train partners implementing IMPACT in stepped care and staff.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Develop and implement site-specific plans.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 4. Monitor implementation, including adherenceto 10-12 week evaluation, and offer technicalassistance as needed.			Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskEHR demonstrates integration of medical andbehavioral health record within individual patientrecords.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskPPS identifies targeted patients and is able to trackactively engaged patients for project milestonereporting.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	01/01/2016	03/31/2016	01/01/2016	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
Step 1. Complete current state assessment of EHRs in use across the PPS primary care provider network, including capacity to integrate medical and BH record for services delivered at primary care site.											
Task Step 2. Identify gaps highlighting where a) current EHRs do not document PPS's clinical project requirements (e.g., number of screenings completed) and target PPS populations, b) PPS primary care partners cannot easily upload appropriate EHR patient data to the PPS project reporting system, c) EHRs do not integrate medical and BH record.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of EHR capabilities to track engaged patients across PPS primary care partners implementing project.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskStep 4. Identify resources, timing and expertiserequired to implement the patient tracking plan for PPSprimary care partners.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskStep 5. Implement plan across PPS primary carepartners implementing project.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Date
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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	



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Prescribed Milestones Narrative Text

Milestone Name Narrative Text medication management and care engagement process. Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. Use EHRs or other technical platforms to track all patients engaged in this project. Co-locate primary care services at behavioral health sites. Develop collaborative evidence-based standards of care including medication management and care engagement process. 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

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

NYS Confidentiality – High



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has implemented the IMPACT model.
Milestone #11	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has employed a depression care manager meeting the requirements of the IMPACT model.
Milestone #12	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has designated a Psychiatrist meeting requirements of the IMPACT model.
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Complete	



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

Instructions :

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

Milesto	one/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 Assessme	nt	Completed	Mid-Point Assessment Project Narrative - 3.a.i - Integration of primary care and behavioral health services	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Instructions :



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

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

Instructions :

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

1. PCMH Status - PPS partner support needed to achieve PCMH NCQA 2014 Level 3 status by DY 3 deadline may be greater than PPS's resources. Mitigation: The PPS will conduct a current state assessment, develop plans to support deployment of PCMH solutions to eligible providers across the PPS by DY 3 deadline; provide technical assistance to help eligible partners become PCMH 2014 NCQA Level 3 certified by end of DY 3.

Information Technology Adoption - PPS may be unable to use EHRs & other technical platforms effectively to track patients engaged in this project Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs /HIE connectivity; provide technical assistance, including data and analytic support, to assist partners with meeting tracking and reporting requirements.
 Provider Engagement - PPS may not reach <80% of PCPs to engage in evidence-based best practices for diabetes management. Providers may resist adoption of standardized diabetes management project protocols. Mitigation: PPS will identify PCP partner project leaders to serve as project champions and liaise with them to build support across PPS provider network; establish provider buy-in; configure EMR/HIE functionality to ensure the system is user-friendly and provides critical information. PPS will educate on best practice protocols. PPS may consider incentive programs to support consistent protocol engagement.

4. MCO Contracting - PPS may struggle to negotiate agreements with MCOs related to coordination of services for high risk populations. Mitigation: PPS will leverage NYU's population health management expertise to structure and support implementation of care coordination strategies, reimbursement and incentive payment models for preventative screenings and services for high-risk populations. PPS leadership will work with MCOs to develop value-based payment models to identify data needs and proactively address issues impacting successful implementation of models. PPS will work with partners to identify and address readiness concerns and align incentive requirements where appropriate related to assuming financial risk and assist partners (e.g., FQHCs) where appropriate to develop structure and capacity to enter into risk-based contracts. PPS will ensure compliance with the Collaborative Contracting Model, antitrust requirements, and other laws and rules impacting MCO contracting initiative.

5. Patient Engagement - A proportion of the patients will be difficult to engage and may resist disease management efforts. Mitigation: PPS will utilize patient tracking and compliance tools to identify hard to engage populations and analyze data to determine size, location, clinical needs, reasons for resistance. PPS will leverage existing patient engagement data studies and prioritize populations based on scale, urgent need and potential impact, intensify intervention by patient navigation center; develop culturally-specific care navigation strategies, expertise and tools and deploy CHWs and embed CMs in PCMH sites to actively engage patients. PPS will target patient navigation strategies and train staff to discuss lifestyle changes to limit disease's impact and improve quality of life. PPS may incent patients to increase engagement and work in concert with Health Homes to support these patients. PPS will develop multilingual patient outreach and education materials around nutrition education, exercise, and other aspects of healthy living.

6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.



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

Instructions :

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

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

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	305	1,218	1,462	3,045
PPS Reported	Quarterly Update	0	3,182	0	0
	Percent(%) of Commitment	0.00%	261.25%	0.00%	0.00%
	Quarterly Update	0	3,165	0	0
IA Approved	Percent(%) of Commitment	0.00%	259.85%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,462) 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								



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
TaskStep 1. Develop diabetes clinical protocols and to be used byproviders across the PPS		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Develop a flexible diabetes workflow model that can be adapted for use by providers across the PPS		Project		Completed	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task A Step 3. Develop training & communication strategy, including diabetes best practice materials to be rolled out across the PPS provider network		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task A Step 4. Roll out provider training and materials to primary care provider organizations in the network		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 5. Ensure ongoing access to PPS diabetes best practice protocols and other updated diabetes management resources via PPS provider portal		Project		In Progress	05/01/2016	03/31/2018	05/01/2016	03/31/2018	03/31/2018	DY3 Q4
TaskStep 6. Evaluate ramp-up success of providers utilizing the protocols and determine if any revisions and/or additional training/communication interventions are needed		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Review the PPS's diabetes disease management strategy and best practices with PCMH administrative & medical directors		Project		Completed	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2. Develop training & communication strategy, including materials to be rolled out across the PPS provider network		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
TaskStep 3. Roll out provider training and materials to primary careprovider organizations in the network, tracking participation ofPCPs in the training initiatives		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4. Confirm PCP use of the diabetes best practices via the PPS administrative & medical directors		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskStep 5. Develop and implement strategy to engage PPSproviders resistant to utilizing the PPS's diabetes diseasemanagement best practices		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self- management.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
TaskCare coordination teams are in place and include nursing staff,pharmacists, dieticians, community health workers, and HealthHome care managers where applicable.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
TaskStep 1. Evaluate current diabetes care team models in placeacross PPS primary care settings, identifying care modelstrengths and gaps		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Establish definitions for: a) "high risk" diabetes patients to		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2



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



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
partnerships with community-based organizations.										
Task Step 1. Complete current state assessment of diabetes patient registries active across the PPS primary care provider network and Brooklyn Health Home, focusing on the registries' abilities to collect valid and reliable REAL data (Race, Ethnicity and Language) to conduct hot-spotting analyses.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Implement strategies to address any gaps in the collection of REAL data from patient registries. Strategies may include the use of retrospective SIMS data once patient-level SIMS data is made available by the State in December 2015.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Run PPS "hot-spotting" analyses to identify diabetes populations at the highest risk, evaluating the specific language & cultural requirements of those highest risk communities.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Launch collaborative planning among PPS diabetes project leaders & the Brooklyn Health Home leaders to develop patient diabetes education (e.g. Stanford model), & outreach models, tailored to the specific community requirements, as identified in the hot-spotting analyses.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Provide Stanford model training for diabetes PCP, Health Home, PPS diabetes care coordination team members & CBO's, with approaches/content tailored to the local, high risk communities served		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 6. Pilot and evaluate diabetes Stanford model programswith diabetes populations at highest risk.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
TaskStep 7. Develop roadmap to run future hot-spotting analyses andexpand Stanford Model strategies across targeted communitiesin the PPS		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
other preventive services relevant to this project.										
Task A Step 1. Understand current MCO contracts in place and identify opportunities to engage PPS diabetes patients in value-based contracting arrangements across providers and target populations.		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 2. Negotiate VBP contracts with at least one MCO (note - this will be part of the PPS's broader MCO strategy). Selected MCOs must be willing to support diabetes clinical project interventions, such as timely access to claims data for reporting and implementation of clinical care and coordination protocols.		Project		Completed	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
TaskStep 3. Implement value-based payment opportunities fordiabetes populations and with new payers, as appropriate.		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
TaskPPS uses a recall system that allows staff to report whichpatients are overdue for which preventive services and to trackwhen and how patients were notified of needed services.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and diabetes patient registries in use across the PPS primary care provider network.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries and EHR capabilities to track engaged diabetes populations across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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
partners.										
Task Step 5. Implement plan across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of EHR systems' MU certification, APCM and 2014 Level 3 PCMH standards across primary PPS safety net providers.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' fail to meet EHR MU, APCM and 2014 PCMH Level 3 certification requirements.		Project		Completed	10/01/2015	03/01/2016	10/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving EHR MU & 2014 PCMH Level 3 certification requirements across PPS safety net provider partners.		Project		Completed	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task A Step 4. Work with Partners to identify resources and expertise required to implement EHR MU & 2014 PCMH Level 3 certification plan for PPS safety net provider partners.		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task ▲ Step 5. Implement plan and support partners in completing EHR MU and 2014 PCMH Level 3 certification requirements.		Project		In Progress	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 6. Confirm that all PPS safety net partners have met MU, PCMH Level 3 and/or APCM standards (by the end of DY3), and EHR connectivity requirements to RHIO SHIN-NY.		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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	



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Milestone Review Status

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



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. IT Adoption- PPS may be unable to effectively use EHRs & other technical platforms to track patients engaged in this project for proactive care management and milestone reporting. Mitigation: PPS will conduct current state assessment and develop a plan to support partner implementation of EHRs /HIE connectivity; provide technical assistance to partners.

2. IT Connectivity- PPS partner support required to meet EHR, data sharing and HIE connectivity requirements may be greater than the PPS's resources. Mitigation: PPS will conduct current state assessment to develop a work plan and determine the best approach, resources required and timing to support partner's implementation of EHRs/HIE connectivity; leverage NYU's HIE platform and help establish connectivity to HIE and the RHIO/SHIN-NY.

3. Provider Engagement- Providers resist adoption of standardized asthma home-based interventions project protocols. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with partner champions to build support across PPS network; establish buy-in by engaging them to design and agree upon standardized evidence-based best practice protocols; configure EMR /HIE functionality to ensure system is user-friendly and provides information critical to meet goals. PPS will provide education on the protocols and consider incentive programs to support consistent protocol engagement.

4. MCO Contracting- PPS may struggle to negotiate agreements with MCOs related to coordination of services for high risk populations. Mitigation: PPS will leverage NYU's Population Health Management expertise to structure and support implementation of care coordination strategies, reimbursement and incentive payment models. PPS leadership will work with MCOs to develop VBP models to identify data needs and address issues impacting successful implementation. PPS will work with partners where appropriate to identify and address readiness concerns; align incentive requirements related to assuming financial risk and assist partners in developing the structure and capacity to enter into risk-based contracts.

 Patient Engagement - A portion of PPS's lives may be hard to engage and may resist disease management interventions or unable to combat environmental triggers at home. Mitigation: PPS will track patient compliance, identifying populations and analyze data to determine demographic profile, size, location, clinical needs, reasons for resistance; leverage existing patient engagement studies and prioritize populations based on scale, urgent need and potential impact; intensify intervention by PNC; develop culturally-specific care navigation strategies, expertise and tools; deploy CHWs and embed CMs in PCMH sites to discuss cultural barriers to interventions; work with airNYC to identify best practices for patient engagement and removal of environmental triggers. PPS will collaborate with DOHMH and other PPSs to leverage available city resources.
 Workforce- PPS encounters challenges recruiting adequate numbers of CHWs to support home-based visiting program. Mitigation: PPS will identify project staffing needs and prioritize voluntary redeployment opportunities to fill vacant positions and promote retraining opportunities. PPS will coordinate efforts with workforce vendor on recruitment and training on best practices/protocols. Recruit diverse CHWs to meet needs of patients.

7. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
	Baseline Commitment	88	351	421	982
PPS Reported	Quarterly Update	0	16	0	0
	Percent(%) of Commitment		4.56%	0.00%	0.00%
	Quarterly Update	0	16	0	0
IA Approved	Percent(%) of Commitment	0.00%	4.56%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (421) for 'DY3,Q3'

Current File Uploads

User ID File Type File Name Upload Date	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						



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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



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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
Step 2. Develop training & communication strategy, including materials to be rolled out across the PPS provider network.										
TaskStep 3. Roll out provider training and materials to primary careprovider organizations in the network.		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskStep 4. Ensure ongoing access to PPS asthma best practiceguidelines and other updated asthma management resources viaPPS provider portal.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5. Evaluate ramp-up success of providers utilizing the guidelines and determine if any revisions and/or additional training/communication interventions are needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed training and comprehensive asthma self- management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Review and align PPS asthma self-management education materials used by PCPs in network and by selected home-based asthma care vendor. Select materials. Translate materials to meet specific cultural needs across communities served.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Develop training and communication strategy to be rolled out across the PPS provider network.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Roll out provider training and materials to primary care provider organizations in the network.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
TaskStep 4. Ensure ongoing access to PPS provider training andasthma self-education services via the PPS website/patient and		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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
provider portals.										
TaskStep 5. Evaluate ramp-up success of providers utilizing the guidelines and determine if any revisions and/or additional training/communication interventions are needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed and conducted training of all providers, including social services and support.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
TaskAll practices in PPS have a Clinical Interoperability System inplace for all participating providers.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Coordinate social services and supports (i.e. access to legal services, pest control, etc.) in collaboration with vendor for patients referred to home visits.		Project		Completed	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task A Step 2. Determine how the BB PPS Patient Navigation Center (PNC) & Care Management strategy - in concert with vendor's role as PPS asthma home environmental provider - can provide social service supports.		Project		In Progress	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
TaskStep 3. Implement coordinated care model for asthma patientsand continue monitoring and reviewing practices to ensurecontinued success.		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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 Step 1. Determine current post-ED/hospital follow-up services provided to patients admitted due to asthma.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Engage the ED Care Triage program to understand how best to integrate and implement the post-ED/hospital protocols for asthmatics into the ED Care Triage project's ED discharge program.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3 Develop protocols for post-ED/hospital follow-up services for patients admitted due to asthma in coordination with ED care triage group.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
TaskStep 4. Engage vendor to conduct follow-up services withasthmatic patients who are admitted to the emergencydepartment.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
TaskStep 1. Determine current communication and asthma carecoordination models in place across PPS providers, MedicaidManaged Care plans, and Health Home managers.		Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 2. Identify gaps in current communication and care coordination models.		Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
TaskStep 3. Engage the BB PPS Patient Navigation Center (PNC) &Care Management Strategy to enable and ensurecommunication, coordination, and continuity of asthma care withMedicaid Managed Care plans, Health Home care managers,primary care providers, and specialty providers.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Expand asthma home-based self-management program to include home	
environmental trigger reduction, self-monitoring, medication use, and	
medical follow-up.	
Establish procedures to provide, coordinate, or link the client to resources	
for evidence-based trigger reduction interventions. Specifically, change	
the patient's indoor environment to reduce exposure to asthma triggers	
such as pests, mold, and second hand smoke.	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop and implement evidence-based asthma management guidelines.	
Implement training and asthma self-management education services,	
including basic facts about asthma, proper medication use, identification	
and avoidance of environmental exposures that worsen asthma, self-	
monitoring of asthma symptoms and asthma control, and using written	
asthma action plans.	
Ensure coordinated care for asthma patients includes social services and	
support.	
Implement periodic follow-up services, particularly after ED or hospital	
visit occurs, to provide patients with root cause analysis of what	
happened and how to avoid future events.	
Ensure communication, coordination, and continuity of care with Medicaid	
Managed Care plans, Health Home care managers, primary care	
providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 3.d.ii - Expansion of asthma home-based self-management program	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. Information Technology Adoption Risk

PPS struggles to effectively use EHRs/other technical platforms to track all patients engaged in this project for proactive care management and for milestone reporting. Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs/HIE connectivity; provide technical assistance, including data and analytic support, to assist partners with meeting tracking and reporting requirements. 2. Patient Engagement Risk- PPS may encounter difficulties actively engaging "hard to reach" patients, particularly those where tobacco use remains a cultural norm which may lead to low patient participation. Mitigation: PPS will leverage NYU's expertise in engaging the Chinese-American community in tobacco use cessation. Facilitate culturally-competent tobacco patient interventions and counseling and recruit providers to make referrals to the NY Quitline and Asian Quitline, as appropriate. Work with partners to engage behavioral health patients in a clinically appropriate manner. Facilitate culturally-competent interventions and counseling; and recruit providers to make referrals to the NY Quitline, as appropriate. PPS will develop multilingual patient education materials that identify the risks of smoking and available support to help patients quit and engage its providers to assess patient tobacco use status and train them on the risks of smoking and benefits of quitting. PPS will provide technical assistance, such as data and analytic support, to assist partners with meeting tracking and reporting requirements.

3. CBO Engagement Risk:

a. Demographic and socio-economic factors may impede uptake of this initiative across the PPS's population base. The PPS may struggle to sustain provider commitment in the project, as the project does not have scale and speed commitments. Mitigation: The PPS will partner with numerous CBOs that are embedded and trusted in the community and whose missions include addressing poverty, education, and cultural barriers. These partnerships will help PPS target not only the specific issue of tobacco use but also broader socio-economic and demographic factors to improve overall health and well-being. The PPS will consider the use of provider incentives for providers that successfully engage patients in tobacco use cessation conversations and make referrals to the Quitline.

b. The PPS may struggle to sustain provider commitment in the project, as the project does not have scale and speed commitments. Mitigation: The PPS will discuss the project's outcome measures and the importance of meeting those measures in order to receive funding. Collaborating with other PPSs and the DOHMH will help to sustain momentum and efficient allocation of project resources to maintain communication and outreach with PPS providers across Brooklyn.

c. Brooklyn-based CBOs are likely to be partnering with multiple PPSs and already face many competing demands for their expertise, time and resources; PPS may be stretched to provide support to CBOs to deploy community-based interventions. Mitigation: The PPS will partner with the DOHMH and other PPSs implementing this project to leverage existing resources and minimize duplication of effort. The PPS will leverage the MIX to share best practices with other PPSs and partner organizations.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone #1	In Progress	Convene a collaborative of CBOs to plan, set milestones, and implement a community campaign.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task ▲ Step 1	In Progress	Convene an initial planning workgroup with PPS partners to develop a framework for community collaboration.	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
Task A Step 2	In Progress	Develop a communication strategy to let community partners know that the PPS is pursuing the project and invite collaboration.	09/30/2017	12/31/2017	09/30/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 3	In Progress	Convene CBOs to plan and set milestones for culturally-specific community campaigns, including: (1) the enhancement of tobacco cessation education and counseling at CBOs and, (2) the development and promotion of tobacco-free environments across the PPS.	09/30/2017	03/31/2018	09/30/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 4	Not Started	Implement community campaign and develop a forum for continuing community dialogue to exchange best practices and opportunities for collaboration on tobacco cessation programs.	12/31/2017	03/31/2020	12/31/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #2	In Progress	Convene a collaborative of PPSs undertaking the tobacco cessation project and partnering with NYC DOHMH.	10/01/2015	03/31/2020	10/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1	Completed	Convene an initial planning workgroup with PPS partners to develop a framework for community and cross-PPS collaboration.	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 2	Completed	Schedule and hold meetings with the other NYC PPSs pursuing the project (contingent on the PPSs' willingness to collaborate) and NYC DOHMH to discuss planning and collaboration.	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 3	Not Started	Plan and set milestones for cross-PPS initiatives, including a payer strategy to enhance coverage of tobacco cessation treatment and medication and the identification of value-based models of reimbursement.	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 4	Not Started	Implement cross-PPS tobacco cessation plan and develop forum for ongoing communication with NYC DOHMH and the other NYC PPSs pursuing the project.	12/31/2017	03/31/2020	12/31/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #3	In Progress	Agree upon shared resources across partners to implement the 5A tobacco cessation protocol in primary care settings.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1	Completed	Develop 5A tobacco cessation clinical protocols to be used by providers in the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Not Started	Develop flexible 5A workflow model that can be adapted for use by	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4

NYS Confidentiality – High



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2		providers across the PPS.						
Task Step 3	Completed	Develop training and communication strategy, including tobacco cessation best practice materials to be rolled out across the PPS provider network.	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 4	Completed	Agree upon staffing resources (e.g., Tobacco Cessation Educator) to serve the PPS and recruit the identified position(s).	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 5	Completed	Roll out provider training and materials to primary care provider organizations in the network implementing the project.	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 6	Not Started	Evaluate ramp-up success of providers utilizing the 5A protocol and determine if any revisions and/or additional training/communication interventions are needed.	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone #4	Completed	Agree upon a data sharing system to address reporting and implementation needs.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1	Completed	Complete current state assessment of EHRs and tobacco cessation patient registries in use across the PPS primary care provider network.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 2	Completed	Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3	Completed	Develop roadmap to achieving expansion and/or establishment of patient registries and EHR capabilities to track engaged tobacco cessation populations across PPS primary care partners.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4	Completed	Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care partners.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5	Completed	Implement plan across PPS primary care partners	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone #5	Completed	Repurpose and/or develop outdoor media campaign.	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 1	Completed	Collaborate with NYC DOHMH and community partners to review inventory of existing media campaigns.	07/01/2015	07/31/2015	07/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2	Completed	Review Community Needs Assessment and community data to identify high-risk neighborhoods and evaluate the specific language and cultural requirements of those highest risk communities with regard to effective messaging.	07/31/2015	09/30/2015	07/31/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3	Completed	Develop media campaign materials either by repurposing and rebranding previous ads or developing new materials.	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4	Completed	Perform consumer-testing of media campaigns.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 5	Completed	Launch outdoor media campaigns in the community.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1

NYS Confidentiality – High



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 6	Completed	Develop a set of metrics to evaluate the success of the campaigns and perform an annual review.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 7	Completed	Revise and update media campaigns as needed based on feedback from the community and the results of the annual review.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 4.b.i - Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name	Description Uploa	l Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	
Milestone #2	
Milestone #3	
Milestone #4	
Milestone #5	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

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

Instructions :

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

1. Patient Engagement Risk:

a. PPS may encounter difficulties actively engaging "hard to reach" patients. Mitigation: The PPS will utilize PNC resources and strategies to engage patients in care and provide assistance with care coordination and education about self-management and PrEP strategies. PPS will coordinate, train, equip and deploy community health workers and embed care managers in PCMH sites to actively engage difficult-to-reach patients through the PNC. CHWs and care managers will be trained to address social stigma that often accompanies HIV. PPS will utilize CHWs and CBOs, with an emphasis on organizations that have trusted relationships with high-risk communities, to support outreach and education on self-management care strategies and navigation activities.

b. Demographic and socio-economic factors may impede uptake of this initiative across the PPS's population base. Mitigation: Due to demographic and socio-economic factors the PPS will partner with numerous CBOs that are embedded and trusted in the community and whose missions include addressing poverty, education, and cultural barriers. These partnerships will help the PPS target not only the specific issue of HIV but support culturally competent approaches to reaching the community, for promotion of appropriate use primary care use for all clinical areas, and when to use the ER.

2. Provider Engagement Risk- Providers resist adoption of project protocols (including the use of PrEP) and given that the project does not have scale and speed commitments the PPS may struggle to sustain provider commitment in the project. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with partner champions to build support across the PPS provider network; establish provider buy-in by engaging providers in design and agree upon standardized evidence-based best practice protocols; configure EMR/HIE functionality to ensure the system is user-friendly and provides information critical to meet goals. The PPS will develop multilingual patient outreach and education materials on HIV prevention and practicing safe behaviors. PPS will provide education on best practice protocols and consider incentive programs to support consistent protocol engagement. To sustain provider commitment the PPS will discuss the project's outcome measures and the importance of meeting those measures in order to receive funding. Collaborating with other PPSs and the DOHMH will help to sustain momentum and efficient allocation of project resources to maintain communication and outreach with PPS providers across Brooklyn. 3. CBO and Cross-PPS Engagement Risk- Brooklyn-based CBOs are likely to be partnering with multiple PPSs and already face many competing demands for their expertise, time and resources; PPS may be stretched to provide support to CBOs to deploy community-based interventions. HIV Collaborative struggles to implement a governance model that supports timely decision-making, budgeting and implementation of shared PPS projects initiatives and resources (e.g. protocols, access to data and reporting tools). Mitigation: CBO engagement across multiple PPSs the PPS will identify HIV Collaborative members, who will also serve on the PPS's HIV Work Group and work both across PPSs and within the NYU Langone Brooklyn PPS network to implement the HIV project. The PPS will leverage the MIX to share best practices with other PPSs and partner organizations.



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :

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

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



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5		implementation needs.						
Task Step 1	Completed	Determine system for sharing information across PPSs and validate decision with PPS governance bodies and relevant stakeholders, as needed.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2	Completed	Contract with system developer/administrator, as needed.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 4.c.ii - Increase early access to, and retention in, HIV care	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	
Milestone #2	
Milestone #3	
Milestone #4	
Milestone #5	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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

Instructions :



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

Attestation

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

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

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

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

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

Primary Lead PPS Provider:	NYU LUTHERAN MEDICAL CENTER		
Secondary Lead PPS Provider:			
Lead Representative:	A Taverna-trani		
Submission Date:	03/09/2018 09:58 AM		
		a	
Comments:			



DSRIP Implementation Plan Project

	Status Log			
Quarterly Report (DY,Q)StatusLead Representative NameUser IDDate Timestamp			Date Timestamp	
DY3, Q3	Adjudicated	A Taverna-trani	mrurak	03/30/2018 09:55 AM



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DSRIP Implementation Plan Project

Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The DY3, Q3 Quarterly Report has been adjudicated by the IA.	mrurak	03/30/2018 09:55 AM



DSRIP Implementation Plan Project

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



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



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Section	Module Name	Status
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Sompleted
	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
action 11	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	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

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



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DSRIP Implementation Plan Project

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



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review Status
	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing
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 & Complete
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete
	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 Stat	us
	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 Execute the PPS's Partner Engagement Schedule for VBP Education and Trainings. Track training progress, as appropriate.	Pass (with Exception) & Ongoing	А
	Milestone #8 Collaborate with Community Based Organizations (CBOs) on an ongoing basis to address VBP Social Determinants of Health, and develop a plan to ensure that CBOs are included in system transformation efforts.	Pass (with Exception) & Ongoing	IA
	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 & Complete	
	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	
	Module 7.1 - Prescribed Milestones		
Section 07	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
	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 & Ongoing	



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



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DSRIP Implementation Plan Project

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



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DSRIP Implementation Plan Project

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



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Project ID	Module Name / Milestone #	Review Status
	Milestone #7 Market the availability of community-based navigation services.	Pass & Complete
	Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete
	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.a.i.3 - Prescribed Milestones	
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing
3.a.i	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing
0.0.1	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Fail
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Fail
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Fail
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.c.i.3 - Prescribed Milestones	
3.c.i	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete



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DSRIP Implementation Plan Project

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



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Brooklyn Bridges PPS (PPS ID:32)

Providers Participating in Projects

					;	Selected Projects	5				
	Project 2.a.i	Project 2.b.iii	Project 2.b.ix	Project 2.c.i	Project 3.a.i	Project 3.c.i	Project 3.d.ii	Project 4.b.i	Project 4.c.ii	Project	Project
Provider Speed Commitments	DY4 Q2	DY3 Q4	DY3 Q2	DY3 Q2	DY3 Q4	DY3 Q4	DY3 Q4				

		Projec	t 2.a.i	Projec	t 2.b.iii	Projec	t 2.b.ix	Projec	ct 2.c.i	Projec	ct 3.a.i	Projec	t 3.c.i	Projec	t 3.d.ii	Projec	t 4.b.i	Projec	t 4.c.ii	Project	Pro	oject
Provider Categor	У	Selec Comn		Selec Comr			cted / nitted	Seleo Comr	cted / nitted	Seleo Comr		Seleo Comr		Seleo Comr	cted / nitted	Seleo Comr		Seleo Comr		Selected / Committed		ected / mitted
Practitioner - Primary Care	Total	2	372	0	-	0	264	0	-	0	276	0	197	0	250	0	-	0	-			
Provider (PCP)	Safety Net	1	33	0	29	0	29	0	30	0	25	0	20	0	27	0	-	0	-			
Practitioner - Non-Primary Care	Total	32	1,198	23	-	23	-	23	-	23	321	23	328	23	191	23	-	23	-			
Provider (PCP)	Safety Net	0	41	0	-	0	-	0	28	0	18	0	15	0	9	0	-	0	-			
Heeritel	Total	2	1	2	-	2	1	2	-	2	-	2	-	2	-	2	-	2	-			
Hospital	Safety Net	2	1	2	1	2	1	2	-	2	-	2	-	2	-	2	-	2	-			
Olinia	Total	17	16	1	-	1	16	1	-	3	16	3	16	2	16	1	-	1	-			
Clinic	Safety Net	17	17	1	17	1	17	1	17	3	17	3	17	2	17	1	-	1	-			
Case Management / Health	Total	10	7	0	-	0	7	1	-	0	-	1	7	0	7	0	-	0	-			
Home	Safety Net	5	3	0	3	0	3	1	3	0	-	1	3	0	3	0	-	0	-			
Mental Health	Total	251	178	1	-	0	178	0	-	3	178	0	142	0	-	0	-	0	-			
	Safety Net	59	23	0	-	0	23	0	18	0	23	0	18	0	-	0	-	0	-			
Substance Abuse	Total	23	20	1	-	1	20	1	-	2	3	1	3	1	-	1	-	1	-			
Substance Abuse	Safety Net	23	16	1	-	1	16	1	9	2	2	1	2	1	-	1	-	1	-			
Nursing Home	Total	32	27	0	-	0	27	0	-	0	-	0	-	0	-	0	-	0	-			
Nursing Home	Safety Net	32	30	0	-	0	30	0	-	0	-	0	-	0	-	0	-	0	-			
- Pharmacy	Total	2	0	0	-	0	-	0	-	0	-	0	0	0	0	0	-	0	-			
Pharmacy —	Safety Net	1	0	0	-	0	-	0	0	0	-	0	0	0	0	0	-	0	-			
Hospice	Total	5	2	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			1



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		Projec	ct 2.a.i	Projec	t 2.b.iii	Projec	t 2.b.ix	Proje	ct 2.c.i	Project	3.a.i	Projec	ct 3.c.i	Projec	t 3.d.ii	Projec	:t 4.b.i	Projec	t 4.c.ii	Pro	ject	Project
Provider Catego	ory	Selec Comr	cted / nitted	Selec Comr		Selec Comr			cted / mitted	Select Comm		Seleo Comr		Selec Comr		Seleo Comr			cted / nitted		cted / nitted	Selected / Committed
	Safety Net	3	0	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
Community Based	Total	48	18	1	-	1	-	1	-	0	15	0	14	0	15	0	-	0	-			
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
All Other	Total	997	849	2	-	0	164	0	-	2	275	6	212	2	208	0	-	0	-			
-	Safety Net	388	111	0	-	0	21	0	37	1	35	4	27	2	26	0	-	0	-			
Uncategorized	Total	26	-	25	-	25	-	25	-	25	-	25	-	25	-	25	-	25	-			
Uncalegonzed	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
Home and Community Based	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-			

Additional Project Scale Commitments

Instructions:

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

Project Scale Category	Project	Selected	Committed
Community-based navigators participating in project	2.c.i	0	78
Emergency Departments with Care Triage	2.b.iii	1	2

	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Jacobs Amanda	Practitioner - Primary Care Provider (PCP)										
Simon Fensterszaub	Practitioner - Primary Care Provider (PCP)										



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Kusher Matthew Scott	Practitioner - Primary Care Provider (PCP)											
Cardona Carmen G	Practitioner - Primary Care Provider (PCP)											
Nacier Paul Edgard Md	Practitioner - Primary Care Provider (PCP)											
Pandya Himanshu Md	Practitioner - Primary Care Provider (PCP)											
Smith Pauline Joy	Practitioner - Primary Care Provider (PCP)											
Burack Jedidiah Md	Practitioner - Primary Care Provider (PCP)											
Wahba Joseph Md	Practitioner - Primary Care Provider (PCP)											
Noori Khalid A Md	Practitioner - Primary Care Provider (PCP)											
Wiltshire Veronica	Practitioner - Primary Care Provider (PCP)											
Wong Helen	Practitioner - Primary Care Provider (PCP)											
Buff Daniel David Md	Practitioner - Primary Care Provider (PCP)											
Dory Andrea Christina Md	Practitioner - Primary Care Provider (PCP)											
Harris Marissa	Practitioner - Primary Care Provider (PCP)											
Mercado Urina	Practitioner - Primary Care Provider (PCP)											
Roth Daniel	Practitioner - Primary Care Provider (PCP)											
Moberg Kenneth A	Practitioner - Primary Care Provider (PCP)											
Sionov Katie Md	Practitioner - Primary Care Provider (PCP)											
Chowdary Sunita Kollu Md	Practitioner - Primary Care Provider (PCP)											
Rateb Mahmoud S H Md	Practitioner - Primary Care Provider (PCP)											
Bulsara Girish M Md	Practitioner - Primary Care Provider (PCP)											
Patel Nileshkumar Gokal Md	Practitioner - Primary Care Provider (PCP)											
Mayer Amir Md	Practitioner - Primary Care Provider (PCP)											
Hill Mark A Md	Practitioner - Primary Care Provider (PCP)											
Desir Mergie X Md	Practitioner - Primary Care Provider (PCP)											
Rieder Jessica Md	Practitioner - Primary Care Provider (PCP)											
Nichols Andrea Marisa Md	Practitioner - Primary Care Provider (PCP)											
Emmanuel Feddy Stanislas	Practitioner - Primary Care Provider (PCP)		1									1
Cadet-Valeus Sergelyne	Practitioner - Primary Care Provider (PCP)											1
Giaccio Daniel Joseph Md	Practitioner - Primary Care Provider (PCP)											
Khalil Ambreen	Practitioner - Primary Care Provider (PCP)		1									1
Rizvi Firdous Md	Practitioner - Primary Care Provider (PCP)		1				1				1	1



