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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Quarterly Report - Implementation Plan for Bronx Lebanon Hospital Center

Year and Quarter: DY4, Q1 Quarterly Report Status: Adjudicated

Status By Section

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

Status By Project

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



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	11,511,128	12,268,132	19,838,174	17,567,161	11,511,128	72,695,724
Cost of Project Implementation & Administration	7,912,683	9,428,772	10,245,746	7,076,674	2,967,256	37,631,131
Admin Cost & Management Fees	2,967,256	3,057,980	3,635,587	3,076,815