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Joseph-Giss Sharon Pauline	Practitioner - Primary Care Provider (PCP)										
Tin Myint	Practitioner - Primary Care Provider (PCP)										
Medina Ariel Md	Practitioner - Primary Care Provider (PCP)										
Ashkar John Antonios	Practitioner - Primary Care Provider (PCP)										
Roter Gil Md	Practitioner - Primary Care Provider (PCP)										
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)										
Faris Basma Sadeg	Practitioner - Primary Care Provider (PCP)										
Flaherty Brian Md	Practitioner - Primary Care Provider (PCP)										
Shur Irina N Md	Practitioner - Primary Care Provider (PCP)										
Vazquez-Ayala Manuel	Practitioner - Primary Care Provider (PCP)										
Irwin Michael R Md	Practitioner - Primary Care Provider (PCP)										
Kalepu Mallikharjanudu Md	Practitioner - Primary Care Provider (PCP)										
Abdelaal Hany Dr.	Practitioner - Primary Care Provider (PCP)										
Dladla Nonkulie	Practitioner - Primary Care Provider (PCP)										
Sheth Aarti	Practitioner - Primary Care Provider (PCP)										
Minus Kelly	Practitioner - Primary Care Provider (PCP)										
Shirley Alexandria	Practitioner - Primary Care Provider (PCP)										
Karayil Ajith	Practitioner - Primary Care Provider (PCP)										
Zohirul Islam	Practitioner - Primary Care Provider (PCP)										
Fields Akiyomi Md	Practitioner - Primary Care Provider (PCP)										
Kelter Robert Alan Md	Practitioner - Primary Care Provider (PCP)										
Diaz Alan	Practitioner - Primary Care Provider (PCP)										
Allen Josephine	Practitioner - Primary Care Provider (PCP)										
Levina Diana Md	Practitioner - Primary Care Provider (PCP)										
Lee Paul Md	Practitioner - Primary Care Provider (PCP)										
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)										
Marballi Arundhati	Practitioner - Primary Care Provider (PCP)										
Olkhina Ekaterina	Practitioner - Primary Care Provider (PCP)										
Schwimmer Richard	Practitioner - Primary Care Provider (PCP)										
Daggett Brian George Md	Practitioner - Primary Care Provider (PCP)										
Alhaddad Adib Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Patel Vina R Md	Practitioner - Primary Care Provider (PCP)										
Petty Sandra	Practitioner - Primary Care Provider (PCP)										
Shahin George	Practitioner - Primary Care Provider (PCP)										
Kleiman Rosana A	Practitioner - Primary Care Provider (PCP)										
Thin Cho C	Practitioner - Primary Care Provider (PCP)										
Maravel Paul William	Practitioner - Primary Care Provider (PCP)										
Littleton Andrea Wileen Md	Practitioner - Primary Care Provider (PCP)										
Kucherina Andrey Md	Practitioner - Primary Care Provider (PCP)										
Gardner Traci F Md	Practitioner - Primary Care Provider (PCP)										
Bustros Thomas Md	Practitioner - Primary Care Provider (PCP)										
Smith-Cambry Fiona Gloria	Practitioner - Primary Care Provider (PCP)										
Zedan Dena	Practitioner - Primary Care Provider (PCP)										
Gold Richard Elliott Do	Practitioner - Primary Care Provider (PCP)										
Faroqui Fazal G Do	Practitioner - Primary Care Provider (PCP)										
Daya Rami Khairallah Md	Practitioner - Primary Care Provider (PCP)										
Krausz Robert B Md	Practitioner - Primary Care Provider (PCP)										
Ferdous Razia Khan	Practitioner - Primary Care Provider (PCP)										
Raptis Theodoros	Practitioner - Primary Care Provider (PCP)										
Genovese Leonard Daniel Do	Practitioner - Primary Care Provider (PCP)										
Belding Alfred Md	Practitioner - Primary Care Provider (PCP)										
Filipova Olga Vladimirovna Md	Practitioner - Primary Care Provider (PCP)										
Fraiser Anne Margaret	Practitioner - Primary Care Provider (PCP)										
Kathuria Navneet Md	Practitioner - Primary Care Provider (PCP)										
Prescott Rasheda Vernique Md	Practitioner - Primary Care Provider (PCP)										
Aggarwal Om Parkash Md	Practitioner - Primary Care Provider (PCP)										
Joudeh Ramsey	Practitioner - Primary Care Provider (PCP)										
Bekar Samuel Md	Practitioner - Primary Care Provider (PCP)										
Geyler Inna I Md	Practitioner - Primary Care Provider (PCP)										
Wildfeurer Olga Md	Practitioner - Primary Care Provider (PCP)						1		1	1	1
Kamath Marian D Md	Practitioner - Primary Care Provider (PCP)						1		1	1	1
Schwartzburt Elizabeth Md	Practitioner - Primary Care Provider (PCP)				1		1	1			1



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Beecham-Robinson Anita	Practitioner - Primary Care Provider (PCP)										
Dhillon Lakhbir	Practitioner - Primary Care Provider (PCP)										
Winik Joseph S Md	Practitioner - Primary Care Provider (PCP)										
Madhavi Madhurapantula Do	Practitioner - Primary Care Provider (PCP)										
Fernaine George Md	Practitioner - Primary Care Provider (PCP)										
Polen Denine Lynn	Practitioner - Primary Care Provider (PCP)										
Senatore Claudia	Practitioner - Primary Care Provider (PCP)										
White Devon	Practitioner - Primary Care Provider (PCP)										
Khalilova Roza Rpa	Practitioner - Primary Care Provider (PCP)										
Barcavage Shaun	Practitioner - Primary Care Provider (PCP)										
Braswell Lezli	Practitioner - Primary Care Provider (PCP)										
Avruchevskaya Irina Md	Practitioner - Primary Care Provider (PCP)										
Walfish Jacob S Md	Practitioner - Primary Care Provider (PCP)										
Sethi Dinesh Md	Practitioner - Primary Care Provider (PCP)										
Jebran Antoine Anoir	Practitioner - Primary Care Provider (PCP)										
Ehr Azimah Pilus Md	Practitioner - Primary Care Provider (PCP)										
Landerer David	Practitioner - Primary Care Provider (PCP)										
Young-Geye Stephanie	Practitioner - Primary Care Provider (PCP)										
Arcot Karthikeya	Practitioner - Primary Care Provider (PCP)										
Alwani Salima	Practitioner - Primary Care Provider (PCP)										
Bhatt Anjani A Md	Practitioner - Primary Care Provider (PCP)										
Dubois Elizabeth T	Practitioner - Primary Care Provider (PCP)										
Balmiki Rajeev L Md	Practitioner - Primary Care Provider (PCP)										
Balot Barry Hal Md	Practitioner - Primary Care Provider (PCP)										
Halberstam Meyer S Md	Practitioner - Primary Care Provider (PCP)										
Rossetti Nicolas A	Practitioner - Primary Care Provider (PCP)										
Thomas Sharon	Practitioner - Primary Care Provider (PCP)										
Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)										
Sgarlato Anthony Ralph Md	Practitioner - Primary Care Provider (PCP)									1	1
Guillen-Santana Roselia	Practitioner - Primary Care Provider (PCP)										
Tokar Stanley W Md	Practitioner - Primary Care Provider (PCP)								1	1	



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Provider Name	Provider Category	2.a.i 2.b.i	i 2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Livshits Aleksandr Md	Practitioner - Primary Care Provider (PCP)										
Asgary Gholamreza Md	Practitioner - Primary Care Provider (PCP)										
Putman William Erskine M Md	Practitioner - Primary Care Provider (PCP)										
Favuzza Joy	Practitioner - Primary Care Provider (PCP)										
Avraham J Gottesman	Practitioner - Primary Care Provider (PCP)										
Saadon Yael	Practitioner - Primary Care Provider (PCP)										
Alcantara Teodorico Md	Practitioner - Primary Care Provider (PCP)										1
Diamond David L Md	Practitioner - Primary Care Provider (PCP)										
Vazquez Bianca R Md	Practitioner - Primary Care Provider (PCP)										
Florence P Golamco	Practitioner - Primary Care Provider (PCP)										1
Shukurova Zukhra	Practitioner - Primary Care Provider (PCP)										
Ng Angela	Practitioner - Primary Care Provider (PCP)										1
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)										1
Fatica Nunzia Md	Practitioner - Primary Care Provider (PCP)										
Inzlicht Sprei Eli Md	Practitioner - Primary Care Provider (PCP)										1
Sam Mirela Md	Practitioner - Primary Care Provider (PCP)										
Kang Pritpal S Md	Practitioner - Primary Care Provider (PCP)										1
Sagar Sushil Md	Practitioner - Primary Care Provider (PCP)										
Jennings Sarah	Practitioner - Primary Care Provider (PCP)										
Zhou Wei	Practitioner - Primary Care Provider (PCP)										
Badem Olga Md	Practitioner - Primary Care Provider (PCP)										
Baillargeon Neal Arthur Md	Practitioner - Primary Care Provider (PCP)										
Manna Mario Joseph Do	Practitioner - Primary Care Provider (PCP)										
Friedman Fredy Md	Practitioner - Primary Care Provider (PCP)										
Brunot Emmanuel Md	Practitioner - Primary Care Provider (PCP)										
Narcisse Debra	Practitioner - Primary Care Provider (PCP)										
Zhang Ailing	Practitioner - Primary Care Provider (PCP)								1		
Fu Chung	Practitioner - Primary Care Provider (PCP)										
Neustein Sherrie Golda Md	Practitioner - Primary Care Provider (PCP)								1		
Crenesse-Cozien Anne J Md	Practitioner - Primary Care Provider (PCP)										1
Lyon Claudia L Md	Practitioner - Primary Care Provider (PCP)				1					T	1



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Gonzalez Figueroa Luis Jorge	Practitioner - Primary Care Provider (PCP)										
Pellegrini Richard Andrew Md	Practitioner - Primary Care Provider (PCP)										
Bustros Nagi J Md	Practitioner - Primary Care Provider (PCP)										
Stein Rivka Y Md	Practitioner - Primary Care Provider (PCP)										
Pannone John B Md	Practitioner - Primary Care Provider (PCP)										
Barkan Anatole	Practitioner - Primary Care Provider (PCP)										
Shahkoohi Afshin Md	Practitioner - Primary Care Provider (PCP)										
Aye Myint Myint Md	Practitioner - Primary Care Provider (PCP)										
Akker Eleonora	Practitioner - Primary Care Provider (PCP)										
Tomsa Anca C	Practitioner - Primary Care Provider (PCP)										
Dailey Ronald Scott Md	Practitioner - Primary Care Provider (PCP)										
Nussbaum Jack Md	Practitioner - Primary Care Provider (PCP)										
Carmusciano Vincent Albert Md	Practitioner - Primary Care Provider (PCP)										
Chen Yaw Lim Md	Practitioner - Primary Care Provider (PCP)										
Altman Robbie Windham	Practitioner - Primary Care Provider (PCP)										
Samra Faraj	Practitioner - Primary Care Provider (PCP)										
Chan Enoch Chung Md	Practitioner - Primary Care Provider (PCP)										
Shustarovich Alla Md Pc	Practitioner - Primary Care Provider (PCP)										
Arias-Florez Elizabeth Cristina	Practitioner - Primary Care Provider (PCP)										
Zhuravsky Ellen Rpa	Practitioner - Primary Care Provider (PCP)										
Gelbfish Chana E Md	Practitioner - Primary Care Provider (PCP)										
Gazzara Paul C Md	Practitioner - Primary Care Provider (PCP)										
Greenberg Clifford A Md	Practitioner - Primary Care Provider (PCP)										
Pollard-Thomas Paula Md	Practitioner - Primary Care Provider (PCP)										
Lee Jeong Ran Oh	Practitioner - Primary Care Provider (PCP)										
Wagley Bhupendra P Md	Practitioner - Primary Care Provider (PCP)										
Chopra Rajpal S Md	Practitioner - Primary Care Provider (PCP)										1
Darcy Elizabeth Ann Md	Practitioner - Primary Care Provider (PCP)										1
Perrone Calogera A	Practitioner - Primary Care Provider (PCP)										1
Awikeh Maha Md	Practitioner - Primary Care Provider (PCP)										1
Nebres Jose F Md	Practitioner - Primary Care Provider (PCP)										1



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Provider Name	Provider Category	2.a.i 2	.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)										
Kini Jyoti	Practitioner - Primary Care Provider (PCP)										
Gupta Ravi	Practitioner - Primary Care Provider (PCP)										
Berezovskaya Sabina	Practitioner - Primary Care Provider (PCP)										
Gonzalez Marisol	Practitioner - Primary Care Provider (PCP)										
Grady Laura Jane Md	Practitioner - Primary Care Provider (PCP)										
Banad Sheela Premanath Md	Practitioner - Primary Care Provider (PCP)										
Wong Ying Lan Md	Practitioner - Primary Care Provider (PCP)										
Jimmy R Sitt	Practitioner - Primary Care Provider (PCP)										
Sahgal Sumir P Md	Practitioner - Primary Care Provider (PCP)										
Jayakrishnan Uma P Md	Practitioner - Primary Care Provider (PCP)										
Konka Sudarsanam Md	Practitioner - Primary Care Provider (PCP)										
Hecht Michael D	Practitioner - Primary Care Provider (PCP)										
Eldeeb Elsayed Hammad	Practitioner - Primary Care Provider (PCP)										
Sheikh Manzur Ali Md	Practitioner - Primary Care Provider (PCP)										
Rafiaa Amer	Practitioner - Primary Care Provider (PCP)										
Yu Kyi Win Md	Practitioner - Primary Care Provider (PCP)										
L'Refauh Med & Rehab Ctr.,Inc	Practitioner - Primary Care Provider (PCP)										
Archbold Maritza Stella Md	Practitioner - Primary Care Provider (PCP)										
De Los Reyes Willeta R Md	Practitioner - Primary Care Provider (PCP)										
Wells Barbara	Practitioner - Primary Care Provider (PCP)										
Wilson Alejandra	Practitioner - Primary Care Provider (PCP)										
Elmore Sherlette	Practitioner - Primary Care Provider (PCP)										
Gorelik Anna	Practitioner - Primary Care Provider (PCP)										
Zaloom Robert Anthony Md	Practitioner - Primary Care Provider (PCP)										
Michnovicz Jon J Md	Practitioner - Primary Care Provider (PCP)										
Atluri Subha Md	Practitioner - Primary Care Provider (PCP)					1					
Cahill Ryan M Do	Practitioner - Primary Care Provider (PCP)										
Tavrovskaya Polina Md	Practitioner - Primary Care Provider (PCP)										
Capalbo Ralph H	Practitioner - Primary Care Provider (PCP)					1					
Orlovskiy Aleksandr Md	Practitioner - Primary Care Provider (PCP)					1		1	1		



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Cotos Mejia David N Md	Practitioner - Primary Care Provider (PCP)										
Abramova Inna Md	Practitioner - Primary Care Provider (PCP)										
Celmer Edward J Md	Practitioner - Primary Care Provider (PCP)										
Sattar Fareeha	Practitioner - Primary Care Provider (PCP)										
Marcus Helen	Practitioner - Primary Care Provider (PCP)										
Mondesir-Harewood Carlene	Practitioner - Primary Care Provider (PCP)										
Rabiner Mark Charles Md	Practitioner - Primary Care Provider (PCP)										
Glick Arthur A	Practitioner - Primary Care Provider (PCP)										
Berger Abraham Md	Practitioner - Primary Care Provider (PCP)										
Muharemovic Meciko A Md	Practitioner - Primary Care Provider (PCP)										
Shnaydman Faina Md	Practitioner - Primary Care Provider (PCP)										
Biernacki Carolina	Practitioner - Primary Care Provider (PCP)										
Lowe Rajani	Practitioner - Primary Care Provider (PCP)										
Rosales Manuel Ramos Md	Practitioner - Primary Care Provider (PCP)										
Mancuso John J Md	Practitioner - Primary Care Provider (PCP)										
Nedunchezian Deeptha Md	Practitioner - Primary Care Provider (PCP)										
Delbeau Henri-Robert Md	Practitioner - Primary Care Provider (PCP)										
El Atat Ali Ahmad	Practitioner - Primary Care Provider (PCP)										
Norman Deanne S	Practitioner - Primary Care Provider (PCP)										
Patel Chandrakant M Md	Practitioner - Primary Care Provider (PCP)										
Deweil Lawrence Nicholas Md	Practitioner - Primary Care Provider (PCP)										
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)										
Volpin Marina Md	Practitioner - Primary Care Provider (PCP)										
Kohn Barry H	Practitioner - Primary Care Provider (PCP)										
Mentesana Enza	Practitioner - Primary Care Provider (PCP)										
Samia H Rifaat	Practitioner - Primary Care Provider (PCP)										
Kateryna Perevoznychenko Md	Practitioner - Primary Care Provider (PCP)										
Li Yue	Practitioner - Primary Care Provider (PCP)										
Janice Prime Care Medical Pc	Practitioner - Primary Care Provider (PCP)										
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)										
Steklova Olga Md	Practitioner - Primary Care Provider (PCP)										



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Muster Sima Md	Practitioner - Primary Care Provider (PCP)										
Toomey Thomas Francis Jr	Practitioner - Primary Care Provider (PCP)										
Bron Yana Md	Practitioner - Primary Care Provider (PCP)										
Cortes Juan Do	Practitioner - Primary Care Provider (PCP)										
Patel Mahendra Ambalal Md	Practitioner - Primary Care Provider (PCP)										
Vamadevan Nallasivam Md	Practitioner - Primary Care Provider (PCP)										
Erlikh Tamara Md	Practitioner - Primary Care Provider (PCP)										
Hauer David I Md	Practitioner - Primary Care Provider (PCP)										
Chang Jung Mi Md	Practitioner - Primary Care Provider (PCP)										
Barcia Rafael G Md	Practitioner - Primary Care Provider (PCP)										
Ditchek Stuart	Practitioner - Primary Care Provider (PCP)										
Belotserkovskaya Yanina Md	Practitioner - Primary Care Provider (PCP)										
Levi Linda	Practitioner - Primary Care Provider (PCP)										
Stibitz Lisa Marie	Practitioner - Primary Care Provider (PCP)										
Weiss Andrew L Md	Practitioner - Primary Care Provider (PCP)										
Hana Mervat	Practitioner - Primary Care Provider (PCP)										
Fridman Vladimir	Practitioner - Primary Care Provider (PCP)										
Gupta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)										
Maheshwari Anil	Practitioner - Primary Care Provider (PCP)										
Hinestroza Howard Md	Practitioner - Primary Care Provider (PCP)										
Rizzo Mariano	Practitioner - Primary Care Provider (PCP)										
Abramowitz Lauren J	Practitioner - Primary Care Provider (PCP)										
Chan Alfonso Y	Practitioner - Primary Care Provider (PCP)										
Villanueva Norma I Md	Practitioner - Primary Care Provider (PCP)										
Destefano Patricia	Practitioner - Primary Care Provider (PCP)										
Garankina Olga	Practitioner - Primary Care Provider (PCP)										
Kaur Kiranjit Md	Practitioner - Primary Care Provider (PCP)										
Glaser Evelyn	Practitioner - Primary Care Provider (PCP)										
Go Eddie Sim Md	Practitioner - Primary Care Provider (PCP)				1					1	
Seitz David Elliot Md	Practitioner - Primary Care Provider (PCP)										
Salvati Steven William Md	Practitioner - Primary Care Provider (PCP)			Ī							Ī



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Dume-Charles Daniel Md	Practitioner - Primary Care Provider (PCP)										
Shetty Tharun	Practitioner - Primary Care Provider (PCP)										
Bundoc Susana Dugang Md	Practitioner - Primary Care Provider (PCP)										
Paik Joon	Practitioner - Primary Care Provider (PCP)										
Villafana Juan H	Practitioner - Primary Care Provider (PCP)										
Chua Betty A Md	Practitioner - Primary Care Provider (PCP)										
Lenefsky Ronald I Md	Practitioner - Primary Care Provider (PCP)										
Marrese Christine	Practitioner - Primary Care Provider (PCP)										
Salman Hanan M	Practitioner - Primary Care Provider (PCP)										
Charles Michel-Jose Md	Practitioner - Primary Care Provider (PCP)										
Pagano William Gennaro Md	Practitioner - Primary Care Provider (PCP)										
Stroud Joan Antoinette Md	Practitioner - Primary Care Provider (PCP)										
Rodriguez Maria D Md	Practitioner - Primary Care Provider (PCP)										
Perlova Marina Md	Practitioner - Primary Care Provider (PCP)										
Varghese Betsy	Practitioner - Primary Care Provider (PCP)										
Velasquez Luis	Practitioner - Primary Care Provider (PCP)										
Bookhardt-Murray Lois J	Practitioner - Primary Care Provider (PCP)										
Dellatto Patricia	Practitioner - Primary Care Provider (PCP)										
Khan Noor Zaman Md	Practitioner - Primary Care Provider (PCP)										
Berlin Arnold I Md	Practitioner - Primary Care Provider (PCP)										
Tolbert-Walker Derrick J Md	Practitioner - Primary Care Provider (PCP)										
Leers Ella Md	Practitioner - Primary Care Provider (PCP)										
Joseph Rose	Practitioner - Primary Care Provider (PCP)										
Ariyarajah Vignendra	Practitioner - Primary Care Provider (PCP)										
Lauture Philippe	Practitioner - Primary Care Provider (PCP)										
Natalenko Irina Md	Practitioner - Primary Care Provider (PCP)										
Nie Guo Md	Practitioner - Primary Care Provider (PCP)										
Chin Yin Lee Md	Practitioner - Primary Care Provider (PCP)										
Tin Hui Hing Md	Practitioner - Primary Care Provider (PCP)										
Isseroff Hillel Noah Md	Practitioner - Primary Care Provider (PCP)										
Kao Wei Md	Practitioner - Primary Care Provider (PCP)		1						1		



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Shpak Mikhail M Do	Practitioner - Primary Care Provider (PCP)										
Trossello Catherine	Practitioner - Primary Care Provider (PCP)										
Riso Stephen	Practitioner - Primary Care Provider (PCP)										
Tardio Julio Alberto Md	Practitioner - Primary Care Provider (PCP)										
Caesar Mimieux Vanetta	Practitioner - Primary Care Provider (PCP)										
Bryant Stephanie Md	Practitioner - Primary Care Provider (PCP)										
Kamath Sachin Narsinha Md	Practitioner - Primary Care Provider (PCP)										
Privman Vladimir Md	Practitioner - Primary Care Provider (PCP)										
Muller Leonard Md	Practitioner - Primary Care Provider (PCP)										
Rigaud Nathalie	Practitioner - Primary Care Provider (PCP)										
Arbolino Sally Jane	Practitioner - Primary Care Provider (PCP)										
Deb Ambika Md	Practitioner - Primary Care Provider (PCP)										
Batra Mirabai Kuvi	Practitioner - Primary Care Provider (PCP)										
Roth Olitsa Md	Practitioner - Primary Care Provider (PCP)	~									
Tessler Marc Zev Md	Practitioner - Primary Care Provider (PCP)										
Caruana Joseph Angelo Do	Practitioner - Primary Care Provider (PCP)										
Patel Sanjay Narottambhai Md	Practitioner - Primary Care Provider (PCP)										
Silverblatt Katerina Md	Practitioner - Primary Care Provider (PCP)										
Emma Patricia Sheridan	Practitioner - Primary Care Provider (PCP)										
Baker Margaret Np	Practitioner - Primary Care Provider (PCP)										
Lasko Lauren Emilie	Practitioner - Primary Care Provider (PCP)										
Jasty Susmita Md Pc	Practitioner - Primary Care Provider (PCP)										
Tu Joseph	Practitioner - Primary Care Provider (PCP)										
Amin Khalid Irfan Md	Practitioner - Primary Care Provider (PCP)										
Cicero Sosa Paola	Practitioner - Primary Care Provider (PCP)										
Gyura Philip Joseph	Practitioner - Primary Care Provider (PCP)										
Frank Rachel Anne Md	Practitioner - Primary Care Provider (PCP)										
Byer Erroll Ignatius Jr	Practitioner - Primary Care Provider (PCP)										
Langhans Jean	Practitioner - Primary Care Provider (PCP)										
Harrell Linda Cnm	Practitioner - Primary Care Provider (PCP)										
Balter Richard R Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)										
Goldstone Elaine Brown	Practitioner - Primary Care Provider (PCP)										
Domnich Ilya Md	Practitioner - Primary Care Provider (PCP)										
Jacob Sunitha	Practitioner - Primary Care Provider (PCP)										
Etienne Viviane Md	Practitioner - Primary Care Provider (PCP)										
Carthen Dashima Md	Practitioner - Primary Care Provider (PCP)										
Akhand Abdul	Practitioner - Primary Care Provider (PCP)										
Chakote Jyoti V Md	Practitioner - Primary Care Provider (PCP)										
Brenkler Faina	Practitioner - Primary Care Provider (PCP)										
Kadar Robert Scott Md	Practitioner - Primary Care Provider (PCP)										
Berger Aaron H	Practitioner - Primary Care Provider (PCP)										
Yueh Cindy Tsai-Zung	Practitioner - Primary Care Provider (PCP)										
Osoba Olumide Obafunmilayo Md	Practitioner - Primary Care Provider (PCP)										
Marina Zahra Md	Practitioner - Primary Care Provider (PCP)										
Khaski David	Practitioner - Primary Care Provider (PCP)										
Cohen Samuel Evan	Practitioner - Primary Care Provider (PCP)										
Diaz Michael Md	Practitioner - Primary Care Provider (PCP)										
Sherman Frederic M	Practitioner - Primary Care Provider (PCP)										
Gomez Tulio Enrique Md	Practitioner - Primary Care Provider (PCP)										
Ahern Barbara Ann	Practitioner - Primary Care Provider (PCP)										
Diamond Steven	Practitioner - Primary Care Provider (PCP)										
Cano Nefertiti	Practitioner - Primary Care Provider (PCP)										
Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)										
Duaban Maria Paz Md Pc	Practitioner - Primary Care Provider (PCP)										
Dheeraj Khurana Mbbs	Practitioner - Primary Care Provider (PCP)										
Yiu John	Practitioner - Primary Care Provider (PCP)										
Bunyavanich Sommai T Md	Practitioner - Primary Care Provider (PCP)		1		1					1	
Duda Olha	Practitioner - Primary Care Provider (PCP)		1		1					1	
Rodgers Stephen L	Practitioner - Primary Care Provider (PCP)										1
Zhao Qiuqu	Practitioner - Primary Care Provider (PCP)										1
Balchan Brooke	Practitioner - Primary Care Provider (PCP)										1



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Wanda Rodriguez Md	Practitioner - Primary Care Provider (PCP)											
Nelson Marcia Philomena	Practitioner - Primary Care Provider (PCP)											
Sisser Rachel	Practitioner - Primary Care Provider (PCP)											
Apergis George Anargyros	Practitioner - Primary Care Provider (PCP)											
Zyskind Israel	Practitioner - Primary Care Provider (PCP)											
Kushnir Bella	Practitioner - Primary Care Provider (PCP)											
One Sai	Practitioner - Primary Care Provider (PCP)											
Wilbur Stuart Jay	Practitioner - Primary Care Provider (PCP)											
Putter Ellen	Practitioner - Primary Care Provider (PCP)											
Yazigi Samar F Chahla Md	Practitioner - Primary Care Provider (PCP)											
Sastre Jorge Md	Practitioner - Primary Care Provider (PCP)											
Gamss Jeffrey Stuart Md	Practitioner - Primary Care Provider (PCP)											
Yeung Jennifer	Practitioner - Primary Care Provider (PCP)											
Rodriguez-Iglesias Realba	Practitioner - Primary Care Provider (PCP)											
Ngwangwa Kelechi	Practitioner - Primary Care Provider (PCP)											
Iqbal Adeel Azmat	Practitioner - Primary Care Provider (PCP)											
Klein David	Practitioner - Primary Care Provider (PCP)											
Rozentul Anna V	Practitioner - Primary Care Provider (PCP)											
Оо Муа Муа	Practitioner - Primary Care Provider (PCP)											
Haddad Stephen Md	Practitioner - Primary Care Provider (PCP)											
Gabriel Michael	Practitioner - Primary Care Provider (PCP)											
Islam Noor Afza Md	Practitioner - Primary Care Provider (PCP)											
Silver Chvette	Practitioner - Primary Care Provider (PCP)											
Rodriguez Edna V Md	Practitioner - Primary Care Provider (PCP)											
Friedrich Sabiha Md	Practitioner - Primary Care Provider (PCP)											
Giantinoto Salvatore J Do	Practitioner - Primary Care Provider (PCP)											
Horn Ansell Np	Practitioner - Primary Care Provider (PCP)											
Glaser Jordan B Md	Practitioner - Primary Care Provider (PCP)											
Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)									1		1
Khoury Nidal Y Md	Practitioner - Primary Care Provider (PCP)											
Dayen Nina Md	Practitioner - Primary Care Provider (PCP)				1						1	1



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Kim Jeongwon	Practitioner - Primary Care Provider (PCP)										
Orafidiya Adebola O Md	Practitioner - Primary Care Provider (PCP)										
Chan Wendy	Practitioner - Primary Care Provider (PCP)										
Ubanwa Rose	Practitioner - Primary Care Provider (PCP)										
Budhrani Rishika	Practitioner - Primary Care Provider (PCP)										
Weiss Robert Allen Md	Practitioner - Primary Care Provider (PCP)										
Golden Owen Md	Practitioner - Primary Care Provider (PCP)										
Fletcher, Fnp Debbian	Practitioner - Primary Care Provider (PCP)										
Chen Charlie Chin-Song Do	Practitioner - Primary Care Provider (PCP)										
Vaidy Nishant	Practitioner - Primary Care Provider (PCP)										
Jang Jennifer	Practitioner - Primary Care Provider (PCP)										
Dukhan Marina Do	Practitioner - Primary Care Provider (PCP)										
Olson Arik Robert Md	Practitioner - Primary Care Provider (PCP)										
Levit Susan Md	Practitioner - Primary Care Provider (PCP)										
Rodriguez Ricardo Ariel Md	Practitioner - Primary Care Provider (PCP)										
Abott Michael L Md	Practitioner - Primary Care Provider (PCP)										
Rao Sudha	Practitioner - Primary Care Provider (PCP)										
Martinez Carmen	Practitioner - Primary Care Provider (PCP)										
Schuller Alan Morris Md	Practitioner - Primary Care Provider (PCP)										
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)										
Alvarez-Barto Ivannia Nastashia	Practitioner - Primary Care Provider (PCP)										
Rando Giuseppe Rosario Md	Practitioner - Primary Care Provider (PCP)										
Nguyen Quang	Practitioner - Primary Care Provider (PCP)										
Myint Win Md	Practitioner - Primary Care Provider (PCP)										
Levey Robert L Md	Practitioner - Primary Care Provider (PCP)										
Parikh Nalini H Md Pc	Practitioner - Primary Care Provider (PCP)										
Zaretsky Galina	Practitioner - Primary Care Provider (PCP)										
Murray Christine	Practitioner - Primary Care Provider (PCP)										
Czira Alex A	Practitioner - Primary Care Provider (PCP)										
Sherill Purcell Md Pc	Practitioner - Primary Care Provider (PCP)										
Roche Marie-Lourdes Md	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Makavana Jayeshkumar J Md	Practitioner - Primary Care Provider (PCP)										
Alapati Prameela	Practitioner - Primary Care Provider (PCP)										
Mayard Jules	Practitioner - Primary Care Provider (PCP)										
Odetalla Fatima	Practitioner - Primary Care Provider (PCP)										
Escobar Diego Md	Practitioner - Primary Care Provider (PCP)										
Ramlal Carminie	Practitioner - Primary Care Provider (PCP)										
Walker Dionne M	Practitioner - Primary Care Provider (PCP)										
Ahsan Mohammad Md	Practitioner - Primary Care Provider (PCP)										
Oks Marina V Md	Practitioner - Primary Care Provider (PCP)										
Othoniel Marlene	Practitioner - Primary Care Provider (PCP)										
Khan Naznin	Practitioner - Primary Care Provider (PCP)										
Peyman E Younesi Md	Practitioner - Primary Care Provider (PCP)										1
Denny Martin	Practitioner - Primary Care Provider (PCP)										
Quinn-Torpey Susan	Practitioner - Primary Care Provider (PCP)										
Christensen Johanna Luce	Practitioner - Primary Care Provider (PCP)										1
Von Dornum Miranda	Practitioner - Primary Care Provider (PCP)										1
Sotnik Regina Md	Practitioner - Primary Care Provider (PCP)										1
Chowdhry Mohammed Idris	Practitioner - Primary Care Provider (PCP)										
Kazeem Saka Md	Practitioner - Primary Care Provider (PCP)										1
Desai Vikas	Practitioner - Primary Care Provider (PCP)										1
Rohatgi Rajesh Md	Practitioner - Primary Care Provider (PCP)										1
Irina Berlin Medical Pc	Practitioner - Primary Care Provider (PCP)										1
Mitchell I Weinstein Do Pc	Practitioner - Primary Care Provider (PCP)										
Gorelik Dmitry David	Practitioner - Primary Care Provider (PCP)										1
Pintauro Robert	Practitioner - Primary Care Provider (PCP)										
Tsukerman Boris Md	Practitioner - Primary Care Provider (PCP)										1
Ida Louise Santana Md	Practitioner - Primary Care Provider (PCP)										1
Shneyder Tanya	Practitioner - Primary Care Provider (PCP)										1
Krinsky Robert	Practitioner - Primary Care Provider (PCP)							1			1
Marks Natalie Alexandra	Practitioner - Primary Care Provider (PCP)							1			1
Treatman David Md	Practitioner - Primary Care Provider (PCP)										1



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Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Volfinzon Leonid Medical Pc	Practitioner - Primary Care Provider (PCP)										
Henao Joseph	Practitioner - Primary Care Provider (PCP)										
Deluca John J Md	Practitioner - Primary Care Provider (PCP)										
Holalkere Rajagopal Md	Practitioner - Primary Care Provider (PCP)										
Mulvanerty Noreen R	Practitioner - Primary Care Provider (PCP)										
De La Cruz Bianca	Practitioner - Primary Care Provider (PCP)										
Mcadam John Mark Md	Practitioner - Primary Care Provider (PCP)										
Maybody Shideh	Practitioner - Primary Care Provider (PCP)										
Glaser Amy Lisa Md	Practitioner - Primary Care Provider (PCP)										
Moussa Marwa	Practitioner - Primary Care Provider (PCP)										
Kirpichnikov Dmitri Md	Practitioner - Primary Care Provider (PCP)										
Bashey Mohammed B Md	Practitioner - Primary Care Provider (PCP)										
Burgos Javier P	Practitioner - Primary Care Provider (PCP)										
Bunyavanich Sanga Md	Practitioner - Primary Care Provider (PCP)	~									
Losev Alexander Md	Practitioner - Primary Care Provider (PCP)										
Pye Yar Md	Practitioner - Primary Care Provider (PCP)										
Rosen Eli Nathan Md	Practitioner - Primary Care Provider (PCP)										
Teitelbaum Jeffrey Md	Practitioner - Primary Care Provider (PCP)										
Krishnan Gokul Thiruppathi	Practitioner - Non-Primary Care Provider (PCP)										
Bosch Orlando	Practitioner - Non-Primary Care Provider (PCP)										
Tatakis Effie Od	Practitioner - Non-Primary Care Provider (PCP)										
Vidal Sandra Zelpha	Practitioner - Non-Primary Care Provider (PCP)										
Davidoff Sam Do	Practitioner - Non-Primary Care Provider (PCP)										
Elmaria Asmaa Dds	Practitioner - Non-Primary Care Provider (PCP)										
Walsh Raymond B Md	Practitioner - Non-Primary Care Provider (PCP)										
Joseph J Castelli	Practitioner - Non-Primary Care Provider (PCP)										
Karkus Harvey D Md	Practitioner - Non-Primary Care Provider (PCP)										
Deutsch Vicki-Jo Md	Practitioner - Non-Primary Care Provider (PCP)										
Ahmad Romana	Practitioner - Non-Primary Care Provider (PCP)										
Kunin Marc	Practitioner - Non-Primary Care Provider (PCP)										
Smith Pauline Joy	Practitioner - Non-Primary Care Provider (PCP)										



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Battaglia Jennifer Sue Practitioner - Non-Primary Care Provider (PCP) Fetherolf Elizabeth Daire Practitioner - Non-Primary Care Provider (PCP) Digiovanni Paul Anthony Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rando Joseph P Md Practitioner - Non-Primary Care Provider (PCP) Judem-Cautin Robert Maurer Martin H Practitioner - Non-Primary Care Provider (PCP) Ajani Sabina Practitioner - Non-Primary Care Provider (PCP) Nickel George John Jr Practitioner - Non-Primary Care Provider (PCP) Camille Joanne Nancy Phd Practitioner - Non-Primary Care Provider (PCP) Donna Bernstein Practitioner - Non-Primary Care Provider (PCP) Eli Shalenberg Practitioner - Non-Primary Care Provider (PCP) Blum Corinne E Practitioner - Non-Primary Care Provider (PCP) Osherov Gregori Practitioner - Non-Primary Care Provider (PCP) Scott Rosenberg, M.S., R.D., Cdn Practitioner - Non-Primary Care Provider (PCP) Cohen Richard Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kominer Gene Ralph Walter M Jr Md Practitioner - Non-Primary Care Provider (PCP) Belayneh Lulenesh Md Practitioner - Non-Primary Care Provider (PCP) Marecheau Jacqueline M Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Joseph Baird **~** × **~** × **~ ~** × × **~** Kaplan Evan Practitioner - Non-Primary Care Provider (PCP) Albdewi Jamal Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Jacqueline Morris** Practitioner - Non-Primary Care Provider (PCP) Spruchman Lorraine Practitioner - Non-Primary Care Provider (PCP) Kotzen Selwyn David Wheeler Sandra E Practitioner - Non-Primary Care Provider (PCP) Gloria Bent Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Ganesh Perumal** Cardenas Oswardo Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kabir Asiya Mohamed Farouk-Elsomany Ahmed Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Tung Ashley** Practitioner - Non-Primary Care Provider (PCP) Hyde Clair Practitioner - Non-Primary Care Provider (PCP) Grabovskaya Nadezhda Practitioner - Non-Primary Care Provider (PCP) Christopher J. Fideli Practitioner - Non-Primary Care Provider (PCP) Lappan Elisabeth G Practitioner - Non-Primary Care Provider (PCP) Boveuzi Matthew David Practitioner - Non-Primary Care Provider (PCP) Rosenkranz Leon G Md Practitioner - Non-Primary Care Provider (PCP) Hahner Kathryn Karen Practitioner - Non-Primary Care Provider (PCP) Maimon Ron Md Practitioner - Non-Primary Care Provider (PCP) Beylus Keith Od Practitioner - Non-Primary Care Provider (PCP) Bobra Fyne, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Dorv Andrea Christina Md Practitioner - Non-Primary Care Provider (PCP) Passafaro Michael Do Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Yulis Irina Asano Kenichi Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fung-Nicholson Sonia Patel Minesh R Md Practitioner - Non-Primary Care Provider (PCP) Valente Diane Matos Practitioner - Non-Primary Care Provider (PCP) Depaola Joseph N Practitioner - Non-Primary Care Provider (PCP) Fermon Charles M Md Practitioner - Non-Primary Care Provider (PCP) Kamenetsky Aleksey Md Practitioner - Non-Primary Care Provider (PCP) Lichter Stephen M Md Practitioner - Non-Primary Care Provider (PCP) Rateb Mahmoud S H Md Practitioner - Non-Primary Care Provider (PCP) **Brooks Steven Elliot** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Bulsara Girish M Md Blatter Brett Practitioner - Non-Primary Care Provider (PCP) Hernandez Tania Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Errol Young Rutman Hadassa Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Petrosyan Tamara Carol J. Blanchard Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Salamon Tziri Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Persaud Nadia Camillo Reginald Alivia Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shmerkovich Dmitry Salim Yusuf Md Practitioner - Non-Primary Care Provider (PCP) Stone Lia Practitioner - Non-Primary Care Provider (PCP) Hassan Joseph George Practitioner - Non-Primary Care Provider (PCP) Raymundo Fermin, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Shaffer Michael J Practitioner - Non-Primary Care Provider (PCP) Foreman Malika Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Li Vuy San Md Vidershayn Alexander Md Practitioner - Non-Primary Care Provider (PCP) Postell Scott G Md Practitioner - Non-Primary Care Provider (PCP) Tranchese John Practitioner - Non-Primary Care Provider (PCP) Lewis David A Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Dundy Richard A Md Chen Vivian Min-Lan Practitioner - Non-Primary Care Provider (PCP) Habib Mohsen A Md Practitioner - Non-Primary Care Provider (PCP) Yew Eddie K Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Halligan-Luca Anne Rose Maria Francavilla Practitioner - Non-Primary Care Provider (PCP) **Emmanuel Feddy Stanislas** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Phelan Jane Nazemzadeh Milad Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Liff Marc Amanda Hordos Practitioner - Non-Primary Care Provider (PCP) Julie Mannas Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Rivera-Aguilar Celeste** Aries Meng-Wei Liao, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Gamboa Pilar Sia Mariano Dds Practitioner - Non-Primary Care Provider (PCP) Ruggiero-Decarlo Rosemary Md Practitioner - Non-Primary Care Provider (PCP)



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	Participating in Pro	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Khushbu Modh	Practitioner - Non-Primary Care Provider (PCP)										
Suarez Maria Priscila	Practitioner - Non-Primary Care Provider (PCP)										
Chen Christine W	Practitioner - Non-Primary Care Provider (PCP)										
Lim Jennifer Hui	Practitioner - Non-Primary Care Provider (PCP)										
Robyn Kotek	Practitioner - Non-Primary Care Provider (PCP)										
Barlas David Md	Practitioner - Non-Primary Care Provider (PCP)										
Bergen Michael Howard	Practitioner - Non-Primary Care Provider (PCP)										
Richter Scott	Practitioner - Non-Primary Care Provider (PCP)										
Shaiova Lauren A Md	Practitioner - Non-Primary Care Provider (PCP)										
Margulis Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)										
Chukwuocha Benjamin	Practitioner - Non-Primary Care Provider (PCP)										
Ioannou Ioannis	Practitioner - Non-Primary Care Provider (PCP)										
Vazquez Claudio Manuel Md	Practitioner - Non-Primary Care Provider (PCP)										
Gordon Doris Janet Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez Cynthia	Practitioner - Non-Primary Care Provider (PCP)										
Lai Yu Jen Md	Practitioner - Non-Primary Care Provider (PCP)										
Averbukh Ella Slp	Practitioner - Non-Primary Care Provider (PCP)										
Gambino Calogero Md	Practitioner - Non-Primary Care Provider (PCP)										
Price Cathleen	Practitioner - Non-Primary Care Provider (PCP)										
Figueras Benjamin	Practitioner - Non-Primary Care Provider (PCP)										
Inaiat Soliman	Practitioner - Non-Primary Care Provider (PCP)										
Zavaro Doris Samir	Practitioner - Non-Primary Care Provider (PCP)										
Kathryn Ryan	Practitioner - Non-Primary Care Provider (PCP)										
Jennifer Schultz, Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Shim Brian	Practitioner - Non-Primary Care Provider (PCP)										
Zhu Lili	Practitioner - Non-Primary Care Provider (PCP)										
Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)										
Shirley Alexandria	Practitioner - Non-Primary Care Provider (PCP)										
Landy Robert Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Kumar Nanjundaiah Md	Practitioner - Non-Primary Care Provider (PCP)										
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)										



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Dawson Andrew J L R Md Practitioner - Non-Primary Care Provider (PCP) Teitelbaum Mitchell Dds Practitioner - Non-Primary Care Provider (PCP) Yu Eric Yen Cheng Practitioner - Non-Primary Care Provider (PCP) Karin Rice Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Members Hani Henry Heather M Practitioner - Non-Primary Care Provider (PCP) Susan Hernandez Practitioner - Non-Primary Care Provider (PCP) Mohabir Jason Practitioner - Non-Primary Care Provider (PCP) Nagel Dalia Practitioner - Non-Primary Care Provider (PCP) Peker Zohar Practitioner - Non-Primary Care Provider (PCP) **Rigg Suyin A** Practitioner - Non-Primary Care Provider (PCP) Lauren Brown, Otr/L Practitioner - Non-Primary Care Provider (PCP) Charana-Cruz Von Marie Practitioner - Non-Primary Care Provider (PCP) Boyd-Mckoy Aleen Marie Practitioner - Non-Primary Care Provider (PCP) Mcculloch Melinda Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Brown, Robyn Kinoshita Shiori Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Bass Sherry J Od Kumar Raman Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Gladstein Michael** Kao Daniel Thomas Md Practitioner - Non-Primary Care Provider (PCP) Friedman Ariel Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Furci Thomas James Dpm Practitioner - Non-Primary Care Provider (PCP) Allen Josephine Wirchansky William Michael Practitioner - Non-Primary Care Provider (PCP) Moss Douglas G Md Practitioner - Non-Primary Care Provider (PCP) Cody Stephen Practitioner - Non-Primary Care Provider (PCP) Defalco Michael M Phd Practitioner - Non-Primary Care Provider (PCP) Donna O'Malley, R.D., Cdn Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Cesaire Nathalie** John Rimmer Do Practitioner - Non-Primary Care Provider (PCP)



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Weinstein Tamara B Practitioner - Non-Primary Care Provider (PCP) Mckenzie Odile Practitioner - Non-Primary Care Provider (PCP) Hutchins Christina Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Sandler Zachary Practitioner - Non-Primary Care Provider (PCP) Golub Ashley D Munro Manuel Practitioner - Non-Primary Care Provider (PCP) Cano Vincent Practitioner - Non-Primary Care Provider (PCP) Jacobsberg Lawrence Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Domowicz Joseph Krilov Meg Allyn Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Monioudis Gus Dds Krumholz David Practitioner - Non-Primary Care Provider (PCP) Howard J Reifer Dme Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Appolon Carmin Md Gines Annie I Dpm Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Golden Ann L Hyonjin Seo Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Andretta Patrick Medford Linda A Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Agostinelli Nicole Ryann Shanberg Rikki Practitioner - Non-Primary Care Provider (PCP) **~ ~ ~ ~ ~ ~** ~ **Connell Ashley Elizabeth** Practitioner - Non-Primary Care Provider (PCP) Mohamed Yehia Abouelyousr Dpt Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shahin George Practitioner - Non-Primary Care Provider (PCP) Nobel Mehdi A Practitioner - Non-Primary Care Provider (PCP) Goldstein Israel Dpm Albin Scott M Do Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Laino Joseph Phd Sickles Alan David Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Nabatian Farzad Md Mantzoukas Argirios Md Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Knopp Catherine** Practitioner - Non-Primary Care Provider (PCP) Rosenberg Linda R Practitioner - Non-Primary Care Provider (PCP) Bates Anthony Mr. Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Drakes Vonetta Andrea Practitioner - Non-Primary Care Provider (PCP) Sternhell Amy Dennis Greene Practitioner - Non-Primary Care Provider (PCP) **Briggs Matthew** Practitioner - Non-Primary Care Provider (PCP) Kaye Annette Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Greenspan Betty Weingarten Harry Practitioner - Non-Primary Care Provider (PCP) Yunis Judith Practitioner - Non-Primary Care Provider (PCP) Acevedo Ramon E Practitioner - Non-Primary Care Provider (PCP) Maravel Paul William Practitioner - Non-Primary Care Provider (PCP) Kumar Sampath R Md Practitioner - Non-Primary Care Provider (PCP) Ibanez Delfin George C Md Practitioner - Non-Primary Care Provider (PCP) Attia Claire William Md Practitioner - Non-Primary Care Provider (PCP) Morgan Dorcas Ceola Md Practitioner - Non-Primary Care Provider (PCP) Elangovan Visalakshi Practitioner - Non-Primary Care Provider (PCP) Barnes Ila L Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Catabois Yvane Ryncarz Wojciech Practitioner - Non-Primary Care Provider (PCP) Patricia Graham Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) John Robert Delfs Hausler Kristen Marie Practitioner - Non-Primary Care Provider (PCP) Julian Stewart Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rodriguez Juan Ray Liu, Otr/L Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Iwanusa Erin Elizabeth **Bashir Waheed** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Ackerman Elizabeth **Royes Patrina** Practitioner - Non-Primary Care Provider (PCP) ~



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Jacques Jean-Robert Md Practitioner - Non-Primary Care Provider (PCP) Lacqua Frank J Md Practitioner - Non-Primary Care Provider (PCP) Jurman Marlene Practitioner - Non-Primary Care Provider (PCP) Nelson Dina S Md Practitioner - Non-Primary Care Provider (PCP) Blass Joel Mitchell Md Practitioner - Non-Primary Care Provider (PCP) Waite Douglas Practitioner - Non-Primary Care Provider (PCP) Avis Harewood Practitioner - Non-Primary Care Provider (PCP) Gwyn Rodney Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Campbell Pamela Ann Shoham Marny Hope Practitioner - Non-Primary Care Provider (PCP) Borelli Ann Marie Practitioner - Non-Primary Care Provider (PCP) Igari Canna Practitioner - Non-Primary Care Provider (PCP) Bourne Ana-Gabriela Practitioner - Non-Primary Care Provider (PCP) Kasimis Magdalini Practitioner - Non-Primary Care Provider (PCP) Cole Tina M Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Venkataraman Akila Md Alperin Mark Md Practitioner - Non-Primary Care Provider (PCP) Katz Alex S Dpm Practitioner - Non-Primary Care Provider (PCP) Kraus Allison Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Milgrim Jeremy Mcwilliams Carla Sue Practitioner - Non-Primary Care Provider (PCP) Keitha Pollock Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Gonzalez Jose Jr Practitioner - Non-Primary Care Provider (PCP) Hudson Ricardo Valeriano Allison Manalastas Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fraiser Anne Margaret Mermelstein Peter L Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Diaz Christian** Kathuria Navneet Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pegler Deena Gail Cernigliaro Julie Anne Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Azamy Taufiq Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Tranese Louis J Arbisser Joel M Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Karcioglu Amanda Mesh Alla Md Practitioner - Non-Primary Care Provider (PCP) Israel-Maclin Michelle Sophia Practitioner - Non-Primary Care Provider (PCP) **Fainberg Marina** Practitioner - Non-Primary Care Provider (PCP) Mullen Edward Practitioner - Non-Primary Care Provider (PCP) Zolnowski lan Practitioner - Non-Primary Care Provider (PCP) ~ ~ ~ ~ ~ ~ ~ ~ Rodene I Cortes Practitioner - Non-Primary Care Provider (PCP) Andramuno Lissette Practitioner - Non-Primary Care Provider (PCP) Gebele Joyce E Practitioner - Non-Primary Care Provider (PCP) Kimberly Beth Soleimani Practitioner - Non-Primary Care Provider (PCP) Elliott Emily C Practitioner - Non-Primary Care Provider (PCP) Beth Golomb Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fetkin Sheree A Gialvsakis John Peter Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Norman Allison Levin Valencia Diana Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Feynberg Galina** Trehan Manoj K Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kosinski Slawomir Md Practitioner - Non-Primary Care Provider (PCP) Kaylakov Robert Md Louis-Jacques Bergson Practitioner - Non-Primary Care Provider (PCP) Lazar Clare Ms. Practitioner - Non-Primary Care Provider (PCP) **Reichert James Michael** Practitioner - Non-Primary Care Provider (PCP) Carpo Minda S Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shvets Yelena Practitioner - Non-Primary Care Provider (PCP) Flicker Andrew Practitioner - Non-Primary Care Provider (PCP) Maravilla Camilo Dean Domingo Jessica Bryan Practitioner - Non-Primary Care Provider (PCP)



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Bouvin Rachel Pearl	Practitioner - Non-Primary Care Provider (PCP)										
Warren J Pires, Lmsw	Practitioner - Non-Primary Care Provider (PCP)										
Jones Catherine Reed	Practitioner - Non-Primary Care Provider (PCP)										
Victoria E Kelly	Practitioner - Non-Primary Care Provider (PCP)										
Ciabattari Tara	Practitioner - Non-Primary Care Provider (PCP)										
Roza Khalilova, Pa	Practitioner - Non-Primary Care Provider (PCP)		~	~	~	~	~	~	~	~	
Lau Turmalina	Practitioner - Non-Primary Care Provider (PCP)										
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)										
Bahl Parul Md	Practitioner - Non-Primary Care Provider (PCP)										
Gettenberg Gary Seth Md	Practitioner - Non-Primary Care Provider (PCP)										
Madonna Richard James	Practitioner - Non-Primary Care Provider (PCP)										
Weinstock Judith Beth Md	Practitioner - Non-Primary Care Provider (PCP)										
Mani Vijay J Md	Practitioner - Non-Primary Care Provider (PCP)										
Hughes James	Practitioner - Non-Primary Care Provider (PCP)										
Bleich Laurie Ann Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Lechich Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)										
Bloch Sonja	Practitioner - Non-Primary Care Provider (PCP)										
Smith Erica Joi	Practitioner - Non-Primary Care Provider (PCP)										
Heath Desmond Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez-Dumont Ernesto Luis	Practitioner - Non-Primary Care Provider (PCP)										
Kwon Emmeline Helen Md	Practitioner - Non-Primary Care Provider (PCP)										
Alberty Oller Jose Jaime	Practitioner - Non-Primary Care Provider (PCP)										
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)										
Senior Consuelo	Practitioner - Non-Primary Care Provider (PCP)										
Elizabeth Mambondimumwe	Practitioner - Non-Primary Care Provider (PCP)										
Lekhno Susanna	Practitioner - Non-Primary Care Provider (PCP)										
Becker Lucy	Practitioner - Non-Primary Care Provider (PCP)										
Gaev Gloria Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Arcot Karthikeya	Practitioner - Non-Primary Care Provider (PCP)										
Cooper Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
Yared Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Ritter Steven** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shuster David Dpm Pardeshi Ramsing B Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Macatangay Marc Titelis Joann Alexandros Md Practitioner - Non-Primary Care Provider (PCP) Llerena Cristina Practitioner - Non-Primary Care Provider (PCP) Lauer Darrell Practitioner - Non-Primary Care Provider (PCP) D Robbins Podiatry Pc Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Di Mango Anthony L Roman Octavio Jr Practitioner - Non-Primary Care Provider (PCP) Shakalis Peter Practitioner - Non-Primary Care Provider (PCP) Stogel Hope D Slp Practitioner - Non-Primary Care Provider (PCP) Conen Amy Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Irina Belder Sandra Fairweather Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Michelle Lang, L.M.S.W. Vazquez, Yolanda Practitioner - Non-Primary Care Provider (PCP) Dubois Elizabeth T Practitioner - Non-Primary Care Provider (PCP) Roberts Pamela M Dpm Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Oruganti Balaji Jacinto Francisco Gertrude Md Practitioner - Non-Primary Care Provider (PCP) Breit Henry Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rossetti Nicolas A Abou-Fayssal Nada G Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shirakura Akihiko Dds Stein Nancy D Practitioner - Non-Primary Care Provider (PCP) Friedman Simon Harold Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) La Casio Ralph Anthony Khwalsingh Ahilya Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Knibb Stuart Meneses Maegan Ann Practitioner - Non-Primary Care Provider (PCP)



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	Participating in Pro	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Shah Manan Ashokkumar	Practitioner - Non-Primary Care Provider (PCP)										
Rapp Jessica Mary	Practitioner - Non-Primary Care Provider (PCP)										
Susan Ozeri	Practitioner - Non-Primary Care Provider (PCP)										
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)										
Kang Harriet Md	Practitioner - Non-Primary Care Provider (PCP)										
Lopez Margarita	Practitioner - Non-Primary Care Provider (PCP)										
Maslansky David	Practitioner - Non-Primary Care Provider (PCP)										
Kristi Hickey-Vigilante, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Guglielmo Robert	Practitioner - Non-Primary Care Provider (PCP)										
Manigault Andrea Denee	Practitioner - Non-Primary Care Provider (PCP)										
Nininger James E	Practitioner - Non-Primary Care Provider (PCP)										
Saxena Archana	Practitioner - Non-Primary Care Provider (PCP)										
Levy Chanie	Practitioner - Non-Primary Care Provider (PCP)										
Licht Deborah Miss	Practitioner - Non-Primary Care Provider (PCP)										
Zlobinskiy Ellen	Practitioner - Non-Primary Care Provider (PCP)										
Finkelstein Ruth	Practitioner - Non-Primary Care Provider (PCP)										
Winter, Amelia	Practitioner - Non-Primary Care Provider (PCP)										
Layliev Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Kianovski Serge Rpt	Practitioner - Non-Primary Care Provider (PCP)										
Demeo Harry George Md	Practitioner - Non-Primary Care Provider (PCP)										
Green Larry Russel	Practitioner - Non-Primary Care Provider (PCP)										
Garner Bruce F Md	Practitioner - Non-Primary Care Provider (PCP)										
Pavlakos Constantin	Practitioner - Non-Primary Care Provider (PCP)										
Daniel Pedraza	Practitioner - Non-Primary Care Provider (PCP)										
Radiant Smalls, R.N.	Practitioner - Non-Primary Care Provider (PCP)										
Diegue Lashire J	Practitioner - Non-Primary Care Provider (PCP)										
Hayward Bradley John	Practitioner - Non-Primary Care Provider (PCP)										
Muradov Julia	Practitioner - Non-Primary Care Provider (PCP)										
Yang Lihua	Practitioner - Non-Primary Care Provider (PCP)										
La Pierre Tedra	Practitioner - Non-Primary Care Provider (PCP)										
Singer, Matthew	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Piotrowska Eva Practitioner - Non-Primary Care Provider (PCP) Dannenberg Michael J Md Pc Practitioner - Non-Primary Care Provider (PCP) Harris-Cobbinah Deborah Np Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Gutin Steven Joanne R. Zeller, Ph.D. Practitioner - Non-Primary Care Provider (PCP) Sirota Elizabeth Md Practitioner - Non-Primary Care Provider (PCP) Vazquez Bianca R Md Practitioner - Non-Primary Care Provider (PCP) Oliff Andrew H Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Cheryl Huggins** Dastur Shana Practitioner - Non-Primary Care Provider (PCP) Yunitis Faith Practitioner - Non-Primary Care Provider (PCP) Ednalino Edgar Y Md Practitioner - Non-Primary Care Provider (PCP) **Baptiste Marjorie** Practitioner - Non-Primary Care Provider (PCP) Mandel Goldy Practitioner - Non-Primary Care Provider (PCP) Jared Scott Jerome Practitioner - Non-Primary Care Provider (PCP) Cucchiara Family Dentistry Practitioner - Non-Primary Care Provider (PCP) Sohmer Samantha Rachel Practitioner - Non-Primary Care Provider (PCP) Sharon H. Wasserstein Practitioner - Non-Primary Care Provider (PCP) Lefever Jennifer Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Bliss Kelsey × × × × **~ ~** × × **~** Wall Darryl Practitioner - Non-Primary Care Provider (PCP) Schuman, Cliff Practitioner - Non-Primary Care Provider (PCP) Armena Brown, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Schaich David Phd Practitioner - Non-Primary Care Provider (PCP) Cortez Roberto J Dpm Practitioner - Non-Primary Care Provider (PCP) Robin P. Hollander-Bobo, Md Practitioner - Non-Primary Care Provider (PCP) ~ ~ ~ ~ ~ ~ ~ ~ ~ **Briley James** Practitioner - Non-Primary Care Provider (PCP) Nicoletti Robert Joseph Md Practitioner - Non-Primary Care Provider (PCP) Almoudarres Maher Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Agosto Myrna Weber Judith Libhaber Practitioner - Non-Primary Care Provider (PCP)



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Schlam Corinne	Practitioner - Non-Primary Care Provider (PCP)										
Nalabolu Harsha Reddy	Practitioner - Non-Primary Care Provider (PCP)										
Almira Sigrid Lagrosas Galdo	Practitioner - Non-Primary Care Provider (PCP)										
Eddie Simcha	Practitioner - Non-Primary Care Provider (PCP)										
Moreno Gloria	Practitioner - Non-Primary Care Provider (PCP)										
Ringel Miriam	Practitioner - Non-Primary Care Provider (PCP)										
Ortiz Maria	Practitioner - Non-Primary Care Provider (PCP)										
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)										
Shaw Daniella Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez Ruth	Practitioner - Non-Primary Care Provider (PCP)										
Dye Colleen	Practitioner - Non-Primary Care Provider (PCP)										
Canestraro Julia	Practitioner - Non-Primary Care Provider (PCP)										
Schechter William M Phd	Practitioner - Non-Primary Care Provider (PCP)										
Katherine Koim-Walsh	Practitioner - Non-Primary Care Provider (PCP)										
Kamenetsky Elvira Md	Practitioner - Non-Primary Care Provider (PCP)										
Sussman Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)										
Caraballo Karen	Practitioner - Non-Primary Care Provider (PCP)										
Ngo Tammy Phuong	Practitioner - Non-Primary Care Provider (PCP)										
Brown Richard James	Practitioner - Non-Primary Care Provider (PCP)										
Bleier Howard Md	Practitioner - Non-Primary Care Provider (PCP)										
Lagman Noreen Dimatulac	Practitioner - Non-Primary Care Provider (PCP)										
Dunn Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)										
Dholakia Shashikant Vrajlal	Practitioner - Non-Primary Care Provider (PCP)										
Grun Andrei A Dds	Practitioner - Non-Primary Care Provider (PCP)										
Mohamed M Zaki	Practitioner - Non-Primary Care Provider (PCP)										
Kaplan Thomas Anthony Psyd	Practitioner - Non-Primary Care Provider (PCP)										
Morrisett Nancy	Practitioner - Non-Primary Care Provider (PCP)										
Karen Formato, R.D.	Practitioner - Non-Primary Care Provider (PCP)										
Foley Robin	Practitioner - Non-Primary Care Provider (PCP)							1			
Chu Michael H	Practitioner - Non-Primary Care Provider (PCP)										
Eliezer Hillman	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Hamilton Anicka	Practitioner - Non-Primary Care Provider (PCP)										
Tannenbaum Mark H Md	Practitioner - Non-Primary Care Provider (PCP)										
Carter Tanya	Practitioner - Non-Primary Care Provider (PCP)										
Ilagan John Md	Practitioner - Non-Primary Care Provider (PCP)										
Motlow Ferrell Alma Md	Practitioner - Non-Primary Care Provider (PCP)										
Ellenbogen Glenn Curtis	Practitioner - Non-Primary Care Provider (PCP)										
Elaine Squeri	Practitioner - Non-Primary Care Provider (PCP)										
Ciotti Andrew James	Practitioner - Non-Primary Care Provider (PCP)										
Cotton Jordana Michele	Practitioner - Non-Primary Care Provider (PCP)										
Seth Lerea, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Centeno Blanche	Practitioner - Non-Primary Care Provider (PCP)										
Vinoth K. Chandra Mohan	Practitioner - Non-Primary Care Provider (PCP)										
Jennings Sarah	Practitioner - Non-Primary Care Provider (PCP)										
Morrow Marlene Catherine	Practitioner - Non-Primary Care Provider (PCP)										
Stamm Joseph Martin Od	Practitioner - Non-Primary Care Provider (PCP)										
Appel Julia	Practitioner - Non-Primary Care Provider (PCP)										
Kohli Sonia	Practitioner - Non-Primary Care Provider (PCP)										
Shir Irene	Practitioner - Non-Primary Care Provider (PCP)										
Starkman David	Practitioner - Non-Primary Care Provider (PCP)										
Radin Rachel	Practitioner - Non-Primary Care Provider (PCP)										
Arenas Chona Balauag	Practitioner - Non-Primary Care Provider (PCP)										
Khan Mohammed	Practitioner - Non-Primary Care Provider (PCP)										
Halpern Michael K	Practitioner - Non-Primary Care Provider (PCP)										
Casimir Georges J Md	Practitioner - Non-Primary Care Provider (PCP)										
Milford Eugene Paul Dds	Practitioner - Non-Primary Care Provider (PCP)										
Fridline Danielle H	Practitioner - Non-Primary Care Provider (PCP)										
Culliford Daniel Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Brukti Harper	Practitioner - Non-Primary Care Provider (PCP)										
Tharayil Zubin	Practitioner - Non-Primary Care Provider (PCP)										
Sgroi Kristin Marie	Practitioner - Non-Primary Care Provider (PCP)										
Kindo-Diouf Azetta	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Hourizadeh Yassaman	Practitioner - Non-Primary Care Provider (PCP)										
Woodberry Michael Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Fentress Kathleen M	Practitioner - Non-Primary Care Provider (PCP)										
Hendler Marc Craig Dds	Practitioner - Non-Primary Care Provider (PCP)										
Byrne Christopher	Practitioner - Non-Primary Care Provider (PCP)										
Weiser Robert K Md	Practitioner - Non-Primary Care Provider (PCP)										
Weinberg Jerry Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
Puttaswamy Rajeev	Practitioner - Non-Primary Care Provider (PCP)										
Bryant Ronald F	Practitioner - Non-Primary Care Provider (PCP)										
Divack Steven Marc Md	Practitioner - Non-Primary Care Provider (PCP)										
Podell Robert M Md	Practitioner - Non-Primary Care Provider (PCP)										
Carol Nocella, R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)										
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)										
143582310simo Michele	Practitioner - Non-Primary Care Provider (PCP)										
Gonzalez Figueroa Luis Jorge	Practitioner - Non-Primary Care Provider (PCP)										
Williams Caroline Borden	Practitioner - Non-Primary Care Provider (PCP)										
Clark Patricia L	Practitioner - Non-Primary Care Provider (PCP)										
Choi Christina	Practitioner - Non-Primary Care Provider (PCP)										
Sharfshteyn Marina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
James Decarlo Hand And Occupa	Practitioner - Non-Primary Care Provider (PCP)										
Freese Ali Miatelle	Practitioner - Non-Primary Care Provider (PCP)										
Williams Ayesha Audene	Practitioner - Non-Primary Care Provider (PCP)										
Ferraro John A Md	Practitioner - Non-Primary Care Provider (PCP)										
Soberano Consolacio	Practitioner - Non-Primary Care Provider (PCP)										
Bustros Nagi J Md	Practitioner - Non-Primary Care Provider (PCP)										
Pannone John B Md	Practitioner - Non-Primary Care Provider (PCP)										
Chitnis Anup Md	Practitioner - Non-Primary Care Provider (PCP)										
Kelleher Paul Mitchell Do	Practitioner - Non-Primary Care Provider (PCP)										
Gao Yan Ling Md	Practitioner - Non-Primary Care Provider (PCP)										
Bouchard-Burns Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)										
Umeozor Augustine Uche Md	Practitioner - Non-Primary Care Provider (PCP)					1					



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in	Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Voigt Joseph Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)										
Ureno Sergio	Practitioner - Non-Primary Care Provider (PCP)										
Liu Alan	Practitioner - Non-Primary Care Provider (PCP)										
Schwarcz Leonard	Practitioner - Non-Primary Care Provider (PCP)										
Ali Dassan	Practitioner - Non-Primary Care Provider (PCP)										
Raza Seyed Mohamed Jaffar Ali Md	Practitioner - Non-Primary Care Provider (PCP)										
Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Long Sarah	Practitioner - Non-Primary Care Provider (PCP)										
Sossich Melissa	Practitioner - Non-Primary Care Provider (PCP)										
Chambers Erin	Practitioner - Non-Primary Care Provider (PCP)										
Luce Douglas	Practitioner - Non-Primary Care Provider (PCP)										
Delores Moncrieffe	Practitioner - Non-Primary Care Provider (PCP)										
Gosk Agnieszka B	Practitioner - Non-Primary Care Provider (PCP)										
Pratt Miriam M	Practitioner - Non-Primary Care Provider (PCP)										
Giordano Stephanie	Practitioner - Non-Primary Care Provider (PCP)										
Bhardwaj Jasvir Kumar	Practitioner - Non-Primary Care Provider (PCP)										
Barzideh Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Mariotti Gabriele	Practitioner - Non-Primary Care Provider (PCP)	~									
Green Kelli	Practitioner - Non-Primary Care Provider (PCP)										
Salvacion Fervic Morante	Practitioner - Non-Primary Care Provider (PCP)										
Hofmann Joanna Frances	Practitioner - Non-Primary Care Provider (PCP)										
Asaro Regina M Md	Practitioner - Non-Primary Care Provider (PCP)										
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)										
Andiyappa Jagadish	Practitioner - Non-Primary Care Provider (PCP)										
Kedzior Angela B	Practitioner - Non-Primary Care Provider (PCP)										
Wohl Melissa Hayley	Practitioner - Non-Primary Care Provider (PCP)										
Dunn-Murad lanthe	Practitioner - Non-Primary Care Provider (PCP)										
Reda Robert C	Practitioner - Non-Primary Care Provider (PCP)										
Slaff Ilana Michelle	Practitioner - Non-Primary Care Provider (PCP)					1					
Kathleen Walsh Hoey	Practitioner - Non-Primary Care Provider (PCP)										
Raquel Gagliano	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Taub Asher	Practitioner - Non-Primary Care Provider (PCP)										
Rehkugler Kelley	Practitioner - Non-Primary Care Provider (PCP)										
Manisoff Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Piazza Ashley G	Practitioner - Non-Primary Care Provider (PCP)										
Lopez Daisy	Practitioner - Non-Primary Care Provider (PCP)										
Chaves Amber Elizabeth Ruth	Practitioner - Non-Primary Care Provider (PCP)										
Altman Robbie Windham	Practitioner - Non-Primary Care Provider (PCP)										
Wagshall Eli Dds	Practitioner - Non-Primary Care Provider (PCP)										
Koster Harry Robert M Md	Practitioner - Non-Primary Care Provider (PCP)										
Nizolek Kara	Practitioner - Non-Primary Care Provider (PCP)										
Charles Edward Yurkewicz	Practitioner - Non-Primary Care Provider (PCP)										
Warner Randall Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Clifford Justine	Practitioner - Non-Primary Care Provider (PCP)										
Shaulson Malky	Practitioner - Non-Primary Care Provider (PCP)										
Lulu Sandy	Practitioner - Non-Primary Care Provider (PCP)										
Alissa N Fier	Practitioner - Non-Primary Care Provider (PCP)										
Krull Joanna R	Practitioner - Non-Primary Care Provider (PCP)										
Steinberg Mitchell Lee Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)										
Ascher Enrico	Practitioner - Non-Primary Care Provider (PCP)										
Persad Parasram	Practitioner - Non-Primary Care Provider (PCP)										
Young John Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)										
Lavianlivi Michael Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Kahn Gary Lee	Practitioner - Non-Primary Care Provider (PCP)										
Merchan Carla	Practitioner - Non-Primary Care Provider (PCP)										
Kusmierska Grazyna T	Practitioner - Non-Primary Care Provider (PCP)										
Layvey Ann Akuyo	Practitioner - Non-Primary Care Provider (PCP)										
Schaeffer David	Practitioner - Non-Primary Care Provider (PCP)										
Yukie Chiba	Practitioner - Non-Primary Care Provider (PCP)										
Oconnell William F Od	Practitioner - Non-Primary Care Provider (PCP)										
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Washington Ronald A Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Anant Ashok Md	Practitioner - Non-Primary Care Provider (PCP)										
Greenberg Clifford A Md	Practitioner - Non-Primary Care Provider (PCP)										
Onghai Benson Go Md	Practitioner - Non-Primary Care Provider (PCP)										
Chen Jean	Practitioner - Non-Primary Care Provider (PCP)										
Basile Dominick Md	Practitioner - Non-Primary Care Provider (PCP)										
Henderson Kimberly Joan Md	Practitioner - Non-Primary Care Provider (PCP)										
Betancur Claudia M	Practitioner - Non-Primary Care Provider (PCP)										
Rivka Sachdev	Practitioner - Non-Primary Care Provider (PCP)										
Bluman Anton	Practitioner - Non-Primary Care Provider (PCP)										
Kennedy-Villafane Nicole Theresa	Practitioner - Non-Primary Care Provider (PCP)										
Fazio Kim Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Taitelbaum Deborah P	Practitioner - Non-Primary Care Provider (PCP)										
Meltzer Jacob	Practitioner - Non-Primary Care Provider (PCP)										
Bailey Jean Lloyd	Practitioner - Non-Primary Care Provider (PCP)										
Vington Michel Sacha Md	Practitioner - Non-Primary Care Provider (PCP)										
Gerling Michael C Md	Practitioner - Non-Primary Care Provider (PCP)										
Stolove-Sherman Renee	Practitioner - Non-Primary Care Provider (PCP)										
Maresca Alyssa D	Practitioner - Non-Primary Care Provider (PCP)										
Mendoza Rowena D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
Borer Jeremy	Practitioner - Non-Primary Care Provider (PCP)										
Kuttler Karen Waedekin	Practitioner - Non-Primary Care Provider (PCP)										
Kinatukara Shibu George Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Sullivan Richard C	Practitioner - Non-Primary Care Provider (PCP)										
Mohadjeri Nathalie	Practitioner - Non-Primary Care Provider (PCP)										
Luquis Evelyn	Practitioner - Non-Primary Care Provider (PCP)										
Myint Nyun Nyun Md	Practitioner - Non-Primary Care Provider (PCP)										
Fiorello Janine	Practitioner - Non-Primary Care Provider (PCP)										
Polistina Dean Carl Md	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Dimaggio Dina M	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Golster Marina Pt Practitioner - Non-Primary Care Provider (PCP) **Duperval Mireills Md** Practitioner - Non-Primary Care Provider (PCP) Lubarr Naomi Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Choi Woonsung Minoff Richard Dds Practitioner - Non-Primary Care Provider (PCP) Gupta Ravi Practitioner - Non-Primary Care Provider (PCP) **Jastram Jacqueline Carmel** Practitioner - Non-Primary Care Provider (PCP) Leslie Cari Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Shea Langsam **Rutner Daniella** Practitioner - Non-Primary Care Provider (PCP) Mozlin Rochelle Practitioner - Non-Primary Care Provider (PCP) Egan Sarah Mcdavitt Practitioner - Non-Primary Care Provider (PCP) Pak Nanwai Md Practitioner - Non-Primary Care Provider (PCP) Hingorani Anil Pribhu Md Practitioner - Non-Primary Care Provider (PCP) Minkowitz Gerald Practitioner - Non-Primary Care Provider (PCP) Goldberg Julia Dds Practitioner - Non-Primary Care Provider (PCP) Brodsky Alexander Md Practitioner - Non-Primary Care Provider (PCP) Centonza Susan A Practitioner - Non-Primary Care Provider (PCP) Rao Jayanth Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Wynter-Jones Carol Practitioner - Non-Primary Care Provider (PCP) Senosian Javier Md Wong Thomas Practitioner - Non-Primary Care Provider (PCP) Hudson Chandini Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Verges Lynnette Deonarine Youbraj Mr. Practitioner - Non-Primary Care Provider (PCP) Amel Mohamed Whiteside, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Steen, Nicole Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Paul Renald Long Michele Practitioner - Non-Primary Care Provider (PCP) Bunac-Cuevas Cristina M Practitioner - Non-Primary Care Provider (PCP) Ellinger Sarah Elizabeth Practitioner - Non-Primary Care Provider (PCP)



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Chaim I Toder Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Leah Grunwald Practitioner - Non-Primary Care Provider (PCP) Diamond, Daniel Practitioner - Non-Primary Care Provider (PCP) **Durant Jacqueline Michelle** Practitioner - Non-Primary Care Provider (PCP) Ayub Mohammad Eyaz Miller Ricardo Anthony Practitioner - Non-Primary Care Provider (PCP) Weissbart Clyde H Md Practitioner - Non-Primary Care Provider (PCP) Ravitz Stephen B Dpm Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Guzman Jeanette Ulep Rosita Razo Md Pc Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Nikiforov Konstantin Md Hadley Sallie Joellin Md Practitioner - Non-Primary Care Provider (PCP) Pecoraro Georgina L Practitioner - Non-Primary Care Provider (PCP) Michele Feldman, L.C.S.W. Practitioner - Non-Primary Care Provider (PCP) Shapiro Mikhail Do Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Frasca Sandro Dpm Parellada Aleio Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Gellerman Brooke Autumn Cyvas Edmund Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Dhallu Gurjeet** Shvets Marina Dpm Practitioner - Non-Primary Care Provider (PCP) Wei Angela Liu Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kilduff Arthur Mccarthy Tara J Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Calabrese Lauren Steinberg Mara Elise Practitioner - Non-Primary Care Provider (PCP) Francois Katiana Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Persaud Vyas Durga Md Kaufman David M Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Dlug John B Rpt Shepherd Timothy Michael Practitioner - Non-Primary Care Provider (PCP)



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	Participating i	n Projects									
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Thakker Promila M Md	Practitioner - Non-Primary Care Provider (PCP)										
Latyshevsky Alex A Md	Practitioner - Non-Primary Care Provider (PCP)										
Chloe Muychou Chhor	Practitioner - Non-Primary Care Provider (PCP)										
Wilson Alejandra	Practitioner - Non-Primary Care Provider (PCP)										
Breard John	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	
Geraghty Nicole Kristine	Practitioner - Non-Primary Care Provider (PCP)										
Elmore Sherlette	Practitioner - Non-Primary Care Provider (PCP)										
Fumagalli Michelle D Np	Practitioner - Non-Primary Care Provider (PCP)										
Pulido Jennie	Practitioner - Non-Primary Care Provider (PCP)										
Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)										
Grattan, Heidemarie	Practitioner - Non-Primary Care Provider (PCP)										
Tirelli Matthew J	Practitioner - Non-Primary Care Provider (PCP)										
Disanto Gregory	Practitioner - Non-Primary Care Provider (PCP)										
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)										
Michnovicz Jon J Md	Practitioner - Non-Primary Care Provider (PCP)										
Watson Catherin Pace	Practitioner - Non-Primary Care Provider (PCP)										
Ryndin Igor Md	Practitioner - Non-Primary Care Provider (PCP)										
Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)										
Apfel Mark	Practitioner - Non-Primary Care Provider (PCP)										
Atluri Subha Md	Practitioner - Non-Primary Care Provider (PCP)										
Kartina N Bell	Practitioner - Non-Primary Care Provider (PCP)										
Brodsky Stephen Md	Practitioner - Non-Primary Care Provider (PCP)										
Lee Siu K	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Robert A	Practitioner - Non-Primary Care Provider (PCP)										
Weinberger Wilbur Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Camillieri Susan	Practitioner - Non-Primary Care Provider (PCP)										
Kamal Buchanan	Practitioner - Non-Primary Care Provider (PCP)										
Twohig Evelyn	Practitioner - Non-Primary Care Provider (PCP)										
Dianne Daniels, Cota	Practitioner - Non-Primary Care Provider (PCP)										
Gray Velasquez	Practitioner - Non-Primary Care Provider (PCP)										
Schwarha Peggy	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
381865664johnson Kirsten	Practitioner - Non-Primary Care Provider (PCP)										
Zwerling Jonathan Scott Md	Practitioner - Non-Primary Care Provider (PCP)										
Tarsis Sara Leah Md Phd	Practitioner - Non-Primary Care Provider (PCP)										
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)										
Fred S Schwartz	Practitioner - Non-Primary Care Provider (PCP)										
Sussman-Mirocznik Irit	Practitioner - Non-Primary Care Provider (PCP)										
Pollack Hugh L	Practitioner - Non-Primary Care Provider (PCP)										
Sharif Muhammad Q	Practitioner - Non-Primary Care Provider (PCP)										
Adimoolam Seetharaman Md	Practitioner - Non-Primary Care Provider (PCP)										
Marsh Elissa	Practitioner - Non-Primary Care Provider (PCP)										
Holcomb Alvin D Md	Practitioner - Non-Primary Care Provider (PCP)										
Tolpin Bernard Baer	Practitioner - Non-Primary Care Provider (PCP)										
Eiseman Caroline	Practitioner - Non-Primary Care Provider (PCP)										
Fruchter Merav Dds	Practitioner - Non-Primary Care Provider (PCP)										
Cheung Angela Yuen Man	Practitioner - Non-Primary Care Provider (PCP)										
Jane Coyle	Practitioner - Non-Primary Care Provider (PCP)										
Alexander Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)										
Greenspan Maxwell	Practitioner - Non-Primary Care Provider (PCP)										
Baumgarten Megan	Practitioner - Non-Primary Care Provider (PCP)										
Irons Rachel Lauren	Practitioner - Non-Primary Care Provider (PCP)										
Amico Susan G Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Khrom Tatiana Md	Practitioner - Non-Primary Care Provider (PCP)										
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Ritaann Dalton	Practitioner - Non-Primary Care Provider (PCP)										
Layton Tina	Practitioner - Non-Primary Care Provider (PCP)										
Gennaro Mark Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Maki Rachael Hilda	Practitioner - Non-Primary Care Provider (PCP)										
Tiyyagura Satish	Practitioner - Non-Primary Care Provider (PCP)										
Skovronsky Yaakov	Practitioner - Non-Primary Care Provider (PCP)										
Caruana Dara Beth	Practitioner - Non-Primary Care Provider (PCP)										
Calderon Vincente Anthony	Practitioner - Non-Primary Care Provider (PCP)										



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Dooley Francis Patrick** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Ambarian Naira Practitioner - Non-Primary Care Provider (PCP) Mendlowitz Jonathan Practitioner - Non-Primary Care Provider (PCP) Michaud Valerie Marie J Practitioner - Non-Primary Care Provider (PCP) Pernes Cheryl Palafox Staci Bryson Practitioner - Non-Primary Care Provider (PCP) Turner Carol Lolita Practitioner - Non-Primary Care Provider (PCP) Nazir Sharique Practitioner - Non-Primary Care Provider (PCP) Fertel Norman Shepard Md Practitioner - Non-Primary Care Provider (PCP) Vitale Aldo Md Practitioner - Non-Primary Care Provider (PCP) Madeb Isaac Md Practitioner - Non-Primary Care Provider (PCP) Papamitsakis Nikolaos I H Practitioner - Non-Primary Care Provider (PCP) Wagner Wetzel Nancy Phd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kamen Jonathan Sucich James Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Loberas Karen Katherine Capistrano Pacifici Amy Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kim Carolyn ~ \checkmark ~ \checkmark \checkmark \checkmark ~ \checkmark ~ Shoute Meridith Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Koenigsberg Joanna × × **~** × × ~ **~** × **~** Nunez Freddy Practitioner - Non-Primary Care Provider (PCP) Abreu Jairo Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Goodrich Jennifer Gale Umeh Uchenna Practitioner - Non-Primary Care Provider (PCP) Mondesir-Harewood Carlene Practitioner - Non-Primary Care Provider (PCP) Kaplan David Practitioner - Non-Primary Care Provider (PCP) Desanto Pasquale M Dpm Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Meshnick Joel Alan Dpm Leifer Gerald Dds Practitioner - Non-Primary Care Provider (PCP) Daley Lisa M Md Practitioner - Non-Primary Care Provider (PCP) Freilich Bryan Michael Phd Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Testa Jane Marie Md Practitioner - Non-Primary Care Provider (PCP) Santos Maria J Practitioner - Non-Primary Care Provider (PCP) Berger Abraham Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Santana Resto Lillian Elisa Haber Sol David Dds Practitioner - Non-Primary Care Provider (PCP) Mcdermott Brian Practitioner - Non-Primary Care Provider (PCP) Peters-Lowe Kisha Practitioner - Non-Primary Care Provider (PCP) Korsen Meredith Practitioner - Non-Primary Care Provider (PCP) Biernacki Carolina Practitioner - Non-Primary Care Provider (PCP) Faigy Brecher Practitioner - Non-Primary Care Provider (PCP) Morris Nadia Noelle-Kristie Practitioner - Non-Primary Care Provider (PCP) **Reves Narolin** Practitioner - Non-Primary Care Provider (PCP) Wimmer Alicia Practitioner - Non-Primary Care Provider (PCP) Chavarria Jeyser B Practitioner - Non-Primary Care Provider (PCP) Modica Patricia Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Schiff Carolyn Md Milshteyn Yuliya Cnm Practitioner - Non-Primary Care Provider (PCP) Westfried Morris Pc Md Practitioner - Non-Primary Care Provider (PCP) Goldberger Robert Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Tsinis Mariya F Md Practitioner - Non-Primary Care Provider (PCP) Gomez Richard Practitioner - Non-Primary Care Provider (PCP) Delbeau Henri-Robert Md Practitioner - Non-Primary Care Provider (PCP) Koppel Barbara Sue Md Practitioner - Non-Primary Care Provider (PCP) Pedro Helder Francisco Helen H Tong Practitioner - Non-Primary Care Provider (PCP) Levi Rosen Practitioner - Non-Primary Care Provider (PCP) Wolk Lora Hilary Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Dufresne Francois** Adhia Rajesh Gautam Dds Practitioner - Non-Primary Care Provider (PCP) Tarlow Gail Practitioner - Non-Primary Care Provider (PCP) Celona John Paul Practitioner - Non-Primary Care Provider (PCP)



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Norman Deanne S Practitioner - Non-Primary Care Provider (PCP) Gyorgyi Datz Practitioner - Non-Primary Care Provider (PCP) Spoljaric Maria Clarissa Gwendolyn Practitioner - Non-Primary Care Provider (PCP) Yi-Chen Lee Practitioner - Non-Primary Care Provider (PCP) lacono Danielle Practitioner - Non-Primary Care Provider (PCP) Schnapp Marisa Practitioner - Non-Primary Care Provider (PCP) Rangel Magda Practitioner - Non-Primary Care Provider (PCP) Guerrero Rebecca P Dds Practitioner - Non-Primary Care Provider (PCP) Ni Li Practitioner - Non-Primary Care Provider (PCP) Joanne Distilo Practitioner - Non-Primary Care Provider (PCP) Deweil Lawrence Nicholas Md Practitioner - Non-Primary Care Provider (PCP) Elferzli George Salem Md Practitioner - Non-Primary Care Provider (PCP) Libassi David Practitioner - Non-Primary Care Provider (PCP) Madama Sukanya Dpm Practitioner - Non-Primary Care Provider (PCP) Khan Uzma Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Thomas Rogelio Isaac Md Tarcatu Dana Liliana Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Abitbol Lionel Y Patricia Gorman Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Sonia Aracena **Reynolds Gregory** Practitioner - Non-Primary Care Provider (PCP) Merker-Eisen Lara J Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Wolfe Lisa Wong Sinkong Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Victoria E Souffrant Sara Rabinowitz, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Friedman Danielle Miss Practitioner - Non-Primary Care Provider (PCP) **Teitcher Arielle** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fan Hong Nachum Levin, Md, Pc Practitioner - Non-Primary Care Provider (PCP) Schweitzer Frances Robyn Phd Practitioner - Non-Primary Care Provider (PCP)



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Chang Jennifer** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Goff Bradford Md Baldinger Esther Md Practitioner - Non-Primary Care Provider (PCP) Dimond Carol L Md Practitioner - Non-Primary Care Provider (PCP) Mayer Richard Practitioner - Non-Primary Care Provider (PCP) Pankaj Bhandari Practitioner - Non-Primary Care Provider (PCP) **Catherine Conway** Practitioner - Non-Primary Care Provider (PCP) Samuel George Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Carnelia James **Rivera Carmen** Practitioner - Non-Primary Care Provider (PCP) Jean-Louis Jude Practitioner - Non-Primary Care Provider (PCP) **Brown Phyllis** Practitioner - Non-Primary Care Provider (PCP) **Oppenheim Jennifer A** Practitioner - Non-Primary Care Provider (PCP) **Burnett Michael Charles Md** Practitioner - Non-Primary Care Provider (PCP) Bampoe Isaac G Md Practitioner - Non-Primary Care Provider (PCP) Marshall Kiah Devon Practitioner - Non-Primary Care Provider (PCP) Sood Deepika Md Practitioner - Non-Primary Care Provider (PCP) New Alternatives For Children Practitioner - Non-Primary Care Provider (PCP) Schwartz Joseph Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Javita Banks-Coleman Monica Davidson Practitioner - Non-Primary Care Provider (PCP) Goldstein Jill Y Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mudannayake Louis Mahen Md Practitioner - Non-Primary Care Provider (PCP) Gudesblatt Mark Md Mashkabova Lyubov Dds Practitioner - Non-Primary Care Provider (PCP) Keilson Marshall J Md Practitioner - Non-Primary Care Provider (PCP) Ishikawa Atsuko Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Gonzalez Orlando Jr Md Marcus Robert S Dpm Practitioner - Non-Primary Care Provider (PCP) Urcuyo Leonel Md Practitioner - Non-Primary Care Provider (PCP) Yates Patricia K Practitioner - Non-Primary Care Provider (PCP)



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Volkerts Elston Leroy Practitioner - Non-Primary Care Provider (PCP) East Carolyn Alicia Practitioner - Non-Primary Care Provider (PCP) Lui Yvonne W Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pappas Mike Litvin Lyubov Dds Practitioner - Non-Primary Care Provider (PCP) Romano Constance Practitioner - Non-Primary Care Provider (PCP) Altman Darvl Renee Md Practitioner - Non-Primary Care Provider (PCP) Remson Karen M Np Practitioner - Non-Primary Care Provider (PCP) Richard Zbytniewski, Otr/L Practitioner - Non-Primary Care Provider (PCP) Mckeon- Simone Maureen Ann Practitioner - Non-Primary Care Provider (PCP) Siasoco Vincent Practitioner - Non-Primary Care Provider (PCP) Angelos Popi Practitioner - Non-Primary Care Provider (PCP) Apicella Sheila Ann Md Practitioner - Non-Primary Care Provider (PCP) Weinberg S Dana Practitioner - Non-Primary Care Provider (PCP) Rene Daphney Mary Practitioner - Non-Primary Care Provider (PCP) Rai Rohit Kumar Practitioner - Non-Primary Care Provider (PCP) Wolberg James P Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Lowe Beverley Joseph Naber Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Corpuz Glorilyn Montesa Cerullo Andrew Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rajeshwari Soni Practitioner - Non-Primary Care Provider (PCP) **Rennalls Marqui** ~ \checkmark ~ ~ \checkmark \checkmark ~ \checkmark ~ Lindy David C Practitioner - Non-Primary Care Provider (PCP) Markhasina Inna Md Practitioner - Non-Primary Care Provider (PCP) **Kwak Charles** Practitioner - Non-Primary Care Provider (PCP) Nguyen William Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Zaydfudim Galene Croslin Nicole M Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Chen Yuan-Fang Md Goldstein Stanley Md Practitioner - Non-Primary Care Provider (PCP)



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Arick Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)											
Viron Anna	Practitioner - Non-Primary Care Provider (PCP)											
Schnell Ellen S	Practitioner - Non-Primary Care Provider (PCP)											
Albano John Francis	Practitioner - Non-Primary Care Provider (PCP)											
Giuliano Linda Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Miskin Solomon Md	Practitioner - Non-Primary Care Provider (PCP)											
Rana Nirmala Psy.D	Practitioner - Non-Primary Care Provider (PCP)											
Mycek, Kara	Practitioner - Non-Primary Care Provider (PCP)											
Rizzo Mariano	Practitioner - Non-Primary Care Provider (PCP)											
Abramowitz Lauren J	Practitioner - Non-Primary Care Provider (PCP)											
Westcott Jacqueline C	Practitioner - Non-Primary Care Provider (PCP)											
Koenig Edward S	Practitioner - Non-Primary Care Provider (PCP)											
Goodman Warren Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Baldeon Sylvia	Practitioner - Non-Primary Care Provider (PCP)											
Caraig Voltaire Delapaz	Practitioner - Non-Primary Care Provider (PCP)											
Kaylakova Irina Md	Practitioner - Non-Primary Care Provider (PCP)											
Dano Ivy Nicole Wee-Sit	Practitioner - Non-Primary Care Provider (PCP)											
Tzu Julia	Practitioner - Non-Primary Care Provider (PCP)											
Darcia Bryden Currie	Practitioner - Non-Primary Care Provider (PCP)											
Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)											
Collins Shonette V	Practitioner - Non-Primary Care Provider (PCP)											
Glaser Evelyn	Practitioner - Non-Primary Care Provider (PCP)											
Buss Jeanette T	Practitioner - Non-Primary Care Provider (PCP)											
Boymelgreen Alisa	Practitioner - Non-Primary Care Provider (PCP)											
Asmar Amanda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~		
Lucido Jeffrey Vincent Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
West Alan Leonard Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lepore Frank Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Alessi Kenneth Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Jones Judy Ms.	Practitioner - Non-Primary Care Provider (PCP)										Ī	



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	Participating in Pro	ojects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Strassfeld Maxine Minucha	Practitioner - Non-Primary Care Provider (PCP)											
Roitman Rita	Practitioner - Non-Primary Care Provider (PCP)											
Malekan Shahnaz	Practitioner - Non-Primary Care Provider (PCP)											
Sokker Rania Farid	Practitioner - Non-Primary Care Provider (PCP)											
Perezalonso Luis	Practitioner - Non-Primary Care Provider (PCP)											
Dababneh Haitham	Practitioner - Non-Primary Care Provider (PCP)											
Renata Dellapasqua	Practitioner - Non-Primary Care Provider (PCP)											
Olivera Cedric	Practitioner - Non-Primary Care Provider (PCP)											
Smith Kimberly A	Practitioner - Non-Primary Care Provider (PCP)											
Grieco Alan	Practitioner - Non-Primary Care Provider (PCP)											
Seth Issac Winslow	Practitioner - Non-Primary Care Provider (PCP)											
Rivera Cedric	Practitioner - Non-Primary Care Provider (PCP)											
Kim Su A	Practitioner - Non-Primary Care Provider (PCP)											
Green, Steven	Practitioner - Non-Primary Care Provider (PCP)											
Lei Jonell	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~		
Soab Medical Pc	Practitioner - Non-Primary Care Provider (PCP)											
Shollar Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Soden Richard M Od	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Allen H Od	Practitioner - Non-Primary Care Provider (PCP)											
Genovesi Mark H Md	Practitioner - Non-Primary Care Provider (PCP)											
Sundell Jon Robert Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)											
Dinovis James Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Jakubowska-Sadow Katarzyna Md	Practitioner - Non-Primary Care Provider (PCP)											
Vozick Jesse M Md	Practitioner - Non-Primary Care Provider (PCP)											
Charles Jeremy Yves	Practitioner - Non-Primary Care Provider (PCP)											
Martin Glenn	Practitioner - Non-Primary Care Provider (PCP)											
Fioribello Virginia Anna	Practitioner - Non-Primary Care Provider (PCP)										1	
Wiener Jennifer Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Dayan Alan Jesse Md	Practitioner - Non-Primary Care Provider (PCP)										1	
Miller Robert	Practitioner - Non-Primary Care Provider (PCP)											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Cheema Muhammad	Practitioner - Non-Primary Care Provider (PCP)											
Allison Karen Melanie Md	Practitioner - Non-Primary Care Provider (PCP)											
Tan Alfonso Md	Practitioner - Non-Primary Care Provider (PCP)											
Young Anne	Practitioner - Non-Primary Care Provider (PCP)											
Kolahifar Jafar Md	Practitioner - Non-Primary Care Provider (PCP)											
Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)											
Haskes Lloyd Partman	Practitioner - Non-Primary Care Provider (PCP)											
Jaclyn Park	Practitioner - Non-Primary Care Provider (PCP)											
Steven Sattler	Practitioner - Non-Primary Care Provider (PCP)											
Wolslau Hans Johann Do	Practitioner - Non-Primary Care Provider (PCP)											
Chang Diane Tsing Wen	Practitioner - Non-Primary Care Provider (PCP)											
Katel Farrukh Amin Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Trina Abraham	Practitioner - Non-Primary Care Provider (PCP)											
Gall Sarah Md	Practitioner - Non-Primary Care Provider (PCP)											
Marrese Christine	Practitioner - Non-Primary Care Provider (PCP)											
Mirna Sambula, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Rachelle Veasley	Practitioner - Non-Primary Care Provider (PCP)											
Mendel Kraus	Practitioner - Non-Primary Care Provider (PCP)											
Kernan Tracy Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Moore Peace	Practitioner - Non-Primary Care Provider (PCP)											
Felicetti Dawn-Marie	Practitioner - Non-Primary Care Provider (PCP)											
Mather Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Keating Andrea	Practitioner - Non-Primary Care Provider (PCP)	 Image: A start of the start of										
Giasullo Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Charles Michel-Jose Md	Practitioner - Non-Primary Care Provider (PCP)											
Fein Paul A Md	Practitioner - Non-Primary Care Provider (PCP)											
Speaker Mark George Md	Practitioner - Non-Primary Care Provider (PCP)											
Zwick Dalia Epstein	Practitioner - Non-Primary Care Provider (PCP)											
Chafiian Younes Md	Practitioner - Non-Primary Care Provider (PCP)											
Emmons George Dpm	Practitioner - Non-Primary Care Provider (PCP)											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Cavalli Adele L Md	Practitioner - Non-Primary Care Provider (PCP)											
Valerice Stania	Practitioner - Non-Primary Care Provider (PCP)											
Pasternak Roey	Practitioner - Non-Primary Care Provider (PCP)											
Evelyn Garba	Practitioner - Non-Primary Care Provider (PCP)											
Tyberg Shalom	Practitioner - Non-Primary Care Provider (PCP)											
Basirico Mercedes	Practitioner - Non-Primary Care Provider (PCP)											
Nemr Rabih Antoine	Practitioner - Non-Primary Care Provider (PCP)											
Livshits Julia	Practitioner - Non-Primary Care Provider (PCP)											
Piette Anne	Practitioner - Non-Primary Care Provider (PCP)											
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)											
Borohov Rozalia	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Carty	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Benzuly, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Kassouf Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Lundy Christine Denise	Practitioner - Non-Primary Care Provider (PCP)											
Cuevas Asima	Practitioner - Non-Primary Care Provider (PCP)											
Schulman Marjorie Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Epstein Richard	Practitioner - Non-Primary Care Provider (PCP)											
Fischer Debra Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Allen Raymond J	Practitioner - Non-Primary Care Provider (PCP)											
Menge Paul E Md	Practitioner - Non-Primary Care Provider (PCP)											
Kazachkova Iraida Md	Practitioner - Non-Primary Care Provider (PCP)											
Kotmel Linda C Dds	Practitioner - Non-Primary Care Provider (PCP)											
Nina Orlovskaya	Practitioner - Non-Primary Care Provider (PCP)											
Ariyarajah Vignendra	Practitioner - Non-Primary Care Provider (PCP)											
Batista Juan C	Practitioner - Non-Primary Care Provider (PCP)											
Barra Francis Anthony Dds	Practitioner - Non-Primary Care Provider (PCP)											
Lauture Philippe	Practitioner - Non-Primary Care Provider (PCP)											
Costales Jesse Lee	Practitioner - Non-Primary Care Provider (PCP)							1				
Dresser Samantha Jane Gordon	Practitioner - Non-Primary Care Provider (PCP)											
Yossefi Larissa	Practitioner - Non-Primary Care Provider (PCP)							1				



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii **Tagliarino Jennifer** Practitioner - Non-Primary Care Provider (PCP) Heubish Gillian Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Anger Katharina Trif Boris Practitioner - Non-Primary Care Provider (PCP) Brevetti Gregory R Md Practitioner - Non-Primary Care Provider (PCP) Bauer Lloyd Practitioner - Non-Primary Care Provider (PCP) Gelfond Ilana Od Practitioner - Non-Primary Care Provider (PCP) Forlenza Thomas Joseph Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Berger Joseph Md Pc Horn Corinne E Md Practitioner - Non-Primary Care Provider (PCP) **Tier Beatrice Louise** Practitioner - Non-Primary Care Provider (PCP) Simmons Bonnie Practitioner - Non-Primary Care Provider (PCP) Feola August Anthony Md Practitioner - Non-Primary Care Provider (PCP) **Boller-Delaney Maureen Anne** Practitioner - Non-Primary Care Provider (PCP) Didonato Kim E Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Roberta Liepke Itty Any Practitioner - Non-Primary Care Provider (PCP) Fisher Alan Practitioner - Non-Primary Care Provider (PCP) Anthony Marucci, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Demma Anthony Hoyek Wissam Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kanofsky Jacob Practitioner - Non-Primary Care Provider (PCP) Slattery Carolyn Spiridis Kyriaki Kiki Practitioner - Non-Primary Care Provider (PCP) **Raiford April Alcenia** Practitioner - Non-Primary Care Provider (PCP) Chi Ki Practitioner - Non-Primary Care Provider (PCP) Kamyu Yeung 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) Practitioner - Non-Primary Care Provider (PCP) Cohen Jay Abdel-Wahab Nancy Hussein Practitioner - Non-Primary Care Provider (PCP)



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Johnstone-Lyons Rita L	Practitioner - Non-Primary Care Provider (PCP)										
Jacoby Thomas Gerhard Dds	Practitioner - Non-Primary Care Provider (PCP)										
Tannenbaum M David Dmd	Practitioner - Non-Primary Care Provider (PCP)										
Mcentee Frances M	Practitioner - Non-Primary Care Provider (PCP)										
Dul Mitch	Practitioner - Non-Primary Care Provider (PCP)										
Besson Gail A Md	Practitioner - Non-Primary Care Provider (PCP)										
Discalo Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Palyo Scott Michael	Practitioner - Non-Primary Care Provider (PCP)										
Alfano Heather	Practitioner - Non-Primary Care Provider (PCP)										
Sales Maria	Practitioner - Non-Primary Care Provider (PCP)										
Jean Perri	Practitioner - Non-Primary Care Provider (PCP)										
Jordana Kenny, Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Withim Alma	Practitioner - Non-Primary Care Provider (PCP)										
Elinore Espiritu-Ioan	Practitioner - Non-Primary Care Provider (PCP)										
Horvath David	Practitioner - Non-Primary Care Provider (PCP)										
Springs Paul A	Practitioner - Non-Primary Care Provider (PCP)										
Sinkar Tanvi Kishor	Practitioner - Non-Primary Care Provider (PCP)										
Stephen Larson	Practitioner - Non-Primary Care Provider (PCP)										
Merino Elba	Practitioner - Non-Primary Care Provider (PCP)										
Karpe David	Practitioner - Non-Primary Care Provider (PCP)										
Jamil Tariq Md	Practitioner - Non-Primary Care Provider (PCP)										
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)										
Borg Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Marsh Deborah J Slp	Practitioner - Non-Primary Care Provider (PCP)										
Millman Howard	Practitioner - Non-Primary Care Provider (PCP)										
Gary Butchen	Practitioner - Non-Primary Care Provider (PCP)										
Lopez Allison	Practitioner - Non-Primary Care Provider (PCP)										
Weintraub Jeffrey Dds	Practitioner - Non-Primary Care Provider (PCP)										
Omoruyi Ivie Oyenmwen	Practitioner - Non-Primary Care Provider (PCP)										
Williams Rita	Practitioner - Non-Primary Care Provider (PCP)										
Pysarenko Kristine	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Ellington Marie Practitioner - Non-Primary Care Provider (PCP) Rosengarten Myriah Eve Practitioner - Non-Primary Care Provider (PCP) Melida Tamayo, Lmsw Practitioner - Non-Primary Care Provider (PCP) Martingano Francis X T Md Practitioner - Non-Primary Care Provider (PCP) Privman Vladimir Md Practitioner - Non-Primary Care Provider (PCP) Krumholtz Ira Practitioner - Non-Primary Care Provider (PCP) Menezes Placido A Pc Md Practitioner - Non-Primary Care Provider (PCP) **Burns Jeffrey Dds** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Arbolino Sally Jane Pass Lisa K Phd Practitioner - Non-Primary Care Provider (PCP) Willock Sharlene Practitioner - Non-Primary Care Provider (PCP) Nannapaneni Jyothi Chowdary Practitioner - Non-Primary Care Provider (PCP) **Raitses Pauline** Practitioner - Non-Primary Care Provider (PCP) Kaiser Eric Eugene Practitioner - Non-Primary Care Provider (PCP) Smith Tameka M Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Candelaria- Arce Erika Terrone Gillian D Practitioner - Non-Primary Care Provider (PCP) Bhamre Shrikant Suresh Md Practitioner - Non-Primary Care Provider (PCP) Tessler Marc Zev Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Feig Robert Md Schuettenberg Susan Practitioner - Non-Primary Care Provider (PCP) Kuzin Elena Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Doreen Cahill Smith Zulah Parfaite Practitioner - Non-Primary Care Provider (PCP) Baker Margaret Np Practitioner - Non-Primary Care Provider (PCP) Gold Scott David Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Sellers Gloria Practitioner - Non-Primary Care Provider (PCP) Zebley Benjamin D Cohen Benjamin Adam Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Jessica Cording **Olshanitsky Russell** Practitioner - Non-Primary Care Provider (PCP)



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Kira Glastein, Lmhc	Practitioner - Non-Primary Care Provider (PCP)										
Faruzzo Abbey Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Tompkins David C Md	Practitioner - Non-Primary Care Provider (PCP)										
Rabenou Zulekha S Phd	Practitioner - Non-Primary Care Provider (PCP)										
Wong Benjamin C Dds	Practitioner - Non-Primary Care Provider (PCP)										
Afify Khaled	Practitioner - Non-Primary Care Provider (PCP)										
Thanchan Vincent Chakku	Practitioner - Non-Primary Care Provider (PCP)										
Renee Foglia-Petrara, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Yolette Loiseau	Practitioner - Non-Primary Care Provider (PCP)										
Glinik Galina	Practitioner - Non-Primary Care Provider (PCP)										
Miller Margaret Mcdonald	Practitioner - Non-Primary Care Provider (PCP)										
Zisman Parvin Azin Md	Practitioner - Non-Primary Care Provider (PCP)										
Labbate Chris Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Roesser Stephanie Ellen	Practitioner - Non-Primary Care Provider (PCP)										
Park Sharon J	Practitioner - Non-Primary Care Provider (PCP)										
Shats Almira	Practitioner - Non-Primary Care Provider (PCP)										
Gopal Lekha Hareshbhai Md	Practitioner - Non-Primary Care Provider (PCP)										
Dellolio Joseph Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Byer Erroll Ignatius Jr	Practitioner - Non-Primary Care Provider (PCP)										
Langhans Jean	Practitioner - Non-Primary Care Provider (PCP)										
Gwen Goodman, M.S., R.D., Cn	Practitioner - Non-Primary Care Provider (PCP)										
Taylor-Smalls Sharon	Practitioner - Non-Primary Care Provider (PCP)										
Yurberg Emily R Md	Practitioner - Non-Primary Care Provider (PCP)										
Balter Richard R Md	Practitioner - Non-Primary Care Provider (PCP)										
Kesavan Meera Md	Practitioner - Non-Primary Care Provider (PCP)										
Marelli Jon	Practitioner - Non-Primary Care Provider (PCP)										
Thelma King, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Menachem Dubovick	Practitioner - Non-Primary Care Provider (PCP)										
Malone Chemin Marie	Practitioner - Non-Primary Care Provider (PCP)				1						
Bonaparte Jose Guillermo	Practitioner - Non-Primary Care Provider (PCP)										
Charran Nalini Miss	Practitioner - Non-Primary Care Provider (PCP)									1	



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Azmy Christeen	Practitioner - Non-Primary Care Provider (PCP)											
Cruz Karelyn M Gonzalez	Practitioner - Non-Primary Care Provider (PCP)											
Carpo Michele	Practitioner - Non-Primary Care Provider (PCP)											
Ali, Ariella	Practitioner - Non-Primary Care Provider (PCP)											
Hazai Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Thau Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Didonato Gerard	Practitioner - Non-Primary Care Provider (PCP)											
Bakalchuk Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Cavallaro Vincent	Practitioner - Non-Primary Care Provider (PCP)											
Corona John	Practitioner - Non-Primary Care Provider (PCP)											
Farag Ayman Roushdy Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosen Daniel D	Practitioner - Non-Primary Care Provider (PCP)											
Tomao Lauren Claire Md	Practitioner - Non-Primary Care Provider (PCP)											
Harry Beverley Csw	Practitioner - Non-Primary Care Provider (PCP)											
Adam J Ash Do	Practitioner - Non-Primary Care Provider (PCP)											
Dhawan Sonal	Practitioner - Non-Primary Care Provider (PCP)											
Horton Andrea Barron	Practitioner - Non-Primary Care Provider (PCP)											
Sridhar Divya	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Mallios Jenelle L	Practitioner - Non-Primary Care Provider (PCP)											
Nolan Ann	Practitioner - Non-Primary Care Provider (PCP)											
Brazier Jacquelyn	Practitioner - Non-Primary Care Provider (PCP)											
Smith Clive Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Spears Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Hirshel	Practitioner - Non-Primary Care Provider (PCP)											
Maw Kyee Tint Md	Practitioner - Non-Primary Care Provider (PCP)											
Rhim Changsoo	Practitioner - Non-Primary Care Provider (PCP)											
Golden Seth Irving	Practitioner - Non-Primary Care Provider (PCP)											
Howe Alexandra S Phd	Practitioner - Non-Primary Care Provider (PCP)											
Kaufer Michael Edward	Practitioner - Non-Primary Care Provider (PCP)		1					1				
Donovan Glenn J Dpm	Practitioner - Non-Primary Care Provider (PCP)											



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Chen Ling-Chen Practitioner - Non-Primary Care Provider (PCP) Kim Sun Jin Md Practitioner - Non-Primary Care Provider (PCP) Krishnamurthi Sangita Practitioner - Non-Primary Care Provider (PCP) \checkmark Practitioner - Non-Primary Care Provider (PCP) Damico Diane L Brenkler Faina Practitioner - Non-Primary Care Provider (PCP) Mra Zan Md Practitioner - Non-Primary Care Provider (PCP) Berger Niel Phd Practitioner - Non-Primary Care Provider (PCP) Gutheit Karen Practitioner - Non-Primary Care Provider (PCP) Teresa Simon Practitioner - Non-Primary Care Provider (PCP) Arluck Leslie Dawn Pt Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Joseph Shevone Md Bamshad Hamid Practitioner - Non-Primary Care Provider (PCP) Justin Parker, L.M.S.W. Practitioner - Non-Primary Care Provider (PCP) Finnerty, Erin Practitioner - Non-Primary Care Provider (PCP) Erfel Ares Practitioner - Non-Primary Care Provider (PCP) Sangani Nicole Paresh Practitioner - Non-Primary Care Provider (PCP) Kilman, Elyssa Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Adamczyk Diane Lichtman Ronnie Practitioner - Non-Primary Care Provider (PCP) Solomon Robert D Md Practitioner - Non-Primary Care Provider (PCP) Morrison Scott I Od Practitioner - Non-Primary Care Provider (PCP) Stroupe Samuel T Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mammen Ashly Plaue Eric Walter Practitioner - Non-Primary Care Provider (PCP) Schofield Barbara S Md Practitioner - Non-Primary Care Provider (PCP) Meyer Allan Martin Practitioner - Non-Primary Care Provider (PCP) Cruz Tomas Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Lu Hsien-Yi Practitioner - Non-Primary Care Provider (PCP) Aquino Vazquez Armando A Md Practitioner - Non-Primary Care Provider (PCP) Uzoaru Genevieve Nneka Dds Perkes Ariella Practitioner - Non-Primary Care Provider (PCP)



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Rotblat Eliezer S	Practitioner - Non-Primary Care Provider (PCP)										
Aiello Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Batista Raymond	Practitioner - Non-Primary Care Provider (PCP)										
Garber Heather	Practitioner - Non-Primary Care Provider (PCP)										
Rehmani Razia	Practitioner - Non-Primary Care Provider (PCP)										
Karen Trimis	Practitioner - Non-Primary Care Provider (PCP)										
Cagliostro Philip	Practitioner - Non-Primary Care Provider (PCP)										
Jimenez Tamelly	Practitioner - Non-Primary Care Provider (PCP)										
Vaughn Matthew Timothy	Practitioner - Non-Primary Care Provider (PCP)										
Silverman Marc M Od	Practitioner - Non-Primary Care Provider (PCP)										
Caputo Susan	Practitioner - Non-Primary Care Provider (PCP)										
Stepankoff Janna	Practitioner - Non-Primary Care Provider (PCP)										
Toulas Clare	Practitioner - Non-Primary Care Provider (PCP)										
Tannen Barry	Practitioner - Non-Primary Care Provider (PCP)										
Glenda Lee Foon	Practitioner - Non-Primary Care Provider (PCP)										
Geraldine Mcmanus	Practitioner - Non-Primary Care Provider (PCP)										
Makarov Danil	Practitioner - Non-Primary Care Provider (PCP)										
Sherman Jerome	Practitioner - Non-Primary Care Provider (PCP)										
Belman Lilian S Md	Practitioner - Non-Primary Care Provider (PCP)										
Hudson Sonia Angela	Practitioner - Non-Primary Care Provider (PCP)										
Welles Timothy	Practitioner - Non-Primary Care Provider (PCP)										
Davenport Roger W Md	Practitioner - Non-Primary Care Provider (PCP)										
Owen Grace Angella Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Patel Swati	Practitioner - Non-Primary Care Provider (PCP)										
Mark Agosto, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Steven Diamond, Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
Yu Aenid Marie Mercado	Practitioner - Non-Primary Care Provider (PCP)							1			
Smith Sandra L	Practitioner - Non-Primary Care Provider (PCP)										
Derek R Wright	Practitioner - Non-Primary Care Provider (PCP)										
Emma Malamud, Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Lebovits Rivkah	Practitioner - Non-Primary Care Provider (PCP)										
David Alan	Practitioner - Non-Primary Care Provider (PCP)										
Yee Medicine & Pediatric Asso	Practitioner - Non-Primary Care Provider (PCP)										
Grimes Stephen	Practitioner - Non-Primary Care Provider (PCP)										
Sinead Forde	Practitioner - Non-Primary Care Provider (PCP)										
Mckoy Harry Lee	Practitioner - Non-Primary Care Provider (PCP)										
Susan Mcmahon, M.S., R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)										
Shifra Rubin, R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)										
Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)										
Naidu Anuradha	Practitioner - Non-Primary Care Provider (PCP)										
Wesson Heather	Practitioner - Non-Primary Care Provider (PCP)										
Griffin Joyce	Practitioner - Non-Primary Care Provider (PCP)										
Rosinski Angela	Practitioner - Non-Primary Care Provider (PCP)										
Barbiere Charles F	Practitioner - Non-Primary Care Provider (PCP)										
Idomenee Medy	Practitioner - Non-Primary Care Provider (PCP)										
Macri Domenica	Practitioner - Non-Primary Care Provider (PCP)										
Corbino Laurene Marie Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Balchan Brooke	Practitioner - Non-Primary Care Provider (PCP)										
Gray Sonia Elaine Dds	Practitioner - Non-Primary Care Provider (PCP)										
Bethel Suzanne Desiree	Practitioner - Non-Primary Care Provider (PCP)										
Lori Levine	Practitioner - Non-Primary Care Provider (PCP)										
Zegerman Eric	Practitioner - Non-Primary Care Provider (PCP)										
Williams Edith L	Practitioner - Non-Primary Care Provider (PCP)										
Kevin Supple, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Wanda Rodriguez Md	Practitioner - Non-Primary Care Provider (PCP)										
Boczko Stanley H Md	Practitioner - Non-Primary Care Provider (PCP)										
Lee Wai Kwan Ivy Md	Practitioner - Non-Primary Care Provider (PCP)										
Kirschenbaum Abraham Eliot	Practitioner - Non-Primary Care Provider (PCP)										
Angioletti Louis Scott Md	Practitioner - Non-Primary Care Provider (PCP)				1						
Horn David Od	Practitioner - Non-Primary Care Provider (PCP)						1				
Nelson Marcia P Md	Practitioner - Non-Primary Care Provider (PCP)						1				



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Pasqua Peter J Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Judy Marshel	Practitioner - Non-Primary Care Provider (PCP)										
Rawitt Ronald R Md	Practitioner - Non-Primary Care Provider (PCP)										
Dinorah Lombana, L.M.S.W	Practitioner - Non-Primary Care Provider (PCP)										
Carlos Maureen Ann Barlaan	Practitioner - Non-Primary Care Provider (PCP)										
Seman Brian	Practitioner - Non-Primary Care Provider (PCP)										
Kameyama Misuzu	Practitioner - Non-Primary Care Provider (PCP)										
Maria Samadjopoulos	Practitioner - Non-Primary Care Provider (PCP)										
Siboni Megan	Practitioner - Non-Primary Care Provider (PCP)										
Aglialoro George C	Practitioner - Non-Primary Care Provider (PCP)										
Ngo Thao Md	Practitioner - Non-Primary Care Provider (PCP)										
Umpaichitra Vatcharapan Md	Practitioner - Non-Primary Care Provider (PCP)										
Winter Howard	Practitioner - Non-Primary Care Provider (PCP)										
Ziyalan Mustafa Savas Md	Practitioner - Non-Primary Care Provider (PCP)										
Becske Tibor Md	Practitioner - Non-Primary Care Provider (PCP)										
Deignan Jodie L	Practitioner - Non-Primary Care Provider (PCP)										
Domingo David Bucao	Practitioner - Non-Primary Care Provider (PCP)										
Bowden Linda	Practitioner - Non-Primary Care Provider (PCP)										
Oyiborhoro John Mokoro A	Practitioner - Non-Primary Care Provider (PCP)										
Joseph Robert Michael	Practitioner - Non-Primary Care Provider (PCP)										
Shif Mark Md	Practitioner - Non-Primary Care Provider (PCP)										
Kantor Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)										
Geraldi-Samara Danielle	Practitioner - Non-Primary Care Provider (PCP)										
Carol R Maslow	Practitioner - Non-Primary Care Provider (PCP)										
Mendez Crystal Amparo	Practitioner - Non-Primary Care Provider (PCP)										
Weir Darlene	Practitioner - Non-Primary Care Provider (PCP)										
Jantzen, Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Gudimenko Kate	Practitioner - Non-Primary Care Provider (PCP)										
Wise Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	1
Fell Millie R Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Chung Chih C Dds Pc	Practitioner - Non-Primary Care Provider (PCP)									1	



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Gamss Jeffrey Stuart Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Devlin Allison** Adika Yona Sasson Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Boudreaux Tyson Tabitha E. Gronock, Lcsw Practitioner - Non-Primary Care Provider (PCP) Sharov Yakov Practitioner - Non-Primary Care Provider (PCP) Caruso Johanna Practitioner - Non-Primary Care Provider (PCP) **Rifky Herman** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Hall-Ross Cindy Jones Racquel Mrs. Practitioner - Non-Primary Care Provider (PCP) Yerachmiel Stern Practitioner - Non-Primary Care Provider (PCP) Lewin Rebecca Rachel Practitioner - Non-Primary Care Provider (PCP) Irina Dryhybko Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Chen Jian **Orysya Protas** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Notardonato Henry Victoria Laor Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Engelson Lillian Malek Perri Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Florsheim Anne Carney Uglialoro Lisa Practitioner - Non-Primary Care Provider (PCP) Michael Frederick Timoney Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Weinberger Eli Practitioner - Non-Primary Care Provider (PCP) Damiano Elena **Olivier Dalia** Practitioner - Non-Primary Care Provider (PCP) Antonella Caggiano, M.S. Practitioner - Non-Primary Care Provider (PCP) Steven Parker Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Anderson John Doris Roman Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kelleter Armin K Patel Indira Mahendra Md Practitioner - Non-Primary Care Provider (PCP)



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Larson Steven	Practitioner - Non-Primary Care Provider (PCP)										
Krevitt Lane David Md	Practitioner - Non-Primary Care Provider (PCP)										
Jin Charles Yiming Md	Practitioner - Non-Primary Care Provider (PCP)										
Serobyan Yana	Practitioner - Non-Primary Care Provider (PCP)										
Goldstein Herman	Practitioner - Non-Primary Care Provider (PCP)										
Mason Sophia Np	Practitioner - Non-Primary Care Provider (PCP)										
Bote Giselle	Practitioner - Non-Primary Care Provider (PCP)										
Deborah Orlan-Marcus, M.S., Ccc-A	Practitioner - Non-Primary Care Provider (PCP)										
Heggawadi Rajendraswamy	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez James	Practitioner - Non-Primary Care Provider (PCP)										
Shafter Roberta Breslof	Practitioner - Non-Primary Care Provider (PCP)										
Stryker Lee Edward	Practitioner - Non-Primary Care Provider (PCP)										
Elisa Bocchieri-Bustros	Practitioner - Non-Primary Care Provider (PCP)										
Campbell Dax Christopher	Practitioner - Non-Primary Care Provider (PCP)										
Stern, Blima	Practitioner - Non-Primary Care Provider (PCP)										
Lavian Emil	Practitioner - Non-Primary Care Provider (PCP)										
Tara Scheiner, C.D.N	Practitioner - Non-Primary Care Provider (PCP)										
Abruscato Antonella	Practitioner - Non-Primary Care Provider (PCP)										
Bauer Mandy Roffe	Practitioner - Non-Primary Care Provider (PCP)										
Han Myoung	Practitioner - Non-Primary Care Provider (PCP)										
Kropp Elin Sue	Practitioner - Non-Primary Care Provider (PCP)										
Alvarado Mark	Practitioner - Non-Primary Care Provider (PCP)										
Agarwal Hari Om Dds	Practitioner - Non-Primary Care Provider (PCP)										
Vaca Miller Md	Practitioner - Non-Primary Care Provider (PCP)										
Landa Dov B Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Kymissis Pavlos Md	Practitioner - Non-Primary Care Provider (PCP)										
Khoury Nidal Y Md	Practitioner - Non-Primary Care Provider (PCP)										
Asuncion Maria Renemi Madrio	Practitioner - Non-Primary Care Provider (PCP)										
Piester Ryan	Practitioner - Non-Primary Care Provider (PCP)										
Petkos Jennifer Renee	Practitioner - Non-Primary Care Provider (PCP)										
Fischer Laura Meyers	Practitioner - Non-Primary Care Provider (PCP)										



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Ginebra Claudio Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Latarsha Thomas Fox. Kristen Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Watson, Zena Ahmed Salah Soliman Practitioner - Non-Primary Care Provider (PCP) Saitta Audrey Md Practitioner - Non-Primary Care Provider (PCP) **Canellos Harriette** Practitioner - Non-Primary Care Provider (PCP) Singh Shailini Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fitzpatrick John Kevin Sclafani Steven Md Practitioner - Non-Primary Care Provider (PCP) Davydov Yelena Md Practitioner - Non-Primary Care Provider (PCP) Anat Lebow, Md Practitioner - Non-Primary Care Provider (PCP) ~ ~ **~ ~** ~ **~** ~ ~ ~ David Jason Ellenbogen Dpm Practitioner - Non-Primary Care Provider (PCP) Mohamed Gamal Practitioner - Non-Primary Care Provider (PCP) Uy Phillip Joseph Practitioner - Non-Primary Care Provider (PCP) Amanda Kate Macaluso, L.C.S.W. Practitioner - Non-Primary Care Provider (PCP) Winzelberg Jay Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Decrosta Inge Practitioner - Non-Primary Care Provider (PCP) Hector Rivera Practitioner - Non-Primary Care Provider (PCP) Butvick Kathryn Maher **Bethany Paige Harris** Practitioner - Non-Primary Care Provider (PCP) Weiss Robert Allen Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Richdale Kathryn** Dogim Lila Md Practitioner - Non-Primary Care Provider (PCP) Hersh Meryl Jean Nagourney Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kleiman Anne Hess Richard Lawrence Md Practitioner - Non-Primary Care Provider (PCP) Tangredi Salvatore J Dds Practitioner - Non-Primary Care Provider (PCP) **Furgiuele David Lawrence** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mcrae Darlene **Guerrier Carline** Practitioner - Non-Primary Care Provider (PCP)



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* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Rassekhi Hamid Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Jang Jennifer Chapa Josephs Jacaranda Practitioner - Non-Primary Care Provider (PCP) **Robertson Clifton** Practitioner - Non-Primary Care Provider (PCP) Jaynes Sharon Md Practitioner - Non-Primary Care Provider (PCP) **Bialek Sydney Jeanne** Practitioner - Non-Primary Care Provider (PCP) Jacoby Laurian Md Practitioner - Non-Primary Care Provider (PCP) Vricella Marilyn Practitioner - Non-Primary Care Provider (PCP) Smith Peter Dpm Practitioner - Non-Primary Care Provider (PCP) Appleman Warren Md Practitioner - Non-Primary Care Provider (PCP) Kellogg Katherine Practitioner - Non-Primary Care Provider (PCP) Gudi Kopresh Acharya Md Practitioner - Non-Primary Care Provider (PCP) Rajagopal Banu Practitioner - Non-Primary Care Provider (PCP) Tirado-Lampert Diane Practitioner - Non-Primary Care Provider (PCP) Mcelduff Lauren Gallagher Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Salamando Alexi Hamarman Stephanie Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Grosman Igor Alvarez-Barto Ivannia Nastashia Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Marsh Theresa M Wilson Luciana Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Hall Duane Seymour Practitioner - Non-Primary Care Provider (PCP) Anderson Sarah Angel Deruvo Practitioner - Non-Primary Care Provider (PCP) Smoak Benjamin Practitioner - Non-Primary Care Provider (PCP) Oko Keith R Practitioner - Non-Primary Care Provider (PCP) Stein Eric A Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Standa Marcin J **Brianne Roberts** Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Bagheri Zahra ~ **~** ~ ~ ~ ~ ~ ~ **~** Rajpoot, Minakshi Practitioner - Non-Primary Care Provider (PCP)



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Rollin Jennifer N	Practitioner - Non-Primary Care Provider (PCP)										
Stern Leslie Phd	Practitioner - Non-Primary Care Provider (PCP)										
Calciano Robert F Md	Practitioner - Non-Primary Care Provider (PCP)										
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)										
Kulkarni Subash	Practitioner - Non-Primary Care Provider (PCP)										
Viard Marie Md	Practitioner - Non-Primary Care Provider (PCP)										
Bucevic Marin Md	Practitioner - Non-Primary Care Provider (PCP)										
Kelly Colleen B	Practitioner - Non-Primary Care Provider (PCP)										
Kathpalia Kusum Md	Practitioner - Non-Primary Care Provider (PCP)										
Merli Margo Bridget Lcsw	Practitioner - Non-Primary Care Provider (PCP)										
Land Cecilia Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Alpert Jeffrey Blake	Practitioner - Non-Primary Care Provider (PCP)										
Arocho Dora Y	Practitioner - Non-Primary Care Provider (PCP)										
Anthony P Geraci Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
Lowe Teresa Ann Od	Practitioner - Non-Primary Care Provider (PCP)										
Czira Alex A	Practitioner - Non-Primary Care Provider (PCP)										
Molofsky Walter J Md	Practitioner - Non-Primary Care Provider (PCP)										
Ramaseshu Anne Md	Practitioner - Non-Primary Care Provider (PCP)										
Stephens Hyram	Practitioner - Non-Primary Care Provider (PCP)										
Tucciarello Angela Marie	Practitioner - Non-Primary Care Provider (PCP)										
Tsui Ellen C Phd	Practitioner - Non-Primary Care Provider (PCP)										
Bina Babak Dmd	Practitioner - Non-Primary Care Provider (PCP)										
Gomes Larissa Beltrao	Practitioner - Non-Primary Care Provider (PCP)										
Alapati Prameela	Practitioner - Non-Primary Care Provider (PCP)										
Chiu Alexander	Practitioner - Non-Primary Care Provider (PCP)	~									
Melissa Kong	Practitioner - Non-Primary Care Provider (PCP)										
Mansella James	Practitioner - Non-Primary Care Provider (PCP)										
Bhimsen Tulawattie Devi	Practitioner - Non-Primary Care Provider (PCP)										
Odetalla Fatima	Practitioner - Non-Primary Care Provider (PCP)										
Valerio Estephany	Practitioner - Non-Primary Care Provider (PCP)	~	>	>	~	~	~	~	~	~	
Letafat Kimia C	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in P	ojects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)										
Watkowska Justyna Md	Practitioner - Non-Primary Care Provider (PCP)										
Ilan Hana Md	Practitioner - Non-Primary Care Provider (PCP)										
Greenberg Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Zaveloff Philip	Practitioner - Non-Primary Care Provider (PCP)										
Hertz Jonathan Adam	Practitioner - Non-Primary Care Provider (PCP)										
Raymond Sylvester	Practitioner - Non-Primary Care Provider (PCP)										
Beek Grace L	Practitioner - Non-Primary Care Provider (PCP)										
Berliner Neil Evan	Practitioner - Non-Primary Care Provider (PCP)										
Bonura Frank Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)										
Navarra Enza	Practitioner - Non-Primary Care Provider (PCP)										
Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)										
Ziemba, Jessica C., Rpa-C	Practitioner - Non-Primary Care Provider (PCP)										
Ramlal Carminie	Practitioner - Non-Primary Care Provider (PCP)										
Leah Gold	Practitioner - Non-Primary Care Provider (PCP)										
Khalifa Hebah	Practitioner - Non-Primary Care Provider (PCP)										
Alexander Volfson	Practitioner - Non-Primary Care Provider (PCP)										
Romero Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Angler Rebecca Alison	Practitioner - Non-Primary Care Provider (PCP)										
Ankola Prashant	Practitioner - Non-Primary Care Provider (PCP)										
Zhao Ling	Practitioner - Non-Primary Care Provider (PCP)										
Gabriell Koval	Practitioner - Non-Primary Care Provider (PCP)										
Morgan Marie D	Practitioner - Non-Primary Care Provider (PCP)										
Walker Kevin	Practitioner - Non-Primary Care Provider (PCP)										
Bazile Valerie	Practitioner - Non-Primary Care Provider (PCP)										
Silver Jonathan J Md	Practitioner - Non-Primary Care Provider (PCP)										
Latifi Afsaneh	Practitioner - Non-Primary Care Provider (PCP)										
Gottlieb Aren Leslie	Practitioner - Non-Primary Care Provider (PCP)		1								
Katz Brenda	Practitioner - Non-Primary Care Provider (PCP)										
Ahsan Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)										
Tajerstein Alan R Dpm	Practitioner - Non-Primary Care Provider (PCP)										



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Levy Steven Robert Practitioner - Non-Primary Care Provider (PCP) Lyon Thomas Richard Md Practitioner - Non-Primary Care Provider (PCP) Bouklas George Phd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Daisley Sharon** Romanotto Corinne Deborah Practitioner - Non-Primary Care Provider (PCP) Suarez Omar F Practitioner - Non-Primary Care Provider (PCP) Binshteyn Galina Mrs. Practitioner - Non-Primary Care Provider (PCP) Bochner Israel L Rpa Practitioner - Non-Primary Care Provider (PCP) Neuburger Peter John Practitioner - Non-Primary Care Provider (PCP) Mejia Aneta K Dds Practitioner - Non-Primary Care Provider (PCP) **Yvonne Brown** Practitioner - Non-Primary Care Provider (PCP) Rodriguez Shantae Lynette Practitioner - Non-Primary Care Provider (PCP) Brus Michael John Practitioner - Non-Primary Care Provider (PCP) Danielle Pellegrino Practitioner - Non-Primary Care Provider (PCP) Duncan Darlene Bevel Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Liles Rachel Chernov Leonid Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Kapoor Neera Murillo Mauricio Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Fox Owen L Dds Morano Placido A Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mudgil Vanita Practitioner - Non-Primary Care Provider (PCP) Musah Osman Yago Gara Maureen Practitioner - Non-Primary Care Provider (PCP) Antoine T Christina Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Singh Ashuwinder K Np Ott Thomas Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Budhu Peggy Laura Neroopah Greenberg Robert Michael Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Cuff-Carney Diane Mark Lutses Practitioner - Non-Primary Care Provider (PCP) ~ ~ ~ ~ ~ ~ ~ ~ ~



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proj	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Dorman Shawna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
Lee Christine Pc	Practitioner - Non-Primary Care Provider (PCP)										
Basir Shiva	Practitioner - Non-Primary Care Provider (PCP)										
Dipillo Sandra	Practitioner - Non-Primary Care Provider (PCP)										
Lewis-Fernandez Sarah	Practitioner - Non-Primary Care Provider (PCP)										
Patel Dinesh P	Practitioner - Non-Primary Care Provider (PCP)										
Cohen Lesley	Practitioner - Non-Primary Care Provider (PCP)										
Arty Pierre Richard Md	Practitioner - Non-Primary Care Provider (PCP)										
Gargano Lynn Elizabeth Dds	Practitioner - Non-Primary Care Provider (PCP)										
Abi-Shahin Naji Md	Practitioner - Non-Primary Care Provider (PCP)										
Chowdhry Mohammed Idris	Practitioner - Non-Primary Care Provider (PCP)										
Lerner Steven D Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)										
Torres Felix	Practitioner - Non-Primary Care Provider (PCP)										
Ross Randall M Md	Practitioner - Non-Primary Care Provider (PCP)										
Miele Robert A Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Pomerantz Janet Roberta Md	Practitioner - Non-Primary Care Provider (PCP)										
Portello Joan K	Practitioner - Non-Primary Care Provider (PCP)										
Adepoju Grace Adeola	Practitioner - Non-Primary Care Provider (PCP)										
Libura Lidia Maria	Practitioner - Non-Primary Care Provider (PCP)										
Khaneja Amit	Practitioner - Non-Primary Care Provider (PCP)										
Harrison Patricia	Practitioner - Non-Primary Care Provider (PCP)										
Chang Karen	Practitioner - Non-Primary Care Provider (PCP)										
Richardson Antonio	Practitioner - Non-Primary Care Provider (PCP)										
Bamford Melissa A	Practitioner - Non-Primary Care Provider (PCP)										
Lin Li	Practitioner - Non-Primary Care Provider (PCP)										
Salzano Jane	Practitioner - Non-Primary Care Provider (PCP)	~									
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)										
Goldblatt Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Fanning Laura	Practitioner - Non-Primary Care Provider (PCP)										
Adler Ronald Steven Md	Practitioner - Non-Primary Care Provider (PCP)										
Giovinazzo Vincent Jerome Md	Practitioner - Non-Primary Care Provider (PCP)										



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Martinez Maria Practitioner - Non-Primary Care Provider (PCP) Nevins Juliet M Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Gundel Ralph Practitioner - Non-Primary Care Provider (PCP) Kile Kristopher Trenton Sperling Neil M Md Practitioner - Non-Primary Care Provider (PCP) Ladero Emma C Practitioner - Non-Primary Care Provider (PCP) Mervius Mara Practitioner - Non-Primary Care Provider (PCP) Allen Patricia Hayden Practitioner - Non-Primary Care Provider (PCP) Kessler Meir Pa Practitioner - Non-Primary Care Provider (PCP) Papadopoulos Dimitrios Dds Practitioner - Non-Primary Care Provider (PCP) Muchnik Rimma Practitioner - Non-Primary Care Provider (PCP) Stanberry Andre Practitioner - Non-Primary Care Provider (PCP) Patel Alkesh Navin Practitioner - Non-Primary Care Provider (PCP) Offoha-Nwosu Nellyzita Chioma Practitioner - Non-Primary Care Provider (PCP) Fridman Frida Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Slomnicki Michael Malieckal Aniu Marie Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rose Gabriel Crook Emily Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Alianakian Rosine Durzieh Joseph Md Practitioner - Non-Primary Care Provider (PCP) Mitchell I Weinstein Do Pc Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Lensky Ellen Desai Sunil Practitioner - Non-Primary Care Provider (PCP) Padi Madhu Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) **Daurio Stephen Paul** Ortiz Grace Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Decesare Gina M Pronesti James Vincent Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Ida Louise Santana Md Mickens Samuel R Practitioner - Non-Primary Care Provider (PCP)



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 3.d.ii 4.b.i 2.c.i 3.a.i 3.c.i 4.c.ii Vogel Donald A Practitioner - Non-Primary Care Provider (PCP) Eviatar Joseph Alexander Md Practitioner - Non-Primary Care Provider (PCP) Akhter Pervez Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Verga Anthony Eng Lisa Md Practitioner - Non-Primary Care Provider (PCP) Carey Jeanne Marie Practitioner - Non-Primary Care Provider (PCP) Gertner Jody Practitioner - Non-Primary Care Provider (PCP) Azhar Salman Md Practitioner - Non-Primary Care Provider (PCP) Shah Pinakini Practitioner - Non-Primary Care Provider (PCP) Daly Thomas Practitioner - Non-Primary Care Provider (PCP) Levine Sander Mark Practitioner - Non-Primary Care Provider (PCP) Macatangay Abigail Tayamen Practitioner - Non-Primary Care Provider (PCP) Elizabeth M Cashen Practitioner - Non-Primary Care Provider (PCP) Rothenberg Sharon Hope Practitioner - Non-Primary Care Provider (PCP) Livingston-Olson Tara B Practitioner - Non-Primary Care Provider (PCP) Grosman Kyra Taylor Practitioner - Non-Primary Care Provider (PCP) Yorke Maureen C Practitioner - Non-Primary Care Provider (PCP) Shilana Finkel Practitioner - Non-Primary Care Provider (PCP) Winkler Chaya Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Marinoff Rebecca Abrams Jordan C Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Teusink John Paul Md Practitioner - Non-Primary Care Provider (PCP) Adelglass Howard R Md Kane Daniel Practitioner - Non-Primary Care Provider (PCP) Pincus Robert Lawrence Md Practitioner - Non-Primary Care Provider (PCP) Thomas Ellaine Ann Practitioner - Non-Primary Care Provider (PCP) Guile Cynthia Practitioner - Non-Primary Care Provider (PCP) Inna Nieves, L.C.S.W. Practitioner - Non-Primary Care Provider (PCP) Geri Lynn Wasser Practitioner - Non-Primary Care Provider (PCP) Paul Arlette Mary Practitioner - Non-Primary Care Provider (PCP) Orbegoso Lisa Practitioner - Non-Primary Care Provider (PCP)



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)	~									
Shteyler Anna	Practitioner - Non-Primary Care Provider (PCP)										
Stratchan Nicole Erica	Practitioner - Non-Primary Care Provider (PCP)										
Benedicto Maria Theresa Dds	Practitioner - Non-Primary Care Provider (PCP)										
Nadaf Albert S Md	Practitioner - Non-Primary Care Provider (PCP)										
Garcia Arlene Marie Md	Practitioner - Non-Primary Care Provider (PCP)										
Schumann Marc Seth-Jon Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Kilaru R Mohan	Practitioner - Non-Primary Care Provider (PCP)										
Medrano-Saldana Lauro F Dds	Practitioner - Non-Primary Care Provider (PCP)										
Hockmeyer Merrith H	Practitioner - Non-Primary Care Provider (PCP)										
Valayadum Rajeshree	Practitioner - Non-Primary Care Provider (PCP)										
Chedva Lax	Practitioner - Non-Primary Care Provider (PCP)										
Yolanda Salgado	Practitioner - Non-Primary Care Provider (PCP)										
Luanne Horne	Practitioner - Non-Primary Care Provider (PCP)										
Sukhija Serena Balu	Practitioner - Non-Primary Care Provider (PCP)										
Li Henrietta	Practitioner - Non-Primary Care Provider (PCP)										
Gadangi Pratap Kumar Md	Practitioner - Non-Primary Care Provider (PCP)										
Rizzo Vito Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Ettinger Ellen	Practitioner - Non-Primary Care Provider (PCP)										
Ramdeen Jason	Practitioner - Non-Primary Care Provider (PCP)										
Kieran Glacken	Practitioner - Non-Primary Care Provider (PCP)										
Karpathakis Irene	Practitioner - Non-Primary Care Provider (PCP)										
Judy Schneider	Practitioner - Non-Primary Care Provider (PCP)										
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)										
Lindor Camille C	Practitioner - Non-Primary Care Provider (PCP)										
Hervan, Jr., Robert	Practitioner - Non-Primary Care Provider (PCP)										
Minafo David Anthony	Practitioner - Non-Primary Care Provider (PCP)										
Brenda Munroe	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	
Anna Schechter, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)										
Gould Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)										
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)										



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Losev Alexander Md	Practitioner - Non-Primary Care Provider (PCP)										
Kleyman Emily Phd	Practitioner - Non-Primary Care Provider (PCP)										
Kushnick Steven Md	Practitioner - Non-Primary Care Provider (PCP)										
Waldemar Yvonne	Practitioner - Non-Primary Care Provider (PCP)										
Vulpe Corneliu Theodor Md	Practitioner - Non-Primary Care Provider (PCP)										
Gheorghiu Olimpia Tintea Md	Practitioner - Non-Primary Care Provider (PCP)										
Hundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)										
Badhey Vasantha Md	Practitioner - Non-Primary Care Provider (PCP)										
Hellman Roberta	Practitioner - Non-Primary Care Provider (PCP)										
Karcnik Gregory Francis	Practitioner - Non-Primary Care Provider (PCP)										
Pulisciano Kathleen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Lutheran Medical Center	Hospital	۲	<	<	<	<	<	<	<	<	
Nyu Hospitals Center	Hospital	٢	٢	<	<	<	<	<	<	<	
Phoenix Houses Of New York Inc	Clinic										
Village Care Health Clinic	Clinic	۲,									
Be Well Primary Hlth Care Ctr	Clinic	۲									
L'Refauh Med & Rehab Ctr.,Inc	Clinic	۲				<	<				
Heartshare Wellness Ltd	Clinic	۲									
Premier Healthcare D & T Ctr	Clinic	۲									
Greenwich House Inc Ai	Clinic	۲									
New York Univ Dental Ctr	Clinic	۲,									
Lutheran Medical Center	Clinic	۲	<	<	<	<	<	<	<	<	
Joseph P Addabbo Family Hlth	Clinic	۲									
Covenant House	Clinic	٢									
Oda Primary HIth Care Ctr, Inc	Clinic	٢				٢	٢	<			
Terence Cardinal Cooke Hcc	Clinic	٢									
Nyu Hospitals Center	Clinic										
Medical Hith Research Asc Nyc	Clinic	٢									
University Optometric Ctr	Clinic	٢									
Care For The Homeless	Clinic	٢									
Upper Room Aids Ministry Aadc	Clinic	<									



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii **Premium Health Inc** Clinic **~ Vnsny Community Health Services** Case Management / Health Home ~ **~ ~ Diaspora Community Services Ai** Case Management / Health Home ~ Omrdd/Young Adult Inst-Li Case Management / Health Home **~** Omrdd/Young Adult Inst-Lv Case Management / Health Home Omrdd/Young Adult Inst-Ny Case Management / Health Home **~** Provider-Hamaspik Kings Case Management / Health Home **~** Program Development Svc Case Management / Health Home Omrdd/St Christ Ottilie-Li Case Management / Health Home Omrdd/St Christ Ottilie-Ny Case Management / Health Home Case Management / Health Home Brc Human Services Corp Scm **~** Camba Inc Case Management / Health Home Village Center For Care Ai Case Management / Health Home Program Dev Srv Harrison Icf Case Management / Health Home Jewish Child Care Assoc Mh Case Management / Health Home Metroplus Health Plan Inc Case Management / Health Home **~** Medical HIth Research Asc Nyc Case Management / Health Home **~** St Christopher Ottilie Mh Case Management / Health Home **~** Case Management / Health Home Omrdd/Provider Hamaspik Of Kings Li × Sco Family Of Services Cmcm/Tcm Case Management / Health Home Sco Family Of Services Case Management / Health Home Southwest Brooklyn Health Home Llc Case Management / Health Home Omrdd/Young Adult Inst-Li Case Management / Health Home Lebovits Rivkah Mental Health **~** Ureno Sergio Mental Health **~ Devlin Allison** Mental Health **~ Olivier** Dalia Mental Health **~** St Vincents Services Mental Health **~** Karpathakis Irene Mental Health **~ Torres Felix** Mental Health **~ Vnsny Community Health Services** Mental Health **~**



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Luce Douglas Mental Health **~** Hertz Jonathan Adam Mental Health Marelli Jon Mental Health **~ ~** Senosian Javier Md Mental Health **~** Chen Jean Mental Health **~** Volkerts Elston Leroy Mental Health **~** Miller Ricardo Anthony Mental Health **~** Rene Daphney Mary Mental Health **~** Remson Karen M Np Mental Health **~ ~ Dhallu Gurjeet** Mental Health Bosch Orlando Mental Health **~** Bouchard-Burns Jeffrey Md Mental Health **~** New York Foundling Hospital, The Mental Health **~** Cyvas Edmund Mental Health **~** Freilich Bryan Michael Phd Mental Health **~** Winter Howard Mental Health **~ Engelson Lillian** Mental Health **~** Mason Sophia Np **~** Mental Health Goddard Riverside Community Mental Health **~** Khalilova Roza Rpa Mental Health Merli Margo Bridget Lcsw Mental Health **~** Hamarman Stephanie Mental Health **~** Defalco Michael M Phd Mental Health **~ Brown Phyllis** Mental Health **~** Lundy Christine Denise Mental Health \checkmark Badhey Vasantha Md Mental Health **~** Belman Lilian S Md Mental Health **~** Akhter Pervez Md Mental Health **~** Gomez Richard Mental Health \checkmark Sirota Elizabeth Md Mental Health **~** Glick Arthur A Mental Health **~**



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Stroupe Samuel T Md Mental Health **~** ~ Gutheit Karen Mental Health **~** Mercyfirst Mental Health **~ Bikur Cholim Inc** Mental Health **~** Bailey Jean Lloyd Mental Health Chen Yuan-Fang Md Mental Health **~** Daly Thomas Mental Health **~** Seman Brian Mental Health **~** Lewis David A Mental Health **~ ~** Hernandez Tania Mental Health Martinez Maria Mental Health **~** Laino Joseph Phd Mental Health **~** Murillo Mauricio Md Mental Health \checkmark Serobyan Yana Mental Health **~** Caputo Susan Mental Health × Kleyman Emily Phd Mental Health **~** Rana Nirmala Psy.D Mental Health **~** Rosen Daniel D **~** Mental Health Davydov Yelena Md Mental Health \checkmark Nikiforov Konstantin Md Mental Health **~** Kaplan Thomas Anthony Psyd Mental Health **~** Waldemar Yvonne Mental Health **~** Shah Pinakini Mental Health **~** Maurer Martin H Mental Health **~ Dooley Francis Patrick** Mental Health \checkmark Ramaseshu Anne Md Mental Health **~** Jin Charles Yiming Md Mental Health **~** Schaich David Phd Mental Health **~** St Christopher-Ottilie Mh Mental Health **~** Jewish Child Care Assoc Mental Health Goff Bradford Md Mental Health **~**



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	Participating in Proje	ects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Kazachkova Iraida Md	Mental Health	~										
Rivera Carmen	Mental Health	~										
Sucich James	Mental Health	~										
Markhasina Inna Md	Mental Health	~										
Harry Beverley Csw	Mental Health	~										
Millman Howard	Mental Health	~										
Michaels Rachel	Mental Health	~										
Schweitzer Frances Robyn Phd	Mental Health	~										
Guile Cynthia	Mental Health	~										
Golden Ann L	Mental Health	~										
Hundorfean Gabriela Md	Mental Health	~										
Jaynes Sharon Md	Mental Health	~										
Wolberg James P Md	Mental Health	~				~						
Stephens Hyram	Mental Health	~										
Inghilterra Karen	Mental Health	~										
Vazquez Claudio Manuel Md	Mental Health	~										
Duperval Mireills Md	Mental Health	~										
Hellman Roberta	Mental Health	~										
Kulkarni Subash	Mental Health	~										
Teusink John Paul Md	Mental Health	~										
Owen Grace Angella Lcsw	Mental Health	~										
Miller Robert	Mental Health	~										
Hess Richard Lawrence Md	Mental Health	~										
Schechter William M Phd	Mental Health	~										
Mayer Richard	Mental Health											
Ziyalan Mustafa Savas Md	Mental Health	~										
Arty Pierre Richard Md	Mental Health	~						1				
Hahner Kathryn Karen	Mental Health	~										
Shif Mark Md	Mental Health	~						1				
Padi Madhu	Mental Health	~										
Viard Marie Md	Mental Health	~										



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Stern Leslie Phd Mental Health **~** Mendola Antony J Md Mental Health ~ Bampoe Isaac G Md Mental Health ~ Ross Randall M Md Mental Health **~** Brc Human Services Corp Scm Mental Health **~** Voigt Joseph Nicholas Md Mental Health **~ Canarsie Aware Inc** Mental Health **~** Daurio Stephen Paul Mental Health **~** Tsui Ellen C Phd Mental Health **~ Beverley Mack Harry Cnslt Inc ~** Mental Health Greenwich House Inc Ai Mental Health **~** Pomerantz Janet Roberta Md Mental Health **~** Sussman Daniel L Md Mental Health **~** Jacques Jean-Robert Md Mental Health **~** Bouklas George Phd Mental Health **~** Services For The Underserved Mental Health **~ Concern For Mental Health Inc** Mental Health **~** T R I Center Inc Mental Health Gheorghiu Olimpia Tintea Md Mental Health \checkmark Lutheran Medical Center Mental Health **~** Lutheran Medical Center Mental Health Park Slope Ctr Mental HIth In Mental Health **~** Rabenou Zulekha S Phd Mental Health **~ Rtf Mercyfirst** Mental Health **~** Ibanez Delfin George C Md Mental Health **~ Berliner Neil Evan** Mental Health Salim Yusuf Md Mental Health **~** Joseph P Addabbo Family Hlth Mental Health **~** Pesach Tikvah-Hope Dev Inc Mental Health \checkmark Wagner Wetzel Nancy Phd Mental Health **~** Krugley Richard A Md Mental Health **~**



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Persaud Vyas Durga Md	Mental Health	>									
Appolon Carmin Md	Mental Health	>									
Pardeshi Ramsing B Md	Mental Health	>									
Patel Indira Mahendra Md	Mental Health	>									
Casimir Georges J Md	Mental Health	>									
Heath Desmond Md Pc	Mental Health	>									
Rtf Childrens Village	Mental Health	>									
Jewish Board Family Child B	Mental Health	>									
Greenberg Robert Michael Md	Mental Health	>									
Brooklyn Ctr/Families/Crisis	Mental Health	>									
Kathpalia Kusum Md	Mental Health										
Graham Windham Srvcs/Fam&Chld	Mental Health	>									1
Kolahifar Jafar Md	Mental Health	>									
Weinberg S Dana	Mental Health										
Berrigan Martin V Md	Mental Health	>									
Kaplan Mitchel A Md	Mental Health	>									
Kymissis Pavlos Md	Mental Health	>									
Rawitt Ronald R Md	Mental Health	>									
Lifespire, Inc	Mental Health	>									
Yared Thomas A Md	Mental Health	>									
Nyu Hospitals Center	Mental Health										
Jewish Child Care Assoc Of Ny	Mental Health										
Brooklyn Ctr Psychotherapy	Mental Health										
Urcuyo Leonel Md	Mental Health	>									
Karkus Harvey D Md	Mental Health										
Foley Robin	Mental Health	>									
Oommen Shobin Md	Mental Health	>									1
Knopp Catherine	Mental Health	>									
Luquis Evelyn	Mental Health	>									1
Centeno Blanche	Mental Health	>									
Blatter Brett	Mental Health	>									



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	Participating in Proje	ects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Lowe Beverley	Mental Health	~										
Harrison Patricia	Mental Health	>										
Sood Deepika Md	Mental Health	>										
Borg Lisa	Mental Health	~										
Jacobsberg Lawrence	Mental Health	~										
Brown Richard James	Mental Health	~										
Welles Timothy	Mental Health	~										
Lopez Galtman Allison	Mental Health	~										
Smoak Benjamin	Mental Health											
Piester Ryan	Mental Health	~										
Basirico Mercedes	Mental Health	~										
Cuff-Carney Diane	Mental Health	~										
Boller-Delaney Maureen Anne	Mental Health	>										
Agosto Myrna	Mental Health	~										
Taub Asher	Mental Health	>										
Levy Chanie	Mental Health	~										
Cotton Jordana Michele	Mental Health	~										
Wolfe Lisa	Mental Health	~										
Pacifici Amy	Mental Health	~										
Tung Ashley	Mental Health	~										
Briggs Matthew	Mental Health	>										
Ambarian Naira	Mental Health	~										
Andretta Patrick	Mental Health	~										
Abdel-Wahab Nancy Hussein	Mental Health	~										
Stephen Larson	Mental Health	>										
Rangel Magda	Mental Health	~										
381865664johnson Kirsten	Mental Health	>										
Bonaparte Jose Guillermo	Mental Health	>										
Mather Catherine	Mental Health	>									1	
Ishikawa Atsuko	Mental Health	>										
Stone Lia	Mental Health	>										



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Yunitis Faith	Mental Health	>									
Leslie Cari	Mental Health	~									
Moreno Gloria	Mental Health	>									
Arocho Dora Y	Mental Health										
Piette Anne	Mental Health	~									
Romero Michelle	Mental Health	>				~					
Candelaria- Arce Erika	Mental Health	~									
Price Cathleen	Mental Health	>									
Liles Rachel	Mental Health	~									
Ciotti Andrew James	Mental Health	~									
Goldblatt Jessica	Mental Health	>									
Knibb Stuart	Mental Health	>									
Young-Geye Stephanie	Mental Health	>									
Camille Joanne Nancy Phd	Mental Health										
Chen Ling-Chen	Mental Health	>									
Phelan Jane	Mental Health	>									
Salamando Alexi	Mental Health	>									
Shaulson Malky	Mental Health	>									
Berger Niel Phd	Mental Health	>									
Jared Scott Jerome	Mental Health	>									
Mental Health Association Of Nyc In	Mental Health										
Layton Tina	Mental Health	~									
Merino Elba	Mental Health	>									
Grosman Kyra Taylor	Mental Health	~									
Long Sarah	Mental Health	>									
Korsen Meredith	Mental Health	>									
Bloch Sonja	Mental Health	>									
Albin Scott M Do	Mental Health	>									
Upper Room Aids Ministry Aadc	Mental Health										
Kaye Annette	Mental Health										
Baldeon Sylvia	Mental Health	>									



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Rothenberg Sharon Hope	Mental Health	~									
Garber Heather	Mental Health	 									
Kanofsky Jacob	Mental Health										
Verges Lynnette	Mental Health	~									
Sternhell Amy	Mental Health										
Plaue Eric Walter	Mental Health										
Charana-Cruz Von Marie	Mental Health										
Withim Alma	Mental Health	~									
Israel-Maclin Michelle Sophia	Mental Health										
Chukwuocha Benjamin	Mental Health										
Sullivan Richard C	Mental Health										
Hudson Ricardo	Mental Health	~									
Boudreaux Tyson	Mental Health	 									
Williams Edith L	Mental Health	~									
Allen Raymond J	Mental Health										
Kahn Gary Lee	Mental Health										
Greenspan Maxwell	Mental Health	~									
Krull Joanna R	Mental Health	 Image: A set of the set of the									
Palyo Scott Michael	Mental Health	 Image: A set of the set of the									
Tirado-Lampert Diane	Mental Health										
Rivera Cedric	Mental Health	 Image: A set of the set of the									
Kraus Allison	Mental Health	 Image: A set of the set of the									
Foreman Malika	Mental Health	~									
Macri Domenica	Mental Health	 Image: A set of the set of the									
Sellers Gloria	Mental Health	 Image: A set of the set of the									
Robertson Clifton	Mental Health	 Image: A set of the set of the									
Gwyn Rodney	Mental Health	~									
Wilson Luciana	Mental Health	~									
Patel Minesh R Md	Mental Health	~									
Zhao Ling	Mental Health										
Weingarten Harry	Mental Health	~						1			



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Yu Eric Yen Cheng Mental Health **~** Boyd-Mckoy Aleen Marie Mental Health Spruchman Lorraine Mental Health **~** Faruzzo Abbey Lynn Mental Health **~** Deignan Jodie L Mental Health **~** Jewish Child Care Association Of Ne Mental Health Kelleter Armin K Mental Health Biernacki Carolina Mental Health **~** Jewish Board Family Child A Mental Health **~ ~** Wolk Lora Hilary Mental Health Hutchins Christina Mental Health **~** Gonzalez Cynthia Mental Health **~** Horvath David Mental Health **~** Fentress Kathleen M Mental Health **~** Croslin Nicole M Mental Health **Eiseman Caroline** Mental Health **~** Mandel Goldy Mental Health Kilduff Arthur ~ Mental Health Catholic Charities Comm Svcs Arch Mental Health \checkmark Winkler Chaya Mental Health **~** Shafter Roberta Breslof Mental Health Munro Manuel Mental Health **~** Depaola Joseph N Mental Health Wiener Jennifer Rachel Mental Health **~** Iwanusa Erin Elizabeth Mental Health Diegue Lashire J Mental Health **~** Malekan Shahnaz Mental Health **~** Gudimenko Kate Mental Health **~** The Family Center Inc Mental Health **~ Richardson Antonio** Mental Health **~** Uy Phillip Joseph Mental Health



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Mental Health Cortes Rodene Ivan Buhayan Omrdd/Young Adult Inst-Li Mental Health Phoenix Houses Of New York Inc Substance Abuse **Jns Counseling Services Inc** Substance Abuse **~ St Vincents Services** Substance Abuse **~ Vnsny Community Health Services** Substance Abuse **Dynamic Youth Community Inc** Substance Abuse **~** New York Foundling Hospital, The Substance Abuse **~** So Brooklyn Med Admin Svcs Substance Abuse **~ ~** Ny Therapeutic Communities Substance Abuse Bikur Cholim Inc Substance Abuse **Discipleship Otrch Ministries** Substance Abuse × **~** New York Service Network Inc Substance Abuse **~** Carnegie Hill Institute Inc Substance Abuse **~** Ctr For Comm Alternatives Inc Substance Abuse **~ Exponents Inc** Substance Abuse **~** Brc Human Services Corp Scm Substance Abuse **~** Seafield Center Inc Substance Abuse **~ Berkshire Farm Center** Substance Abuse × Substance Abuse **Canarsie Aware Inc ~** Beverley Mack Harry Cnslt Inc Substance Abuse Greenwich House Inc Ai Substance Abuse **~** Bridge Back To Life Ctr Inc Substance Abuse **~** South Beach Addiction Trt Ctr Substance Abuse **~** Areba Casriel Institute Substance Abuse **~** T R I Center Inc Substance Abuse **~** Lutheran Medical Center Substance Abuse × **~** ~ Image: A start of the start of **~ ~** Image: A start of the start of **~** ~ 820 River Street Inc. Substance Abuse **~ Realization Center Inc** Substance Abuse Medical Arts Sanitarium Substance Abuse **~** Brooklyn Ctr Psychotherapy Substance Abuse



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Karkus Harvey D Md	Substance Abuse										
The Resource Training Center Inc	Substance Abuse										
Upper Room Aids Ministry Aadc	Substance Abuse										
Hands On Health Associates Llc	Substance Abuse										
Cobble Hill HIth Ctr Inc Lthhcp	Nursing Home	~									
Lutheran Aug Ctr/Ext Cre Reh Lthhcp	Nursing Home	~									
Brooklyn United Met Church Ad	Nursing Home	~									
Buena Vida Cont Care & Reh Ct	Nursing Home	~									
Carillon Nrs Rehab Ctr Adhc	Nursing Home	~									
Rivington Hs/Nicholas A Rango	Nursing Home	~									
Saints Joachim & Anne Nrs & Reh Ctr	Nursing Home	~									
Wartburg Lutheran Hm Aging	Nursing Home	~									
East Neck Nursing & Rehab Ctr	Nursing Home	~									
Menorah Home & Hosp Aged Inf	Nursing Home	~									
Peninsula Gen Nursing Home	Nursing Home	~									
Keser Nursing & Rehab Center	Nursing Home										
Schervier Nursing Care Center	Nursing Home	~									
Parker Jewish Inst HIth Cr Re	Nursing Home	~									
Eger HIth Care & Rehab Center	Nursing Home	 									
Brooklyn Ctr Rehab & Residential Cr	Nursing Home	~									
Sephardic Skilled Nrs & Reh C	Nursing Home	~									
Shore View Nursing Home	Nursing Home	 									
Queens Nassau Reh & Nrs Cente	Nursing Home	~									
Morningside House Nursing Hom	Nursing Home	 									
Crown Nursing And Rehab Cente	Nursing Home	~									
Greater Harlem Nursing Home C	Nursing Home	~									
Sea-Crest Health Care Center	Nursing Home	~									
Norwegian Christian Hm/Hc	Nursing Home										
Hamilton Park Nursing And Rehab Cnt	Nursing Home	~									
Barnwell Nursing & Rehab Cent	Nursing Home	~									
Mills Pond Nursing & Rehab Ctr	Nursing Home	~									



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in I	Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Boro Park Ctr Rehab & Hlth Cr	Nursing Home	~										
Richmond Center Rehab & Spec Hlthcr	Nursing Home	~										
Kfg Operating Two Llc	Nursing Home	~										
Jopal Sayville Llc	Nursing Home	~										
Alliance Health Associates Inc	Nursing Home	~										
Hope Center Operations Llc	Nursing Home											
Howard J Reifer Dme	Pharmacy	~										
V.L.S. Pharmacy Inc	Pharmacy											
New York Univ Dental Ctr	Pharmacy	~										
Cresetti Drug Corp	Pharmacy											
Nyu Hospitals Center	Pharmacy											
Vnsny Community Health Services	Hospice	~										
Compassionate Care Hospice Ny	Hospice	~										
Hospice Of New York Llc	Hospice	~										
Jacob Perlow Hospice	Hospice	~										
Dominican Sister Family Healt	Hospice	~										
Lutheran Chha Inc	Hospice											
A.I.R.Nyc	Community Based Organizations	~										
Amber Court At Home	Community Based Organizations	~										
Anchor House Incoporated	Community Based Organizations	~										
Arab American Association Of New York	Community Based Organizations	~										
Arab American Family Support Center	Community Based Organizations	~										
Archcare	Community Based Organizations	~										
Arthur Ashe Institute For Urban Health	Community Based Organizations	~										
Brian J. Butler	Community Based Organizations	~										
Brooklyn Chinese-American Association	Community Based Organizations	~										
Brooklyn Perinatal Network, Inc. & The Brooklyn Task Force On	Community Based Organizations	~										
Infant & Maternal Morality & Family Health												
Caribbean Women'S Health Association, Inc.	Community Based Organizations											
Centers Plan For Healthy Living	Community Based Organizations					ļ	ļ					
Chinese-American Planning Council, Inc.	Community Based Organizations	✓				ļ	ļ					
Christopher Rose Community Empowerment Campaign, Inc.	Community Based Organizations											



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Clergy United For Community Empowerment, Inc.	Community Based Organizations											
Danielle Duret	Community Based Organizations	 Image: A start of the start of										
Edgar Sanchez	Community Based Organizations											
Evelyn Douglin Center For Serving People In Need	Community Based Organizations	~									1	
Fifth Avenue Committee, Inc.	Community Based Organizations											
Fort Greene Strategic Neighborhood Action Partnership	Community Based Organizations	~									1	
Healthfirst Phsp, Inc.	Community Based Organizations	 Image: A start of the start of										
Healthix, Inc.	Community Based Organizations	~	~	<	>						1	
Heights-Hill Mental Health Service South Beach Psychiatric Center Community Advisory Board, Dba Rainbow Heights Club	Community Based Organizations											
Homeless Services United	Community Based Organizations	 Image: A set of the set of the										
Jcca Preventive Services	Community Based Organizations											
Jcca Therapeutic Foster Boarding Home (Ocfs)	Community Based Organizations											
Jewish Child Care Association - Bridges To Health (B2h) (Ocfs)	Community Based Organizations	 Image: A start of the start of										
Jincy James	Community Based Organizations	 Image: A set of the set of the										
Kim Gaitskill	Community Based Organizations	 Image: A start of the start of										
Lada Alexeenko	Community Based Organizations	~									1	
Lee Whitman Milner	Community Based Organizations	~										
Lisa C George	Community Based Organizations	~										
Lynch-Gaffney, Kathleen	Community Based Organizations	~									1	
Make The Road New York	Community Based Organizations										1	
Maryjo Vetter	Community Based Organizations	~										
Metropolitan Development Center	Community Based Organizations	~									1	
Michael Eric Marquez Mencias	Community Based Organizations	~										
Mixteca Organization, Inc.	Community Based Organizations	>										
Nadiya Tejiram	Community Based Organizations	~									1	
New York City Department Of Health & Mental Hygiene	Community Based Organizations	~									1	
Nyu Langone Ipa	Community Based Organizations										1	
Paulina Kim	Community Based Organizations	~										
Peerplace Networks, Llc	Community Based Organizations	~										
Pesach Tikvah Hope Development Inc.	Community Based Organizations	~										
Ridgewood Bushwick Senior Citizen Homecare Council	Community Based Organizations	 										



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	Participating in Pro	jects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Ridgewood Bushwick Senior Citizens Council Inc.	Community Based Organizations	~									
Rockaway Manor Home Care	Community Based Organizations	~									
Ross Medical Corporation	Community Based Organizations	~									
Step By Step	Community Based Organizations	~									
Vocal Ny	Community Based Organizations	~									
Walgreen Co.	Community Based Organizations	~									
Wheeling Forward, Inc.	Community Based Organizations										
William A. Florio	Community Based Organizations	~									
Yhan Cho, Msw	Community Based Organizations	~									
Phoenix Houses Of New York Inc	All Other										
Cobble Hill Hlth Ctr Inc Lthhcp	All Other	~									
Rutman Hadassa	All Other	~									
Jimmy R Sitt	All Other	~									
Kateryna Perevoznychenko Md	All Other	~									
Ferdous Razia Khan	All Other	~									
Gonzalez Figueroa Luis Jorge	All Other	~									
Samia H Rifaat	All Other	~									
Cheema Muhammad	All Other	~									
Harris Marissa	All Other	~									
Olivier Dalia	All Other	~									
New York Foundling	All Other	~									
Wei Angela Liu	All Other	~									
Lutheran Aug Ctr/Ext Cre Reh Lthhcp	All Other	~									
Pappas Mike	All Other	~									
Zyskind Israel	All Other	~									
Maybody Shideh	All Other	~									
Vazquez-Ayala Manuel	All Other	~									
Jns Counseling Services Inc	All Other	~									
St Vincents Services	All Other	~					1				
Irina Belder	All Other	~									
Vnsny Community Health Services	All Other	~									



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii David Jason Ellenbogen Dpm All Other **~** Isseroff Hillel Noah Md All Other ~ All Other Layliev Elizabeth **~** All Other Khaski David **~** Geraldi-Samara Danielle All Other \checkmark Prime Home Health Srvcs All Other **~** Kosinski Slawomir Md All Other **~** Jacobs Amanda All Other **~ Taylor-Smalls Sharon** All Other **~** All Other **~** Bryant Stephanie Md Passafaro Michael Do All Other **~** Calderon Vincente Anthony All Other **~** Tavrovskaya Polina Md All Other \checkmark Fernaine George Md All Other **~** Feig Robert Md All Other × **Dellatto Patricia** All Other **~** All Other Guillen-Santana Roselia × All Other **~** Cohen Lesley All Other Llerena Cristina \checkmark All Other Rodriguez Edna V Md **~** Volkerts Elston Leroy All Other **~** Alperin Mark Md All Other **~** Miller Ricardo Anthony All Other **~** Pak Nanwai Md All Other **Briley James** All Other \checkmark Kim Jeongwon All Other ~ Filipova Olga Vladimirovna Md All Other **~** All Other **Rigaud Nathalie ~ ~** Nelson Dina S Md All Other **~** Prescott Rasheda Vernique Md All Other **~** Titelis Joann Alexandros Md All Other **~**



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Horn Corinne E Md	All Other	~									
Gerling Michael C Md	All Other	~									
Integrated Medical Professionals PI	All Other										
Dynamic Youth Community Inc	All Other	~									
Provider Hamaspik Kings Day	All Other	~									
Bouchard-Burns Jeffrey Md	All Other	~									
Noori Khalid A Md	All Other										
Alhaddad Adib Md	All Other	~									
Vulpe Corneliu Theodor Md	All Other	~									
Khrom Tatiana Md	All Other	~									
Farag Ayman Roushdy Md	All Other	~									
New York Foundling Hospital, The	All Other	~									
Kaylakova Irina Md	All Other	~									
Winter Howard	All Other	~									
Desanto Pasquale M Dpm	All Other	~									
Othoniel Marlene	All Other	~									
Mason Sophia Np	All Other	~									
Zwerling Jonathan Scott Md	All Other	~									
Faroqui Fazal G Do	All Other	~									
Antonios Vera Salim Md	All Other	~									
Ngo Thao Md	All Other	~									
Vidershayn Alexander Md	All Other										
Madhavi Madhurapantula Do	All Other	~									
Klein David	All Other	~									
Horn Ansell Np	All Other	~									
Village Care Health Clinic	All Other	~									
Tessler Marc Zev Md	All Other										
Bron Yana Md	All Other	~									
Zhuravsky Ellen Rpa	All Other	 Image: A start of the start of									
Mantzoukas Argirios Md	All Other										
Awikeh Maha Md	All Other	~									



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Yun Jaime Md	All Other	 Image: A set of the set of the									
Wong Helen	All Other	~									
Lui Yvonne W Md	All Other	~									
Ryndin Igor Md	All Other	~									
Amin Khalid Irfan Md	All Other	~									
Kaylakov Robert Md	All Other										
Yai Day	All Other										
Levina Diana Md	All Other	 									
St Christopher Ottilie Day	All Other										
Desir Mergie X Md	All Other	~									
Wong Ying Lan Md	All Other	~									
Janice Prime Care Medical Pc	All Other	~									
Marecheau Jacqueline M	All Other	 									
Kim Sun Jin Md	All Other	~									
Zhao Qiuqu	All Other	~									
Li Vuy San Md	All Other	~									
Vozick Jesse M Md	All Other	~									
Toomey Thomas Francis Jr	All Other	 Image: A set of the set of the									
Seniorcare Emergency Medical Servic	All Other	~									
Ashkar John Antonios	All Other	 Image: A set of the set of the									
Hoyek Wissam Md	All Other	~									
Oliff Andrew H	All Other										
Jurman Marlene	All Other	 Image: A set of the set of the									
Ilagan John Md	All Other	~									
Asgary Gholamreza Md	All Other	~									
Shir Irene	All Other	~									
Raptis Theodoros	All Other	 									
Pandya Himanshu Md	All Other	~									
Celmer Edward J Md	All Other	~									
Patel Sanjay Narottambhai Md	All Other	~									
Becske Tibor Md	All Other	~									



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Lifespire Inc Rsp	All Other	~									
Batra Mirabai Kuvi	All Other	~									
Provider-Hamaspik Kings Rsp	All Other	~									
Shpak Mikhail M Do	All Other	~									
Ny Therapeutic Communities	All Other	~									
Maimon Ron Md	All Other	~									
Young Adult Institute Fsr 2	All Other	~									
Young Adult Institute Fsr 1	All Other	~									
Young Adult Institute Fsr 3	All Other	~									
St Christopher Ottilie Rsp	All Other	~									
Young Adult Institute Rsp	All Other	~									
Dory Andrea Christina Md	All Other										
Dawson Andrew J L R Md	All Other	~									
Soab Medical Pc	All Other	~									
Beecham-Robinson Anita	All Other										
David Alan	All Other	~									
Hill Mark A Md	All Other	~									
Sethi Dinesh Md	All Other	~									
Village Ctr For Care Lthhcp	All Other										
Santiago Allan Realin Md	All Other	~									
Glick Arthur A	All Other	~									
Henderson Kimberly Joan Md	All Other	~									
Stein Rivka Y Md	All Other	~									
Mortazavi Shervin Md	All Other	~									
Kwak Charles	All Other										
Cuevas Asima	All Other	~									
Be Well Primary Hlth Care Ctr	All Other	 Image: A start of the start of									
Badem Olga Md	All Other	 									
Makavana Jayeshkumar J Md	All Other	 Image: A start of the start of									
Milshteyn Yuliya Cnm	All Other										
Gelfond Ilana Od	All Other	 Image: A set of the set of the									



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Bikur Cholim Inc	All Other	 Image: A set of the set of the									
Dukhan Marina Do	All Other	~									
Steklova Olga Md	All Other	~									
Rutner Daniella	All Other	~									
Gabriel Michael	All Other	~									
Jamil Tariq Md	All Other	~									
Ditchek Stuart	All Other	~									
Krumholtz Ira	All Other	~									
Yang Andrea	All Other	~									
Carter Tanya	All Other	~									
Han Myoung	All Other	~									
Ngo Tammy Phuong	All Other	~									
Manna Mario Joseph Do	All Other	~									
Rodgers Stephen L	All Other	~									
Discipleship Otrch Ministries	All Other	~									
Chitnis Anup Md	All Other	~	>								
Alianakian Rosine	All Other	~									
Burnett Michael Charles Md	All Other	~									
Wells Barbara	All Other	~									
Dhillon Lakhbir	All Other	~									
Dume-Charles Daniel Md	All Other	~									
Paul Arlette Mary	All Other	~									
Belayneh Lulenesh Md	All Other	~									
Kaplan Evan	All Other	~									
Watkowska Justyna Md	All Other	~									
Arias-Florez Elizabeth Cristina	All Other	~									
Bahl Parul Md	All Other	~									
Heartshare Human Services Nd4	All Other										
Karpe David	All Other	~									
New York University	All Other	~									
Umpaichitra Vatcharapan Md	All Other	~									



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii **Gottlieb Aren Leslie** All Other \checkmark Ralph Walter M Jr Md All Other All Other Erlikh Tamara Md ~ All Other Gara Maureen **~** Brooklyn United Met Church Ad All Other \checkmark Irina Berlin Medical Pc All Other **~** All Other Langhans Jean **~** All Other Hana Mervat **~** Nevins Juliet M Md All Other **~** Empire St Hm Care Ser Lthhcp All Other **~** Cahill Ryan M Do All Other **~** Brevetti Gregory R Md All Other **~** Leers Ella Md All Other \checkmark Littleton Andrea Wileen Md All Other **~ Brenkler Faina** All Other × New York Univ Med Ctr Rad Asc All Other **~** Rosen Daniel D All Other × Oks Marina V Md All Other **~** All Other Durzieh Joseph Md \checkmark All Other Pollard-Thomas Paula Md **~** Martinez Carmen All Other **~ ~ ~** All Other Levi Linda **~ Destefano** Patricia All Other **~** Joseph Rose All Other **~** New York Service Network Inc All Other × Young Adult Institute Spt All Other Young Adult Institute Spv All Other Weiss Andrew L Md All Other **~** All Other New York Foundling Hosp Spv **~** Baker Margaret Np All Other × St Christopher Ottilie Spv All Other



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Provider Hamaspik Kings Spv	All Other	>									
Lifespire Inc Spt	All Other	>									
Lifespire Inc Spv	All Other	>									
Silverblatt Katerina Md	All Other	>									
Kamenetsky Elvira Md	All Other	~									
Waldemar Yvonne	All Other	>									
Perrone Calogera A	All Other	>									
Maheshwari Anil	All Other	>									
Harrell Linda Cnm	All Other	~									
Stepankoff Janna	All Other	>									
Gardner Traci F Md	All Other	~									
Grady Laura Jane Md	All Other	>									
Howard J Reifer Dme	All Other	>									
Emmons George Dpm	All Other	>									
Lepore Frank Louis Dpm	All Other	>									
Millie R Fell Md Pc	All Other	>									
Kinatukara Shibu George Dpm	All Other	>									
Natalenko Irina Md	All Other	~									
Carnegie Hill Institute Inc	All Other	>									
Weinberg Jerry Charles Md	All Other	>									
Rohatgi Rajesh Md	All Other	~									
Giantinoto Salvatore J Do	All Other	>									
Testa Jane Marie Md	All Other	~									
Nie Guo Md	All Other	>									
Deb Ambika Md	All Other	>									
Tannenbaum Mark H Md	All Other	~									
Corbino Laurene Marie Cnm	All Other	~									
Kadar Robert Scott Md	All Other	~									
Gopal Lekha Hareshbhai Md	All Other	~									
Lifespire Inc Smp	All Other	~									
Young Adult Institute Inc Smp	All Other	~									



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proj	ects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Kirpichnikov Dmitri Md	All Other	~										
Marina Zahra Md	All Other	~										
Hochster Howard James Md	All Other	~										
Dayan Alan R Md	All Other	~										
L'Refauh Med & Rehab Ctr.,Inc	All Other	~										
Deweil Lawrence Nicholas Md	All Other	~										
Shur Irina N Md	All Other	~										
Bleich Laurie Ann Cnm	All Other	~										
Buena Vida Cont Care & Reh Ct	All Other	~										
Apicella Sheila Ann Md	All Other	~										
Holalkere Rajagopal Md	All Other	~										
Wagshall Eli Dds	All Other	~										
Lifespire Inc Hcbs 3	All Other	~										
Lee Jeong Ran Oh	All Other	~										
Lopez Margarita	All Other	~										
Domnich Ilya Md	All Other	~										
Vricella Marilyn	All Other	~									1	
Larson Steven	All Other	~										
Krumholz David	All Other	~										
Kapoor Neera	All Other	~										
Dul Mitch	All Other	~										
Appel Julia	All Other	~										
Frank Rachel Anne Md	All Other	~										
Cortes Juan Do	All Other	~										
Bundoc Susana Dugang Md	All Other	~										
Tsinis Mariya F Md	All Other	~										
Sephardic Ski Nrs Reh Ct Adhc	All Other	~										
Sastre Jorge Md	All Other	~										
Zaretsky Galina	All Other	~										
Yazigi Samar F Chahla Md	All Other	~										
Lyon Thomas Richard Md	All Other	~										



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Sotnik Regina Md All Other **~** Byer Erroll Ignatius Jr All Other ~ All Other Arbolino Sally Jane ~ Tarsis Sara Leah Md Phd All Other Heartshare Wellness Ltd All Other **~** Geyler Inna I Md All Other **~** Losev Alexander Md All Other **~** Allison Karen Melanie Md All Other **~** Onghai Benson Go Md All Other **~** Kelleher Paul Mitchell Do All Other **~** Rabiner Mark Charles Md All Other **~** Bauer Lloyd All Other **~** Markhasina Inna Md All Other **~** Provider-Hamaspik Kings All Other Ctr For Comm Alternatives Inc All Other **~** Crenesse-Cozien Anne J Md All Other **~** All Other Tu Joseph **~** Sheikh Manzur Ali Md All Other **~** Azhar Salman Md All Other \checkmark Saitta Audrey Md All Other **~** Carillon Nrs Rehab Ctr Adhc All Other × Mulvanerty Noreen R All Other **~ Extended Home Care** All Other **~** Michaels Rachel All Other **~** Kahn Hirshel All Other **~** Yai Foothill Terrace All Other Silver Jonathan J Md All Other **~** All Other Pedro Helder Francisco **~** All Other Shahkoohi Afshin Md **~** Minkowitz Pathology Pc All Other **~** Berger Aaron H All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proj	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Hingorani Anil Pribhu Md	All Other	~									
Shetty Tharun	All Other	~									
Thau Andrea	All Other	~									
Sherman Jerome	All Other	~									
Schuettenberg Susan	All Other	~									
Richter Scott	All Other	~									
Canellos Harriette	All Other	~									
Adamczyk Diane	All Other	~									
Rieder Jessica Md	All Other	~									
Molofsky Walter J Md	All Other	~									
Dunn Elizabeth Mary	All Other	~									
Sahgal Sumir P Md	All Other	~									
Michaud Valerie Marie J	All Other	~									
Lai Yu Jen Md	All Other	~									
Shapiro Mikhail Do	All Other	~									
Azamy Taufiq	All Other	~									
Smith Peter Dpm	All Other	~									
Pintauro Robert	All Other	~									
Kalepu Mallikharjanudu Md	All Other	~									
Alcantara Teodorico Md	All Other	~									
Minkowitz Gerald	All Other	~									
Besson Gail A Md	All Other	~									
Abou-Fayssal Nada G Md	All Other	~									
Exponents Inc	All Other	~									
Berger Abraham Md	All Other	~									
Bochner Israel L Rpa	All Other	~									
Mra Zan Md	All Other	~									
Rateb Mahmoud S H Md	All Other	~									
Anthony Kopatsis Md Facs Pllc	All Other	~									
Rosen & Teitelbaum Phys Svcs	All Other	~									
D Robbins Podiatry Pc	All Other	~									



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Haskes Lloyd Partman All Other **~** Young Adult Institute Inc Icf All Other Stephens Hyram All Other All Other Daya Rami Khairallah Md \checkmark **Gladstein Michael** All Other \checkmark Schwimmer Richard All Other **~** Wildfeurer Olga Md All Other **~** All Other Chan Enoch Chung Md **~** Kumar Raman Md All Other **~** Albdewi Jamal Md All Other **~** Go Eddie Sim Md All Other **~** Nussbaum Jack Md All Other **~** Community Home Care Refer Svc All Other \checkmark All Other Aglialoro George C **~** Lenefsky Ronald I Md All Other × Adler Ronald Steven Md All Other **~** Katz Alex S Dpm All Other **~** Daley Lisa M Md All Other **~** All Other Chen Charlie Chin-Song Do \checkmark All Other Pye Yar Md **~ ~** Flaherty Brian Md All Other × All Other Chakote Jyoti V Md **~** Abramova Inna Md All Other **~** Cohen Aaron Howard Md All Other **~** Fitzpatrick John Kevin All Other \checkmark Patel Mahendra Ambalal Md All Other ~ Kamath Sachin Narsinha Md All Other **~** All Other Bulsara Girish M Md \checkmark All Other Rosales Manuel Ramos Md \checkmark Rodriguez Ricardo Ariel Md All Other **~** Gadangi Pratap Kumar Md All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	g in Projects								
Provider Name	Provider Category	2.a.i 2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Provider-Hamaspik Kings Hcbs1	All Other									
Dayan Alan Jesse Md	All Other	✓								
Seitz David Elliot Md	All Other									
Premier Healthcare D & T Ctr	All Other									
Sherman Frederic M	All Other									
Yu Kyi Win Md	All Other									
Fletcher, Fnp Debbian	All Other					~				
Favuzza Joy	All Other									
Napoli Michael A Dpm	All Other									
Genovesi Mark H Md	All Other									
Rizvi Firdous Md	All Other									
Sclafani Steven Md	All Other									
Gold Richard Elliott Do	All Other									
Orafidiya Adebola O Md	All Other									
Kile Kristopher Trenton	All Other									
Muster Sima Md	All Other									
Chowdary Sunita Kollu Md	All Other									
Rafiaa Amer	All Other									
Diaz Alan	All Other									
Volpin Marina Md	All Other									
Islam Noor Afza Md	All Other									
Maravel Paul William	All Other									
White Glove Community Care	All Other									
Stroud Joan Antoinette Md	All Other									
Tolbert-Walker Derrick J Md	All Other									
Banad Sheela Premanath Md	All Other									
Belotserkovskaya Yanina Md	All Other									
Avruchevskaya Irina Md	All Other									
Martingano Francis X T Md	All Other						1			
Carey Jeanne Marie	All Other									
Sagar Sushil Md	All Other									



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Brooklyn Bridges PPS (PPS ID:32)

	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Bekar Samuel Md	All Other										
Chan Alfonso Y	All Other	~									
Stern Leslie Phd	All Other	~									
Cardona Carmen G	All Other	~									
Marsh Elissa	All Other	~									
Friedman Fredy Md	All Other	~									
Perlova Marina Md	All Other	~									
Chernov Leonid Md	All Other	~									
Shustarovich Alla Md Pc	All Other	~									
Livshits Aleksandr Md	All Other	~									
Mendola Antony J Md	All Other	~									
Genovese Leonard Daniel Do	All Other	~									
Cotos Mejia David N Md	All Other	~									
Meltzer Jacob	All Other	~									
Polistina Dean Carl Md	All Other	~									
Bampoe Isaac G Md	All Other	~									
Rando Giuseppe Rosario Md	All Other	~									
Ehr Azimah Pilus Md	All Other	~									
Mayer Amir Md	All Other	~									
Ruggiero-Decarlo Rosemary Md	All Other	~									
Kamenetsky Aleksey Md	All Other	~									
Villanueva Norma I Md	All Other	~									
Holcomb Alvin D Md	All Other										
Shinnar Meir Md	All Other	~									
Norman Deanne S	All Other	~									
Sam Mirela Md	All Other	~									
Halberstam Meyer S Md	All Other	~									
Wahba Joseph Md	All Other	~									
Barlas David Md	All Other	~	~								
Brc Human Services Corp Scm	All Other	~									
Rivington Hs Hlth Cr Aadc	All Other	~								1	



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in P	Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Dannenberg Michael J Md Pc	All Other	~									
Seafield Center Inc	All Other										
Rivington Hs/Nicholas A Rango	All Other	~									
Volfinzon Leonid Medical Pc	All Other	~									
Dailey Ronald Scott Md	All Other	~									
Charles Michel-Jose Md	All Other	~									
Young Adult Inst Ste 2 Icf	All Other										
Gomez Tulio Enrique Md	All Other	~									
Nguyen William Md	All Other	~									
Gamzel Ny Inc	All Other	~									
Eng Lisa Md	All Other	~									
Young Adult Inst Ste 1 Icf	All Other										
Young Adult Inst Ste 3 Icf	All Other										
Brunot Emmanuel Md	All Other	~									
Berkshire Farm Center	All Other	~									
Canarsie Aware Inc	All Other	~									
Nachum Levin, Md, Pc	All Other	~									
Vazquez Bianca R Md	All Other										
Brodsky Alexander Md	All Other	~									
Lmc Physician Services Pc	All Other	~									
Teitelbaum Jeffrey Md	All Other	~					~				
Privman Vladimir Md	All Other	~									
Balmiki Rajeev L Md	All Other	~									
Burack Jedidiah Md	All Other	~									
Griffin Joyce	All Other	~									
St Christopher Ottilie Hcbs	All Other	~									
Calciano Robert F Md	All Other	~									
Sacco Joseph P Md	All Other	~									
Giasullo Michael Md	All Other	~									
Landy Robert Jay Dpm	All Other	~									
Nedunchezian Deeptha Md	All Other	~									



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Beverley Mack Harry Cnslt Inc All Other **~** Postell Scott G Md All Other ~ Etienne Viviane Md All Other ~ All Other Block Institute 27 Ave Icf Block Institute Hunter2 lcf All Other Young Adult Institute & Works All Other Levit Susan Md All Other **~** Kushnick Steven Md All Other **~** Bashey Mohammed B Md All Other **~** Almoudarres Maher Md All Other **~** Greenwich House Inc Ai All Other **~** Michnovicz Jon J Md All Other **~** Bridge Back To Life Ctr Inc All Other \checkmark Spears Thomas Md All Other **~** Solomon Robert D Md All Other × Lowe Teresa Ann Od All Other **~** Gennaro Mark Md Pc All Other **~** Haddad Stephen Md All Other **~** All Other Roche Marie-Lourdes Md \checkmark All Other Areba Casriel Institute **~** Mitchell I Weinstein Do Pc All Other × Eviatar Joseph Alexander Md All Other **~** Koster Harry Robert M Md All Other **~** Caruana Joseph Angelo Do All Other **~** Schwartzburt Elizabeth Md All Other \checkmark Jayakrishnan Uma P Md All Other ~ Americare Certified Ss Inc All Other **~** All Other Kazeem Saka Md \checkmark All Other Salama Meir Md \checkmark Moss Douglas G Md All Other **~** Angioletti Louis Scott Md All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Zaloom Robert Anthony Md All Other \checkmark Gazzara Paul C Md All Other ~ All Other Garcia Arlene Marie Md **~** All Other Asaro Regina M Md **~** Muharemovic Meciko A Md All Other \checkmark Program Dev Srv Harrison Icf All Other **~** All Other St Christopher-Ottilie Richmo All Other Balot Barry Hal Md **~** Patel Nileshkumar Gokal Md All Other **~** New York Univ Dental Ctr All Other **~** Lyon Claudia L Md All Other **~** T R I Center Inc All Other **~** Medina Ariel Md All Other **~** All Other Young Adult Inst Sprucewood Latyshevsky Alex A Md All Other **~** Gheorghiu Olimpia Tintea Md All Other \checkmark Morgan Dorcas Ceola Md All Other **~** St Christophers Ottilie Kew All Other All Other Bamshad Hamid **~** Lacqua Frank J Md All Other **~** Lutheran Medical Center All Other × Abundant Life Agency Inc All Other **~** Joseph-Giss Sharon Pauline All Other **~ ~** Golden Owen Md All Other **~** Chopra Rajpal S Md All Other **~** Gudi Kopresh Acharya Md All Other ~ Lutheran Medical Center All Other **~** All Other Village Center For Care \checkmark All Other Saints Joachim & Anne Nrs & Reh Ctr \checkmark Wagley Bhupendra P Md All Other **~** Morano Placido A Md All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Village Center For Care Aadc All Other **~** Sherill Purcell Md Pc All Other ~ All Other Mcadam John Mark Md **~** All Other Schumann Marc Seth-Jon Dpm **~** Coombs Kenneth E Dpm All Other **~** Lifespire Inc Icf All Other **~** All Other Young Adult Inst Sheepshead Berlin Arnold I Md All Other **~** Altman Daryl Renee Md All Other **~** Gudesblatt Mark Md All Other **~** Advocates Svc BI Multihan Riv All Other **~** Parker Jewish Geriatric D&T All Other **~** Young Adult Inst Levittown All Other All Other Schuller Alan Morris Md **~** Archbold Maritza Stella Md All Other × 820 River Street Inc. All Other **~** All Other **Dominican Sisters Family Lthh ~** Fell Millie R Md Pc All Other **~** All Other Nabatian Farzad Md \checkmark Salvati Steven William Md All Other **~** Wartburg Lutheran Hm Aging All Other × Pellegrini Richard Andrew Md All Other **~** Tatakis Effie Od All Other **~ Realization Center Inc** All Other Gonzalez Orlando Jr Md All Other \checkmark Furci Thomas James Dpm All Other ~ Putman William Erskine M Md All Other **~** All Other Weiss Robert Allen Md **~** All Other Ilan Hana Md \checkmark Lee Wai Kwan Ivy Md All Other **~** Gupta Sindhu Md Pc All Other **~**



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Jacob Perlow Hospice	All Other	>									
Sgarlato Anthony Ralph Md	All Other	>									
Buff Daniel David Md	All Other	>									
Bookhardt-Murray Lois J	All Other	>									
Gettenberg Gary Seth Md	All Other	~									
Kumar Sampath R Md	All Other	>									
Sickles Alan David Md	All Other	~									
Roter Gil Md	All Other	>									
Levy Steven Robert	All Other	>									
Kelter Robert Alan Md	All Other	>									
Portello Joan K	All Other	>									
Watson Catherin Pace	All Other	>									
Gamss Jeffrey Stuart Md	All Other	>									
Jacoby Laurian Md	All Other	>									
Jacinto Francisco Gertrude Md	All Other	>									
Basile Dominick Md	All Other	>									
Meyer Allan Martin	All Other	>									
Garner Bruce F Md	All Other	>									
St Christophers-Ottilie Jamai	All Other										
Udom Izuka P Md	All Other	>									
Carmusciano Vincent Albert Md	All Other	>									
Kao Wei Md	All Other	>									
Brejt Henry Md	All Other	>									
Services F/T Underserved-Vern	All Other	>									
Salim Yusuf Md	All Other	>									
Feola August Anthony Md	All Other	>									
Jebran Antoine Anoir	All Other	>									
Barkan Anatole	All Other	>									
Joseph P Addabbo Family Hlth	All Other	>									
Pesach Tikvah-Hope Dev Inc	All Other	>									
Weinstock Judith Beth Md	All Other	>									



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Emma Leonard John Md All Other **~** Lucido Jeffrey Vincent Dpm Pc All Other ~ Blass Joel Mitchell Md All Other ~ All Other Cooper Charles Md **~** Ulep Rosita Razo Md Pc Md All Other **~** Cavalli Adele L Md All Other **~** Daggett Brian George Md All Other **~** Tardio Julio Alberto Md All Other **~** Sacolick Benzion Md All Other **~** Dundy Richard A Md All Other **~** Baillargeon Neal Arthur Md All Other **~** Block Institute Bay 44 lcf All Other Gelbfish Chana E Md All Other **~** Appolon Carmin Md All Other **~** Morrison Scott I Od All Other × Madonna Richard James All Other **~** Deluca John J Md All Other **~** Roberts Pamela M Dpm All Other **~** All Other Krausz Robert B Md \checkmark All Other Goodman Warren Jay Dpm **~** Meshnick Joel Alan Dpm All Other × Amico Susan G Dpm All Other **~** Rao Sudha All Other **~** Pasqua Peter J Jr Md All Other **~** Pesach Tikvah Division Ave Ic All Other \checkmark East Neck Nursing & Rehab Ctr All Other **~** St Agathas 11 Hayden Circle All Other × All Other Patel Indira Mahendra Md **~** All Other Elferzli George Salem Md Deutsch Vicki-Jo Md All Other **~** Duaban Maria Paz Md Pc All Other **~**



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Khan Noor Zaman Md	All Other	>									
Walsh Raymond B Md	All Other	~									
Adelglass Howard R Md	All Other	~									
Nacier Paul Edgard Md	All Other	~									
Calamia Vincent Md	All Other	~									
Inzlicht Sprei Eli Md	All Other	~									
Chen Yaw Lim Md	All Other	~									
Abott Michael L Md	All Other	~									
Young Adult Inst Lewisboro	All Other										
Diaz Michael Md	All Other	~									
Bunyavanich Sanga Md	All Other	~									
Osoba Olumide Obafunmilayo Md	All Other	~									
Treatman David Md	All Other	~									
Donovan Glenn J Dpm	All Other	~									
Shore Road Radiology Assoc Pc	All Other	~									
Washington Ronald A Dpm	All Other	~									
Glaser Amy Lisa Md	All Other	~									
Wolfson Mitchell Md	All Other	~									
Jewish Board Family Child B	All Other	~									
Nadaf Albert S Md	All Other	>									
Weissbart Clyde H Md	All Other	~									
Forlenza Thomas Joseph Md	All Other	~									
Rao Jayanth Md	All Other	~									
Arick Daniel Md	All Other	~									
Lifespire Inc Icf	All Other	~									
Muller Leonard Md	All Other	~									
Jasty Susmita Md Pc	All Other	~									
Block Institute Ocean Ave I	All Other										
Young Adult Inst Riverdale	All Other										
Rosen Eli Nathan Md	All Other	~									
Block Institute-Dt 1	All Other	 Image: A set of the set of the									



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Rando Joseph P Md All Other Scotti Lorenzo Louis Dpm All Other **~** Ascher Enrico All Other **~** All Other **Covenant House ~** Rizzo Vito Joseph Dpm All Other \checkmark Dinovis James Paul Dpm All Other **~** Stamm Joseph Martin Od All Other **~** Roth Olitsa Md All Other **~** Menorah Home & Hosp Aged Inf All Other **~** Chowdhry Mohammed Idris All Other **~** Parikh Nalini H Md Pc All Other **~** Nebres Jose F Md All Other **~** Balter Richard R Md All Other \checkmark All Other St Agathas Depaul Icf **~** St Agathas 13 Hayden Circle All Other × Giovinazzo Vincent Jerome Md All Other **~** Anant Ashok Md All Other × Hauer David I Md All Other **~** Tokar Stanley W Md All Other \checkmark All Other Lee Paul Md **~** Kang Pritpal S Md All Other × Bonura Frank Salvatore Md All Other **~** Bass Sherry J Od All Other **~** Goldstein Israel Dpm All Other **~** Dr Rimawi Ob-Gyn Pc Md All Other **~** Keilson Marshall J Md All Other ~ Young Adult Inst N Barry Ave All Other Ferraro John A Md All Other **~** All Other Nicoletti Robert Joseph Md **~** Winik Joseph S Md All Other **~** Glaser Jordan B Md All Other **~**



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Patel Vina R Md	All Other	~									
Capalbo Ralph H	All Other	~									
Fertel Norman Shepard Md	All Other	~									
Kilaru R Mohan	All Other	~									
Bunyavanich Sommai T Md	All Other	~									
Divack Steven Marc Md	All Other	~									
Young Adult Inst Hastings Icf	All Other										
Young Adult Inst Portchester	All Other										
Young Adult Inst Rose Lane	All Other										
St Agathas Pelham Manor Icf	All Other	~									
St Agathas Ardsley Icf	All Other	~									
Mancuso John J Md	All Other	~									
Chin Yin Lee Md	All Other	~									
Goldstein Stanley Md	All Other	~									
Pannone John B Md	All Other	~									
Guild For Excptnl Child Defel	All Other	~									
Patel Chandrakant M Md	All Other	~									
Kassouf Michael Joseph Md	All Other	~									
Kopelowitz Wally Md	All Other	~									
Lichter Stephen M Md	All Other	~									
Adimoolam Seetharaman Md	All Other	~									
Kamath Marian D Md	All Other	~									
Berger Joseph Md Pc	All Other	~									
Little Flower Child Sv Brookl	All Other	~									
Miele Robert A Dpm	All Other	~									
Silverman Marc M Od	All Other	~									
Khoury Nidal Y Md	All Other	~									
Madeb Isaac Md	All Other	~									
Rodriguez Maria D Md	All Other	~									
Tan Edwin C Md	All Other	~									
Rawitt Ronald R Md	All Other	~									



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	Participating in Proj	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Vitale Aldo Md	All Other	~									
Boczko Stanley H Md	All Other	~									
Oda Primary HIth Care Ctr,Inc	All Other	~									
Young Adult Inst Metro N (3I)	All Other										
Lifespire Inc Icf	All Other	~									
Young Adult Inst Ocean Parkwy	All Other										
Young Adult Inst U S Lefrak	All Other										
Young Adult Inst 22nd St Icf	All Other										
Young Adult Inst Lakeview Icf	All Other	~									
Terence Cardinal Cooke Hcc	All Other	~									
Appleman Warren Md	All Other	~									
Horn David Od	All Other	~									
Lifespire, Inc	All Other	~									
Barcia Rafael G Md	All Other	~									
Peninsula Gen Nursing Home	All Other	~									
Barbiere Charles F	All Other	~									
Mani Vijay J Md	All Other	~									
Dominican Sister Family Healt	All Other	~									
Keser Nursing & Rehab Center	All Other	~									
Walfish Jacob S Md	All Other	~									
Schervier Nursing Care Center	All Other	~									
Parker Jewish Inst HIth Cr Re	All Other	~									
Eger HIth Care & Rehab Center	All Other	~									
Brooklyn Ctr Rehab & Residential Cr	All Other	~									
Sephardic Skilled Nrs & Reh C	All Other	~									
Shore View Nursing Home	All Other	~									
Queens Nassau Reh & Nrs Cente	All Other										
Morningside House Nursing Hom	All Other	~									
Crown Nursing And Rehab Cente	All Other	~									
Greater Harlem Nursing Home C	All Other	~									
Sea-Crest Health Care Center	All Other	~									



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Norwegian Christian Hm/Hc All Other **~** Menezes Placido A Pc Md All Other ~ Fein Paul A Md All Other **~** All Other Arbisser Joel M Md **~** Belding Alfred Md All Other **~** Nyu Hospitals Center All Other Medical Arts Sanitarium All Other **~** All Other Westfried Morris Pc Md **~** Abi-Shahin Naji Md All Other **~** Medical HIth Research Asc Nyc All Other **~ Block Institute Clinic** All Other **~** Brooklyn Ctr Psychotherapy All Other University Optometric Ctr All Other **~** Bustros Nagi J Md All Other **~** Chua Betty A Md All Other × Diamond David L Md All Other **~** Konka Sudarsanam Md All Other **~** Tan Alfonso Md All Other **~** All Other De Los Reyes Willeta R Md \checkmark Vaca Miller Md All Other **~** Bleier Howard Md All Other **~** All Other Podell Robert M Md **~** Chafiian Younes Md All Other Raza Seyed Mohamed Jaffar Ali Md All Other **~** Owen Golden Md Pc All Other \checkmark Camillo Reginald Alivia Md All Other **~** Shnaydman Faina Md All Other **~** Gambino Calogero Md All Other **~** Joseph Shevone Md All Other \checkmark Katel Farrukh Amin Rpa All Other **~** Tsukerman Boris Md All Other **~**



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DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Avraham J Gottesman	All Other	~									
Kesavan Meera Md	All Other	~									
Dayen Nina Md	All Other	~									
Michael Frederick Timoney	All Other	~									
Desai Vikas	All Other	~									
Ahern Barbara Ann	All Other	~									
Glinik Galina	All Other	~									
Nannapaneni Jyothi Chowdary	All Other	~									
Kuzin Elena	All Other	~									
Margulis Yevgeniy	All Other	~									
Paik Joon	All Other	~									
Skovronsky Yaakov	All Other	~									
Ny Foundling Hospital St Agathas Da	All Other	~									
Orlovskiy Aleksandr Md	All Other	~									
Pesach Tikvah Day	All Other										
Saxena Amit K Md	All Other	~									
Kini Jyoti	All Other	~									
Salamon Tziri	All Other	~									
Wolslau Hans Johann Do	All Other	~									
Olivera Cedric	All Other	~									
Chan Wendy	All Other	~									
Alpine Home Health Care Llc	All Other	~									
Shvets Marina Dpm	All Other	~									
Dheeraj Khurana Mbbs	All Other										
Tin Hui Hing Md	All Other	~									
Quinn-Torpey Susan	All Other	~									
El Atat Ali Ahmad	All Other	~									
Care For The Homeless	All Other	~									
Florence P Golamco	All Other	~									
Nagel Dalia	All Other	~									
Sood Deepika Md	All Other	~	Ì				1	1		Ì	



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Moberg Kenneth A All Other **~ Reichert James Michael** All Other ~ Omoruyi Ivie Oyenmwen All Other **~** All Other Muradov Julia **~** Stanberry Andre All Other **~** Grosman Igor All Other **~** Slattery Carolyn All Other **~** Hinestroza Howard Md All Other **~** Aye Myint Myint Md All Other **~** Provider Hamasplk/Kings Cnty Nhtd All Other **~** Allen Josephine All Other **~** The Village At 46th And Ten Alp All Other **~** Davidoff Sam Do All Other \checkmark All Other Mcdermott Brian **~** Shpitalnik Larisa All Other × Heartshare Wellness Ltd All Other **~** Landa Dov B Rpa All Other **~** Alapati Prameela All Other **~** All Other Polen Denine Lynn \checkmark All Other Caesar Mimieux Vanetta **~** Steven Sattler All Other × Saadon Yael All Other **~** All Other Khan Naznin **~** Ortiz Grace All Other **~** Berezovskaya Sabina All Other \checkmark Cicero Sosa Paola All Other **~** Friedman Ariel All Other **~** All Other Elisa Bocchieri-Bustros **~** All Other Gorelik Dmitry David **~** Premier Healthcare Inc All Other **~** Wirchansky William Michael All Other **~**



DSRIP Implementation Plan Project

Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Simon Fensterszaub All Other **~** Drakes Vonetta Andrea All Other ~ Adam J Ash Do All Other **~** All Other Renata Dellapasqua **~** Karayil Ajith All Other **~** Tatiana Khrom Md Pc All Other **~** Kantor Yevgeniy All Other **~** All Other Shahin George **~** Darcia Bryden Currie All Other **~ Murray Christine** All Other **~** Jacob Sunitha All Other **~** Marinoff Rebecca All Other **~** Emma Patricia Sheridan All Other \checkmark All Other Sisser Rachel **~** All Other Landerer David × Petty Sandra All Other \checkmark All Other Akhand Abdul **~ Trossello Catherine** All Other **~** All Other Donna Bernstein \checkmark Marshall Kiah Devon All Other **~** Hamilton Park Nursing And Rehab Cnt All Other **~ Cotton Jordana Michele** All Other **~** Tomao Lauren Claire Md All Other **~** Saxena Archana All Other **~** Mentesana Enza All Other \checkmark Alpert Jeffrey Blake All Other **~** Shneyder Tanya All Other **~** One Sai All Other **~** Fu Chung All Other **~** Shukurova Zukhra All Other **~** Salman Hanan M All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Zohirul Islam	All Other	~									
Khalil Ambreen	All Other	~									
Ambarian Naira	All Other	~									
Mondesir-Harewood Carlene	All Other	~									
Denny Martin	All Other	~									
Dladla Nonkulie	All Other	~									
Velasquez Luis	All Other	~									
Rozentul Anna V	All Other	~									
Papamitsakis Nikolaos I H	All Other	~									
Hersh Meryl Jean Nagourney	All Other	~									
Zhang Ailing	All Other	~									
Chloe Muychou Chhor	All Other	~									
Smith-Cambry Fiona Gloria	All Other	~									
Schulman Erica	All Other	~									
Friedrich Sabiha Md	All Other	~									
Singh Shailini	All Other	~									
Peyman E Younesi Md	All Other	~									
Notardonato Henry	All Other	~									
Minus Kelly	All Other	~									
Sheth Aarti	All Other	~									
Gorelik Anna	All Other	~									
Nemr Rabih Antoine	All Other										
Mjg Nursing Home Co Inc Lthhcp	All Other	~									
Petrosyan Tamara	All Other	~									
Jennings Sarah	All Other	~									
Barnwell Nursing & Rehab Cent	All Other	~									
Bustros Thomas Md	All Other	~									
Wilson Alejandra	All Other	~									
Neustein Sherrie Golda Md	All Other	~									
Burgos Javier P	All Other	~									
Mercado Urina	All Other	~									



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Brooklyn Bridges PPS (PPS ID:32)

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Ubanwa Rose	All Other	~									
Piette Anne	All Other	~									
Romero Michelle	All Other	~				~					
Price Cathleen	All Other	 									
Lavian Emil	All Other	~									
Apergis George Anargyros	All Other	~									
Ciotti Andrew James	All Other	~									
Moffat Gardens Alp Inc	All Other	~									
Mills Pond Nursing & Rehab Ctr	All Other	~									
Sco Family Of Services	All Other	~									
Lichtman Ronnie	All Other	~									
Ng Angela	All Other	~									
Ariyarajah Vignendra	All Other	~									
Heartshare Human Svcs Caruana	All Other										
Boro Park Ctr Rehab & Hlth Cr	All Other	~									
Fridman Vladimir	All Other	~									
Mayard Jules	All Other	~									
Iqbal Adeel Azmat	All Other	~									
Krinsky Robert	All Other	~									
Xincon Home-Healthcare Services In	All Other	~									
Gertsik Podiatry Pc	All Other	~									
Bruno Jaclyn	All Other	~									
Shoham Marny Hope	All Other	~									
Milgrim Jeremy	All Other	~									
Karcioglu Amanda	All Other	~									
Asano Kenichi	All Other	~									
Moussa Marwa	All Other	~									
Umeh Uchenna	All Other	~									
Yiu John	All Other	~									
Tin Myint	All Other	~									
Chen Ling-Chen	All Other	~									



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Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Pysarenko Kristine	All Other	~									
Nazemzadeh Milad	All Other	~									
Wiltshire Veronica	All Other	~									
Barnes IIa L	All Other	~									
Alwani Salima	All Other	~									
Khaneja Amit	All Other	~									
Shaulson Malky	All Other	~									
Cadet-Valeus Sergelyne	All Other	~									
The Resource Training Center Inc	All Other										
Mallapu Shravan K	All Other	~									
Samra Faraj	All Other	~									
Eldeeb Elsayed Hammad	All Other	~									
Jang Jennifer	All Other	~									
Rossetti Nicolas A	All Other	~									
Fields Akiyomi Md	All Other	~									
Mental Health Association Of Nyc In	All Other										
Rai Rohit Kumar	All Other										
Varghese Betsy	All Other	~									
Slomnicki Michael	All Other	~									
Rodriguez-Iglesias Realba	All Other	~									
Bloch Sonja	All Other	~									
Nazir Sharique	All Other	~									
Young Adult Institute Fsr-5 Edith	All Other	~									
Wong Thomas	All Other	~									
Hamaspik Of Kings County Tbi	All Other	~									
Sionov Katie Md	All Other	~									
Hecht Michael D	All Other	~									
Upper Room Aids Ministry Aadc	All Other	~									
Seth Issac Winslow	All Other	~									
Von Dornum Miranda	All Other	~									
New York Foundling Hospital	All Other	~									



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Eli Rosen Family Medicine And Pedia All Other **~** Narcisse Debra All Other ~ Cano Nefertiti All Other **~** All Other Cohen Benjamin Adam **~** Shepherd Timothy Michael All Other **~** Moore Peace All Other **~** Arcot Karthikeya All Other **~** Sridhar Divya All Other **~ Furgiuele David Lawrence** All Other **~** Thin Cho C All Other **~** Nalabolu Harsha Reddy All Other **~ Richmond Center Rehab & Spec Hlthcr** All Other **~** Kohn Barry H All Other \checkmark ~ All Other Kushnir Bella **~** Housecalls For The Homebound Medici All Other All Other Oo Mya Mya **~** All Other Budhrani Rishika **~** lacono Danielle All Other **~** Shah Manan Ashokkumar All Other × Lifespire Inc James St Icf All Other Marrese Christine All Other **~** Verges Lynnette All Other **~ Olkhina Ekaterina** All Other **~** Zedan Dena All Other **~** Marballi Arundhati All Other \checkmark Withim Alma All Other **~ Goldstone Elaine Brown** All Other **~** All Other Kleiman Rosana A \checkmark All Other Fraiser Anne Margaret **~** Hofmann Joanna Frances All Other **~** Lasko Lauren Emilie All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Nguyen Tracy Thuy	All Other	~									
Rodriguez-Dumont Ernesto Luis	All Other	<									
Ramlal Carminie	All Other	~									
Kfg Operating Two Llc	All Other										
Duchnowski Eva	All Other	~									
Jopal Sayville Llc	All Other	~									
Faris Basma Sadeg	All Other	~									
Yu Eric Yen Cheng	All Other	~									
Cohen Samuel Evan	All Other	<									
Roth Daniel	All Other	~									
De La Cruz Bianca	All Other	~									
Brooks Steven Elliot	All Other	 Image: A set of the set of the									
Mcwilliams Carla Sue	All Other	~									
Duda Olha	All Other	 Image: A set of the set of the									
Garankina Olga	All Other	~									
Ryncarz Wojciech	All Other	~									
Marks Natalie Alexandra	All Other	 Image: A set of the set of the									
Canestraro Julia	All Other	~									
Chen Christine W	All Other	 Image: A set of the set of the									
Gould Jennifer Ann	All Other	~									
Hue Jennifer E	All Other	 Image: A set of the set of the									
Makarov Danil	All Other	 Image: A set of the set of the									
Fioribello Virginia Anna	All Other	~									
Riso Stephen	All Other	~									
Khan Mohammed	All Other	~									
Biernacki Carolina	All Other	 Image: A start of the start of									
Zavaro Doris Samir	All Other										
Alberty Oller Jose Jaime	All Other	 					1				
Jewish Board Family Child A	All Other						1				
Marcus Helen	All Other	~									
Bourne Ana-Gabriela	All Other	 Image: A set of the set of the	Ì			1					



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Brooklyn Bridges PPS (PPS ID:32)

* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Cole Tina M All Other **~** Ankola Prashant All Other ~ All Other Wilbur Stuart Jay **~** All Other Alliance Health Associates Inc **~** Rodriguez Shantae Lynette All Other **~** Alvarez-Barto Ivannia Nastashia All Other **~** Tomsa Anca C All Other **~** Kusher Matthew Scott All Other **~** Barcavage Shaun All Other **~** Yueh Cindy Tsai-Zung All Other **~** Stibitz Lisa Marie All Other **~** Azmy Christeen All Other **~** Chu Michael H All Other \checkmark All Other Gyura Philip Joseph **~** Levin Valencia Diana All Other × Lauture Philippe All Other **~** Batista Juan C All Other **~** ~ Betancur Claudia M All Other **~** Walker Dionne M All Other \checkmark Villafana Juan H All Other **~** Sattar Fareeha All Other **~** Premium Health Inc All Other **~** All Other Nunez Freddy **~** Dubois Elizabeth T All Other **~ Diaz Christian** All Other \checkmark Christensen Johanna Luce All Other **~** Abramowitz Lauren J All Other **~** All Other Blum Corinne E **~** All Other Gialvsakis John Peter **~** Malieckal Anju Marie All Other **~** Rehmani Razia All Other **~**



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Brooklyn Bridges PPS (PPS ID:32)

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Gonzalez Marisol	All Other	~									
Ngwangwa Kelechi	All Other	~									
Joudeh Ramsey	All Other	~									
Fridman Frida	All Other	~									
White Devon	All Other	~									
Zhou Wei	All Other	~									
Rizzo Mariano	All Other										
Nguyen Quang	All Other										
Yeung Jennifer	All Other	~									
Li Yue	All Other										
Rose Gabriel	All Other										
Yorke Maureen C	All Other										
Wanda Rodriguez Md	All Other										
Precious Health Medical Pc	All Other										
The Block Institute Fountain Ave Ic	All Other										
Odetalla Fatima	All Other										
Girling Health Care Of New York Inc	All Other										
Lutheran Chha Inc	All Other										
Breard John Patrick	All Other										
Dorman Shawna	All Other										
Diamond Steven	All Other										
Uy Phillip Joseph	All Other										
Hands On Health Associates Llc	All Other										
Omrdd/Young Adult Inst-Li	All Other										
Medical HIth Research Asc Nyc	Uncategorized										
Ctr For Comm Alternatives Inc	Uncategorized										
St Vincents Services	Uncategorized										
Exponents Inc	Uncategorized										
Nathali Cruz	Uncategorized										
Katherine X Li-Gambino	Uncategorized										
Travers, Jamie	Uncategorized										



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Workmen'S Circle Multi Care Center	Uncategorized											
Rosen & Teitelbaum Phys Svcs	Uncategorized											
Hospice Of New York Llc	Uncategorized											
Matthew Johnson	Uncategorized											
Abby Baker-Lynch, M.A.	Uncategorized											
Care For The Homeless	Uncategorized											
Gerald Ikezi	Uncategorized											
Mental Health Association Of Nyc In	Uncategorized											
Bianca Batista	Uncategorized											
Center For Remote Medical Management	Uncategorized											
Compassionate Care Hospice Ny	Uncategorized											
St Agathas 13 Hayden Circle	Uncategorized											
Marly Brice	Uncategorized											
Program Dev Srv O'Daly Icf	Uncategorized											
Catholic Charities Comm Svcs Arch	Uncategorized											
Tony C Chukwueke	Uncategorized											
Melena Krigel	Uncategorized											
Tender Care Human Services, Inc.	Uncategorized											
Peta-Gaye Hermitt	Uncategorized											
Southwest Brooklyn Health Home Llc	Uncategorized											
Yvette Feliciano, L.M.S.W.	Uncategorized											
Irina Levit	Uncategorized											
Saleha Khatun	Uncategorized											
Manuel Wilfred	Uncategorized	~	~	~	~	~	~	~	~	~		
Himelfarb, Caryn	Uncategorized											
Family Home Health Care, Inc.	Uncategorized											
Christopher Bryan	Uncategorized											
Danielle Centofranchi	Uncategorized											
Sofija Jovic, Ph.D.	Uncategorized											
Fania Germain	Uncategorized											
David Goldstein	Uncategorized											



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Brooklyn Bridges PPS (PPS ID:32)

	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Virginia Fineran, M.A.	Uncategorized										
Michael Harrison	Uncategorized										
Robert Tyjenski	Uncategorized										
Marie B Damis-Moise, Np	Uncategorized	~	~	~	~	~	~	<	>	>	
Jacqueline Lawlor	Uncategorized										
Seafield Center Inc	Uncategorized										
Sephardic Ski Nrs Reh Ct Adhc	Uncategorized										
Covenant House	Uncategorized										
Marcia Booker, Lmsw, Casac	Uncategorized										
Sona Stepanyan	Uncategorized										
Elzbieta Zhuravlev	Uncategorized										
Schaefer, Craig	Uncategorized										
Village Center For Care Ai	Uncategorized										
Boro Park Pediatric Associates	Uncategorized	~									
Victoria Kogan, Md	Uncategorized	~	~	~	~	~	~	~	>	~	
Melvin Flete	Uncategorized										
Yessenia Garcia	Uncategorized										
Humphry, Danielle	Uncategorized										
Mcgee, Fiona	Uncategorized										
Wendy Peguero, M.A.	Uncategorized										
Katherine Kougentakis	Uncategorized	~	~	 ✓ 	~	~	~	~	>	~	
Zoraida R Lopez	Uncategorized										
Shaneil Deas	Uncategorized										
Bendowski, Barbara	Uncategorized										
Anjula Kumar	Uncategorized										
Dorcinvil, Darlene	Uncategorized										
Reilly, Kelly	Uncategorized										
Nolaida Sanders	Uncategorized										
Saints Joachim & Anne Nrs & Reh Ctr	Uncategorized										
Be Well Primary Hlth Care Ctr	Uncategorized										
Jcca Edenwald Inc.	Uncategorized										



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* Safety Net Providers in Green

Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Anthony Antonucci Uncategorized St Agathas Depaul Icf Uncategorized Holly Gross Uncategorized Gail Benson Uncategorized Safiatu Abdulai Uncategorized Eloisa R Guzman-Rodriguez Uncategorized Argelis G Headley Uncategorized Eli Rosen Family Medicine And Pedia Uncategorized Ripplinger, Jody Uncategorized Block Institute Bay 44 Icf Uncategorized Parool Desai Uncategorized Susan Frisenda Uncategorized Robyn Longo Uncategorized Joel Hilario Uncategorized Uncategorized Donna Lee, M.A. Jensine Ventura Uncategorized Norwegian Christian Hm/Hc Uncategorized Minkowitz Pathology Pc Uncategorized **Dominican Sisters Family Lthh** Uncategorized Peter Digilio Uncategorized Amber Court Of Westbury Uncategorized Anna D'Emilio Uncategorized **~** ~ ~ ~ ~ ~ ~ ~ ~ So Brooklyn Med Admin Svcs Uncategorized Dawn Redhead Uncategorized Gushue, Collette Uncategorized Tanisha Jacobs, Lpn Uncategorized Taide Hernandez Uncategorized Cardiff Bay Llc, D/B/A Peninsula Nursing And Rehabilitation Uncategorized Center **Rivington Hs Hlth Cr Aadc** Uncategorized Joseph Camporeale Uncategorized Albert Juliano Uncategorized



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Brooklyn Bridges PPS (PPS ID:32)

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Ertuania Jorge	Uncategorized										
Terence Cardinal Cooke Hcc	Uncategorized										
Bryan Dempsey, L.M.S.W.	Uncategorized										
Mayra R Luna	Uncategorized										
Hope Center Operations Llc	Uncategorized										
Lutheran Chha Inc	Uncategorized										
Revival Home Health Care	Uncategorized										
Queens Nassau Reh & Nrs Cente	Uncategorized										
Aljud Licensed Home Care Agency Dba Amber Court At Home	Uncategorized										
Lifespire Inc Icf	Uncategorized										
Kimberly Hammond	Uncategorized										
Joseph P Addabbo Family Hlth	Uncategorized										
Pulick, Julia	Uncategorized										
Alliance Health Associates Inc	Uncategorized										
Lutheran Aug Ctr/Ext Cre Reh Lthhcp	Uncategorized										
Aneta Skrobacz	Uncategorized										
Erica Rodriguez	Uncategorized										
Denise K Luzaic	Uncategorized										
The Block Institute Fountain Ave Ic	Uncategorized										
Fitzgerald, Eileen	Uncategorized										
New Sea Crest Health Care Center, Llc	Uncategorized										
Mary Sombai, M.S.W.	Uncategorized										
Deborah Tuzzo	Uncategorized										
Leibold, Damian	Uncategorized										
Ariel Distenfeld	Uncategorized										
Miriam Eisdorfer	Uncategorized										
Schervier Nursing Care Center	Uncategorized										
Brooklyn United Met Church Ad	Uncategorized										
New York Univ Dental Ctr	Uncategorized										
Amanda Weidel	Uncategorized										
Lifespire, Inc	Uncategorized										



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii O'Brien, James Uncategorized Ronald R. Brancaccio, Md Uncategorized ~ ~ ~ ~ ~ ~ ~ ~ ~ Slawomir Jankowski Uncategorized Stephanie Altman Uncategorized Samantha Benoit Uncategorized Parsons, Nicole Uncategorized Village Center For Care Uncategorized Edward A Lemmo Uncategorized Tatiana Khrom Md Pc Uncategorized Owen Golden Md Pc Uncategorized Brooklyn Ctr/Families/Crisis Uncategorized Leticia Osei Uncategorized Helen Fuscaldo Uncategorized **St Vincents Services** Uncategorized Edward Olsen Uncategorized Liddle, Anthony Uncategorized Alice Plumey-Bryan Uncategorized Mabel M Vasquez Uncategorized Georgiy Sirota Uncategorized Joseph Buonfiglio Uncategorized Melvin Spann Uncategorized Simona Shubov Uncategorized **~** ~ ~ ~ ~ ~ ~ ~ ~ Yuneli Almanzar Uncategorized Natokoma Die Uncategorized Program Dev Srv Harrison Icf Uncategorized Myrie Karen Dr. Uncategorized Medical HIth Research Asc Nyc Uncategorized Harriet Turner Uncategorized Cobb, Derrick Uncategorized Dejohn, Jillian Uncategorized Steil, Erika Uncategorized



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Neal Demby	Uncategorized	~	~	~	~	~	~	~	~	~	
Liang Lisa	Uncategorized										
Terence Cardinal Cooke Hcc	Uncategorized										
Chia Ho Chou	Uncategorized										
Bay Ridge Gastroenterology, Pllc	Uncategorized										
Sangeetha Krishnan	Uncategorized										
Jissette E Pichardo	Uncategorized										
Butler, Jennifer	Uncategorized										
Dynamic Youth Community Inc	Uncategorized										
St Vincents Services	Uncategorized										
Wartburg Lutheran Hm Aging	Uncategorized										
David Jay Smith, M.S. Ed	Uncategorized										
Jopal Sayville Llc	Uncategorized										
Gracianna Rosias	Uncategorized										
Mazol Sezanayeva	Uncategorized										
Alexandra Koenig, M.A.	Uncategorized										
Bordes, Michael	Uncategorized										
East Neck Nursing & Rehab Ctr	Uncategorized										
Areba Casriel Institute	Uncategorized										
Alan Cohen	Uncategorized										
Elizabeth Schwartzburt, M.D., P.C.	Uncategorized										
Meredith Straker Blackman	Uncategorized										
Louis Rotondo	Uncategorized										
Ann Abigail Mapeso	Uncategorized										
Ana B Cardona	Uncategorized										
Merily Mclaughlin	Uncategorized										
Tamara Cintron	Uncategorized										
Sephardic Home For The Aged, Inc.	Uncategorized										
Alan J. Dayan, Md, Pc, Faaox	Uncategorized										
Dawud Mahdi	Uncategorized										
Berkshire Farm Center & Services For Youth	Uncategorized										



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Alexis E Vives	Uncategorized										
Berit Rostad, M.S.	Uncategorized										
Yevgeny Rozenberg	Uncategorized										
Episcopal Social Services	Uncategorized										
Saida Syed	Uncategorized										
Aviva Brandsdorfer	Uncategorized										
Miriam M Alli	Uncategorized										
Ceres Joy Respicio	Uncategorized										
Allen-Morabito, Heather	Uncategorized										
Carillon Nrs Rehab Ctr Adhc	Uncategorized										
Seniorcare Emergency Medical Servic	Uncategorized										
Gorga Julio Dr.	Uncategorized										
Bryan Jones	Uncategorized										
Mayhew-Mayers Bernadette	Uncategorized										
Steven Franco	Uncategorized										
Fernanda Manzzo	Uncategorized										
Brooklyn Ctr Psychotherapy	Uncategorized										
Nyu Hospitals Center	Uncategorized										
Mrs. Mary'S Place Hcs Inc. Dba Heart To Heart Home Care	Uncategorized										
Kumar Pankaj	Uncategorized										
Shapiro, Mikhail	Uncategorized										
Orit Tanchum	Uncategorized										
Lisbeth Gil	Uncategorized										
Frisina, Barbara	Uncategorized										
Canino, Regina	Uncategorized										
The Family Center Inc	Uncategorized										
Lucy Mansilla	Uncategorized										
New York University	Uncategorized										
Brenda Woodford	Uncategorized										
Jeraldina Castro	Uncategorized										
Oscarina Martinez	Uncategorized										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
Americare Certified Ss Inc	Uncategorized											
Mercyfirst	Uncategorized											
Lucy Zammit-Waters	Uncategorized											
Erik S Bleau	Uncategorized											
Angela Francis	Uncategorized											
Joann Mendez	Uncategorized											
William Breland	Uncategorized											
Johanna Rodriguez	Uncategorized											
Ricardo Rivera	Uncategorized											
Haugland, Joanne	Uncategorized											
Susan Lundon, L.M.S.W.	Uncategorized											
Chana E. Gelbfish, M.D.	Uncategorized	~	~	~	~	~	~	~	~	~		
New York University	Uncategorized											
Jeffrey L. Teitelbaum, Md Pc	Uncategorized											
Gloria Ellis	Uncategorized											
Steven Klein, Md	Uncategorized	~	~	~	~	~	~	~	~	~		
Sara L. Tarsis, M.D., Pllc	Uncategorized											
Kelly Flanigan, M.A.	Uncategorized											
Fahmida Akhtar	Uncategorized											
Nydia Soto	Uncategorized											
Ghoshal, Piya	Uncategorized											
Heartshare Wellness Ltd	Uncategorized											
Irwin Shindler	Uncategorized											
Rtf Childrens Village	Uncategorized											
Yeseny Torres	Uncategorized											
Bieniewicz, Joe	Uncategorized											
Reyer, Linda	Uncategorized											
Morningside Acquisiton 1, Llc D/B/A Morningside Nursing And Rehabilitation Center	Uncategorized											
Shore View Acquistion 1, LIc D/B/A Shore View Nursing And Rehilitation Center	Uncategorized											
Malek Mneimne	Uncategorized						1					



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
Pesach Tikvah Division Ave Ic	Uncategorized										
Ana C Caldera	Uncategorized										
Jose L Matos	Uncategorized										
Katherine Hayden, A.A.S.	Uncategorized										
Jie Lin	Uncategorized	~	~	~	~	>	~	~	>	~	
Integrated Medical Professionals PI	Uncategorized										
Mcarthur, Barbara	Uncategorized										
Lmc Physician Services Pc	Uncategorized										
V.L.S. Pharmacy Inc	Uncategorized										
Juna Michel	Uncategorized										
Michelle Lividini, Ed.M.	Uncategorized										
Enriqua M White	Uncategorized										
Julianne Saitta	Uncategorized										
Eger HIth Care & Rehab Center	Uncategorized										
Keser Nursing And Rehabilitation Center Inc.	Uncategorized										
Gregory Corley	Uncategorized										
Elizabeth Konopka	Uncategorized										
Johnson, Jade A	Uncategorized										
Loretta A Raiola	Uncategorized										
Deleon, Jacqueline	Uncategorized										
Nyu Hospitals Center	Uncategorized										
Longevity Medical Arts, Pllc	Uncategorized										
Mary Aseniero	Uncategorized										
Teresa Bonife	Uncategorized										
Rocio Ruiz, M.A.	Uncategorized										
Jhawethia Hidalgo	Uncategorized										
Koichi Togawa	Uncategorized										
Cresetti Drug Corp	Uncategorized										
Pesach Tikvah-Hope Dev Inc	Uncategorized										
Doreena J Gilchrist	Uncategorized										
Elizabeth Bohley	Uncategorized										



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Richmond Center Rehab & Spec Hlthcr	Uncategorized										
New York Foundling Hospital	Uncategorized										
Michelle A Kislowski	Uncategorized										
Reid, Diana Lynn	Uncategorized										
Avivit Wolly	Uncategorized										
Bikur Cholim Inc	Uncategorized										
The Skin Institute Of New York	Uncategorized										
Block Institute Clinic	Uncategorized										
James Piegari	Uncategorized										
Diaspora Community Services Ai	Uncategorized										
Jeranda Findley	Uncategorized										
Felicia Brooks Beville	Uncategorized										
Daisy Gonzales	Uncategorized										
Rebecca Navarro, Lmsw	Uncategorized										
Cristina Garcia	Uncategorized										
Jenifer Ortiz	Uncategorized										
Katherine Jimenez	Uncategorized										
Extended Home Care	Uncategorized										
New York Service Network Inc	Uncategorized										
Debra I James	Uncategorized										
Aaron H. Berger, M.D., P.C.	Uncategorized										
Julie Lambiaso	Uncategorized										
Discipleship Otrch Ministries	Uncategorized										
Jessie Jabbour	Uncategorized										
Pietrucha, Erika	Uncategorized										
Amanda Caban, M.S.	Uncategorized										
University Optometric Ctr	Uncategorized										
St Agathas Ardsley Icf	Uncategorized										
Young, Anita	Uncategorized										
Lutheran Social Services Of Metropolitan New York	Uncategorized										
Lindsay Barton	Uncategorized										



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Melkin Reyes-Lopez Uncategorized **Jennifer Petras** Uncategorized Upper Room Aids Ministry Aadc Uncategorized **Richard Leukowitcz** Uncategorized St Agathas 11 Hayden Circle Uncategorized Concern For Mental Health Inc Uncategorized Julie Browne Uncategorized Lmc Physician Services, Pc - Allied Uncategorized Tara Hannon Uncategorized Nigia P Hay Uncategorized Catherine Osullivan, Psy.D. Uncategorized Nyu Hospitals Center Uncategorized Martine Decayette Uncategorized **Deshawn Nelson** Uncategorized Slava Grinman Uncategorized Toniann Gelardo Uncategorized O'Connor, Helen Uncategorized Girling Health Care Of New York Inc Uncategorized Linelle Shepp Uncategorized Marlon Cancio Uncategorized Julissa Hernandez Uncategorized Aileen Moncion Uncategorized Village Care Health Clinic Uncategorized Goddard Riverside Community Uncategorized New York University Medical Center Uncategorized Irina Snetkova Uncategorized Little Flower Child Sv Brookl Uncategorized Steven Iallonardo, M.A. Uncategorized Housecalls For The Homebound Medici Uncategorized Margaret Hill-Collins Uncategorized Ksenia Bezugolnaya Uncategorized



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii **Christine Mcfarlane** Uncategorized Vargas, Kathleen Uncategorized Medical HIth Research Asc Nyc Uncategorized Jewish Child Care Assoc Of Ny Uncategorized God'S Love We Deliver, Inc. Uncategorized Joseph P Addabbo Family Hlth Uncategorized Kfg Operating Two Llc Uncategorized Amber Court Of Pelham Gardens Uncategorized Opwdd Msc - Home And Community Based Waiver Service Uncategorized Shilla Miah Uncategorized Jcca Foster Boarding Home (Ocfs) Uncategorized Brc Human Services Corp Scm Uncategorized Damian Bursztyn, M.S. Uncategorized Ayman Hammous Uncategorized Diana Hilario Uncategorized Precious Health Medical Pc Uncategorized Nicole Alicino, M.S. Ed. Uncategorized Community Home Care Referral Service Inc. Uncategorized Lifespire Inc Icf Uncategorized Marie Desyr Uncategorized Nancy Luburic-Jukic, Psy.D. Uncategorized Heartshare Wellness Ltd Uncategorized Robin Holcman, M.S.W. Uncategorized James Regan, L.M.S.W. Uncategorized Jennifer Martinez Uncategorized David Turner Uncategorized Susie Rosa, L.M.S.W. Uncategorized Perrin Felder Uncategorized Smith-Alpert, Susan Uncategorized Joseph P Addabbo Family Hlth Uncategorized Nueva-Espana Herminia Uncategorized



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Block Institute Hunter2 Icf Uncategorized Beverley Mack Harry Cnslt Inc Uncategorized St Agathas Pelham Manor Icf Uncategorized Alexander Lipovtsev, L.M.S.W. Uncategorized **Canarsie Aware Inc** Uncategorized Maria Abreu, Diploma Uncategorized Darcy, Dina Uncategorized Elizabeth Ortiz-Schwartz Uncategorized Ruffen, Michael Uncategorized Crown Nursing And Rehab Cente Uncategorized Buena Vida Cont Care & Reh Ct Uncategorized Ionez A Robinson Uncategorized Allen Healthcare Services Uncategorized Louis Tufano Uncategorized Joy Siegel-Zucker Uncategorized Leslie Frazier-L, Rn Uncategorized Bridge Back To Life Ctr Inc Uncategorized Nyu Lutheran Medical Center Uncategorized Norwegian Christian Home & Health Center Uncategorized **Vnsny Community Health Services** Uncategorized Psc Community Services, Inc. Uncategorized Services F/T Underserved-Vern Uncategorized Debra L Goldberg Uncategorized Johanna Mccarthy Uncategorized Reina Adames Uncategorized Nyu Lutheran Medical Center Uncategorized Lisa Moed Gruson, Md Uncategorized × **~** ~ Image: A second s **~** ~ Image: A second s **~** ~ Kevin Travers, L.C.S.W. Uncategorized Guild For Excptnl Child Maran Uncategorized White Glove Community Care Uncategorized Denise Mancilla Uncategorized



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May Ahmed	Uncategorized										
Wellcare Of New York, Inc.	Uncategorized										
Stepping Stones Pediatrics, Pllc	Uncategorized										
Lyudmila Kravchenko	Uncategorized										
Camille Tovera	Uncategorized										
Silvio Biasci	Uncategorized	~	>	>	~	~	~	~	<	~	
William Rosado	Uncategorized										
Anna Nazarova	Uncategorized										
Francelly Rodriguez	Uncategorized										
Rodderick Morris	Uncategorized										
Kielhurn, Laura	Uncategorized										
Ifeanyi Onyedika	Uncategorized										
Dmitry Bekker, Lac	Uncategorized	~	~	~	~	~	~	~	~	~	
Jehanny Alcon	Uncategorized										
Laura E Diaz	Uncategorized										
Mable Reynolds	Uncategorized										
Fredette, Mary	Uncategorized										
Andrea Picon	Uncategorized										
New York Foundling	Uncategorized										
Medical Hlth Research Asc Nyc	Uncategorized										
Cronin, Kathleen	Uncategorized										
Joseph P Addabbo Family Hlth	Uncategorized										
Trance, Sarah	Uncategorized										
Hamilton Park Nursing And Rehab Cnt	Uncategorized										
Jewish Child Care Association Of Ne	Uncategorized										
Albina Ashurova	Uncategorized										
Sachs, Susan	Uncategorized										
Margaret Brobbey	Uncategorized										
Bertha Mensah	Uncategorized										
Genia Rolon	Uncategorized										
Beth Diviney, Ph.D.	Uncategorized										



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Nyu Hospitals Center Uncategorized Camba Inc Uncategorized Stephany Guisbert, M.S. Ed. Uncategorized Svetlana Solomonova Uncategorized Fleischmann, Susan Uncategorized Randy Outlaw Uncategorized Erin Royer Uncategorized Xincon Home-Healthcare Services In Uncategorized Nyu Hospitals Center Uncategorized **Casey Pomerantz** Uncategorized Debora Gaskin Uncategorized The Resource Training Center Inc Uncategorized Mercy Renner Uncategorized Elizabeth Blanchard Uncategorized Village Center For Care Aadc Uncategorized Advocates Svc BI Multihan Riv Uncategorized Mary Carlson, R.N. Uncategorized Nahla Dashoush Uncategorized Yim P Li Uncategorized Valerie L Tanis Uncategorized Patricia Evans Uncategorized Dolgan Badmaev Uncategorized **Dulce Reyes** Uncategorized Valdete Mirzo Uncategorized Johnny Arenillas-Correa, M.S. Uncategorized Jewish Board Family Child A Uncategorized Jacqueline Aguilar Uncategorized Abdelrahim A. Abulmagd, Dpt Uncategorized Qixia Anna Liu, L.M.S.W.0 Uncategorized Nisma Razak Uncategorized Renee Y. Greene. Md Uncategorized × ~ ~ **~** ~ ~ ~ ~ ~



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Realization Center Inc	Uncategorized										
Block Institute-Dt 1	Uncategorized										
Greater Harlem Nursing Home C	Uncategorized										
Lisa Bonaparte	Uncategorized										
Morales, Storm	Uncategorized										
Millie R Fell Md Pc	Uncategorized										
Aura I Marte	Uncategorized										
Umma A Abdullahi	Uncategorized										
Bucci, Joseph	Uncategorized										
Theresa Cheng	Uncategorized										
Village Center For Care Aadc	Uncategorized										
Homefirst Lhcsa, Inc. D/B/A Mjhs License Home Care Services Agency	Uncategorized										
Mjg Nursing Home Co Inc Lthhcp	Uncategorized										
Evelyn Magdaleno, L.C.S.W.	Uncategorized										
Delores Rabins	Uncategorized										
Lauren Donato, M.A.	Uncategorized										
Kathleen Reilly-Fallon	Uncategorized										
Oda Primary Hlth Care Ctr,Inc	Uncategorized										
Sharon Henderson	Uncategorized										
Dorite Malka	Uncategorized										
Fitzgibbon, Janice	Uncategorized										
Akner, Bruno	Uncategorized										
Greenwich House Inc Ai	Uncategorized										
Gabrielle Pikoulas	Uncategorized										
Block Institute Ocean Ave I	Uncategorized										
Boucher Lisa	Uncategorized										
Haiyun Ji	Uncategorized										
City Medical Of Upper East Side Pllc	Uncategorized										
Bahrenburg, Michael	Uncategorized										
Bushra Choudhury	Uncategorized										
Ica Pediatrics	Uncategorized										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i 3.c.i	3.d.ii 4.b.i	4.c.ii	
Guild For Excptnl Child Defel	Uncategorized								
Emely Velez, L.M.S.W.	Uncategorized								
Myriam Vincent	Uncategorized								
Agewell New York, Llc	Uncategorized								
Brooklyn Center For Families In Crisis	Uncategorized								
T R I Center Inc	Uncategorized								
Michael Bermudez	Uncategorized								
Ashok Parikh	Uncategorized								
Qamar Chaudhry	Uncategorized								
Dora Owusu	Uncategorized								
Joseph P Addabbo Family Hlth	Uncategorized								
Cohen Faith	Uncategorized								
Goldfarb, Marilyn	Uncategorized								
Amy Morgenstern	Uncategorized								
Premier Healthcare D & T Ctr	Uncategorized								
820 River Street Inc.	Uncategorized								
Edgardo Bonfante, M.S.	Uncategorized								
Larisa Correa, L.M.S.W.	Uncategorized								
Americare Certified Ss Inc	Uncategorized								
Mercyfirst	Uncategorized								
Jacob Perlow Hospice	Uncategorized								
Maria Baltazar	Uncategorized								
Michele Fischetti	Uncategorized								
Hailey London	Uncategorized								
Eliza Jarzabek	Uncategorized								
Amida Care	Uncategorized								
Kallusch, Elaine	Uncategorized								
Esmedeline Minaya	Uncategorized								
Merrill, Chester	Uncategorized								
Frances Alcantara, M.A.	Uncategorized								
Jacinta Snagg	Uncategorized								



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Michael Schiraldi Uncategorized **Jns Counseling Services Inc** Uncategorized Elizabeth Zick Uncategorized Katherine Allison Uncategorized Mills Pond Nursing & Rehab Ctr Uncategorized Elderplan Inc. Uncategorized Marleny Estevez Uncategorized Anna Wierzynska Uncategorized Irina Usherenko Uncategorized Matilda Seshie Uncategorized **Thomas Macedon** Uncategorized Michelle Felder Uncategorized **~ ~** ~ Image: A second s **~** ~ Image: A second s **~** ~ Angela Cruz, M.S. Ed. Uncategorized Sarah Andrew Uncategorized Lynch, Ellen Uncategorized Hans Menos Uncategorized Michael Waxman, M.S. Uncategorized New Alternatives For Children Uncategorized Nyu Multispecialty Group Uncategorized Annmarie Dunning Uncategorized **Terese Noel Fay** Uncategorized Nyu Hospitals Center Uncategorized Empire St Hm Care Ser Lthhcp Uncategorized Community Care Organization Uncategorized Eileen Laide Uncategorized **~** ~ **~** ~ ~ ~ ~ ✓ ✓ Yasmin Adalsha Uncategorized Lloyd Snead Uncategorized Kayleigh Kohnke, L.M.S.W. Uncategorized Agrawal, Diviya Uncategorized Shore Road Radiology Associates Pc Uncategorized Nyu Lutheran Medical Center Uncategorized



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii New York University Medical Center Pathology Associates Uncategorized Cobble Hill HIth Ctr Inc Lthhcp Uncategorized **Dominican Sister Family Healt** Uncategorized Zell, Zehava Uncategorized **~ ~ ~** ~ **~** ~ ~ **~ ~** Jewish Board Family Child B Uncategorized Diane Kleinau Uncategorized Simonsen-Mcloughlin, Solveig Uncategorized Osborne-Levy Deborah Ms. Uncategorized Carina Subia Uncategorized Anel De Jesus, M.A. Uncategorized Ulusoy, Mattie Uncategorized Mireille Gold, M.S. Ed. Uncategorized Janice Keung Uncategorized × **~** ~ **~ ~** ~ **~ ~ ~** Rhona D Thompson Uncategorized Vip Health Care Services Inc. Uncategorized Village Center For Care Aadc Uncategorized Doubrava, Christina Uncategorized Premier Healthcare Inc Uncategorized Ryo Maruyama Uncategorized Neurology And Pain Management, Pllc Uncategorized Yuliya Nisonova, L.M.S.W. Uncategorized Sam Katzurin Uncategorized Gamzel Ny Inc Uncategorized Illuzzi Angelo Mr. Uncategorized Amy Goodman, L.C.S.W. Uncategorized Brooklyn Ctr Rehab & Residential Cr Uncategorized Monica Hunter Uncategorized Nina Iouran Uncategorized Everett Miller Uncategorized Prime Home Health Srvcs Uncategorized Crista Capriglione, M.S. Ed. Uncategorized



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Park Slope Ctr Mental Hlth In Uncategorized Jewish Child Care Assoc Uncategorized Parker Jewish Inst HIth Cr Re Uncategorized Deborah Greene Uncategorized Jenny Mcfadden, L.M.S.W. Uncategorized **Danielle Fernandez** Uncategorized Leigh-Ann Cario, M.S. Uncategorized Khadija Abouelhassan Uncategorized Adelina Kazakova Uncategorized Fernando Reggianini, M.S. Ed. Uncategorized Elsa Thomas Uncategorized Andrew Chase, M.A. Uncategorized Amazing Home Care Inc. Uncategorized Aruna Khilanani Uncategorized Irina Berlin Medical P.C. Uncategorized Iris Varela, L.M.S.W. Uncategorized Cora Schwartz Uncategorized Moloney, Karen Uncategorized Kimberly Phillips, M.S. Ed. Uncategorized Cheria J Hay Uncategorized Dawn Orsi, M.A. Uncategorized Karolyn Kingman Uncategorized Joseph P. Addabbo Family Health Center Uncategorized Lorraine Sanchez, M.A. Uncategorized Caviglia, Dawn Uncategorized Fahmida Ahmed Uncategorized Dana Vered Uncategorized × **~** ~ Image: A second s **~** ~ Image: A second s **~** ~ Joslet Foster Uncategorized Marbelin Peralta Uncategorized Little Flower Children And Family Services Of New York Uncategorized Services For The Underserved Uncategorized



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	Participating in Proje	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
St Christopher-Ottilie Mh	Uncategorized										
Jerry Weinstock, M.A.	Uncategorized										
Anna Sheehy, L.M.S.W.	Uncategorized										
Leora Twena, Pa	Uncategorized	~	~	~	~	>	~	~	~	>	
Carmen E Wah	Uncategorized										
Ella Strzepa, L.C.S.W.	Uncategorized										
Jessica Herbst	Uncategorized										
Health Insurance Plan Of Greater New York	Uncategorized										
Heidi Leong	Uncategorized										
Alison Nyman, L.M.S.W.	Uncategorized										
Damaris Dejesus	Uncategorized										
Jolanta Chludzinska	Uncategorized										
D'Ulisse, Gina	Uncategorized										
William Sczewzcuk	Uncategorized										
Yekaterina Horlina	Uncategorized										
Nyumc Dermatopathology Unit	Uncategorized										
Graham Windham Srvcs/Fam&Chld	Uncategorized										
Lise Rubin	Uncategorized										
Hayley Jarrin	Uncategorized										
Karen Tu	Uncategorized	~	~	~	>	>	>	~	~	>	
Regina Omosebi	Uncategorized										
Kenneth Shaw	Uncategorized										
Nwakeze Agatha	Uncategorized										
Christine Fuca	Uncategorized										
Alpine Home Health Care Llc	Uncategorized										
Jeanette Cruz, L.M.S.W.	Uncategorized										
Lorena Lombana	Uncategorized										
Alma Navas	Uncategorized										
Almonte, Victoria A.	Uncategorized										
Anthony Pignataro, M.S.	Uncategorized										
Menorah Home & Hosp Aged Inf	Uncategorized										



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	Participating in Pro	ects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii	
South Beach Addiction Trt Ctr	Uncategorized										
Beatriz Toledo	Uncategorized										
Jessica Frias	Uncategorized										
Kaligeris, Christopher	Uncategorized										
Village Ctr For Care Lthhcp	Uncategorized										
Parker Jewish Geriatric D&T	Uncategorized										
Cara Millington	Uncategorized										
Samuels, Tasha, Lpn	Uncategorized										
Thyparampil M Mathew	Uncategorized										
George-Jean Wynter	Uncategorized	~	~	~	~	~	~	~	>	 Image: A set of the set of the	
Jacquelyn Mckayle	Uncategorized										
Mayra Moran	Uncategorized										
Sharon Senior	Uncategorized										
Rtf Mercyfirst	Uncategorized										
Owens, Bonnie	Uncategorized										
Medical HIth Research Asc Nyc	Uncategorized										
Dina Angle	Uncategorized										
Zanita Alexander	Uncategorized										
Elina Grinberg	Uncategorized										
New York University	Uncategorized										
Fratto Carolyn	Uncategorized										
Amanda Collazo	Uncategorized										
Dayle Hollins, M.S.	Uncategorized										
Jibrail Davis	Uncategorized										
New York Univ Med Ctr Rad Asc	Uncategorized										
Christy Pi	Uncategorized										
Jeffrey Kirsh, M.S. Ed.	Uncategorized										
lan Perry	Uncategorized										
Sally Ann Clementoni	Uncategorized										
Ashley Lopez	Uncategorized										
Cassian Li	Uncategorized	~	>	~	~	~	~	~	>	 	



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Participating in Projects Provider Name Provider Category 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Rosanny Carmona Uncategorized New Dimensions In Care, Inc. Uncategorized Abundant Life Agency Uncategorized Nancy Dormevil (Duclonat), R.D.H. Uncategorized Christian Dwight Mr. Uncategorized Gleyri J Suriel Uncategorized Arch-Bennett, Deborah Uncategorized Mccormick, Kathleen Uncategorized Hands On Health Associates Llc Uncategorized Katherine Vanterpool, M.S. Ed. Uncategorized Jose Mansueto Uncategorized James Cooper Uncategorized **~ ~** ~ Image: A second s **~** ~ **~ ~** ~ Marie Charlotin Uncategorized Pasternack, Anita Uncategorized Lutheran Medical Center Uncategorized Celeste Marrero Uncategorized Boro Park Ctr Rehab & Hlth Cr Uncategorized Rojas Nixzaliz Uncategorized James Owens Uncategorized Gertsik Podiatry Pc Uncategorized Jewish Child Care Assoc Mh Uncategorized Harvey Jelley, Ph.D. Uncategorized Thomas Lynch, M.A. Uncategorized Block Institute 27 Ave Icf Uncategorized Ny Therapeutic Communities Uncategorized Jose Ecal Uncategorized Abundant Life Agency Inc Uncategorized Lifespire Inc Icf Uncategorized Madeleine Crummer Uncategorized Carnegie Hill Institute Llc Uncategorized Charles Jacobus, M.A. Uncategorized



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.d.ii 4.b.i 4.c.ii 3.c.i Phoenix Houses Of New York Inc Home and Community Based Services St Christopher-Ottilie Mh Home and Community Based Services Young Adult Inst Icf Home and Community Based Services Yai Foothill Terrace Home and Community Based Services Young Adult Institute Inc Icf Home and Community Based Services Young Adult Inst Ste 2 Icf Home and Community Based Services Young Adult Inst Ste 1 Icf Home and Community Based Services Young Adult Inst Ste 3 Icf Home and Community Based Services Young Adult Inst Sprucewood Home and Community Based Services Young Adult Inst Sheepshead Home and Community Based Services Young Adult Inst Levittown Home and Community Based Services Young Adult Inst Lewisboro Home and Community Based Services Young Adult Inst Riverdale Home and Community Based Services Young Adult Inst N Barry Ave Home and Community Based Services Home and Community Based Services Young Adult Inst Hastings Icf Young Adult Inst Portchester Home and Community Based Services Young Adult Inst Rose Lane Home and Community Based Services Young Adult Inst 16 St(Front) Home and Community Based Services Young Adult Inst Metro N (3I) Home and Community Based Services Young Adult Inst Ocean Parkwy Home and Community Based Services Young Adult Inst U S Lefrak Home and Community Based Services Young Adult Inst 22nd St Icf Home and Community Based Services Young Adult Inst Lakeview Icf Home and Community Based Services St Christopher-Ottilie Home and Community Based Services **Good Shepherd Services** Home and Community Based Services St Christopher Ottilie Mh Home and Community Based Services Sco Family Of Services Cmcm/Tcm Home and Community Based Services Sco Family Of Services Home and Community Based Services Omrdd/Young Adult Inst-Li Home and Community Based Services Young Adult Inst Ste 3 lcf Home and Community Based Services Young Adult Inst Riverdale Home and Community Based Services



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Participating in Projects **Provider Name Provider Category** 2.a.i 2.b.iii 2.b.ix 2.c.i 3.a.i 3.c.i 3.d.ii 4.b.i 4.c.ii Young Adult Inst Ste 1 Icf Home and Community Based Services Young Adult Inst 16 St(Front) Home and Community Based Services Phoenix Houses Of New York Inc Home and Community Based Services St Christopher Ottilie Mh Home and Community Based Services Young Adult Inst Levittown Home and Community Based Services Young Adult Inst 22nd St Icf Home and Community Based Services Young Adult Inst Icf Home and Community Based Services Young Adult Inst U S Lefrak Home and Community Based Services Young Adult Inst Ste 2 Icf Home and Community Based Services St Christopher-Ottilie Home and Community Based Services Young Adult Institute Inc Icf Home and Community Based Services Young Adult Inst Metro N (3I) Home and Community Based Services St Christopher-Ottilie Mh Home and Community Based Services Young Adult Inst Lakeview Icf Home and Community Based Services St Christopher-Ottilie Mh Home and Community Based Services Young Adult Inst N Barry Ave Home and Community Based Services Young Adult Inst Rose Lane Home and Community Based Services Sco Family Of Services Cmcm/Tcm Home and Community Based Services Young Adult Inst Lewisboro Home and Community Based Services **Good Shepherd Services** Home and Community Based Services Young Adult Inst Portchester Home and Community Based Services Young Adult Inst Ocean Parkwy Home and Community Based Services Yai Foothill Terrace Home and Community Based Services St Christopher-Ottilie Mh Home and Community Based Services Young Adult Inst Hastings Icf Home and Community Based Services Young Adult Inst Sprucewood Home and Community Based Services Young Adult Inst Sheepshead Home and Community Based Services St Christopher-Ottilie Mh Home and Community Based Services



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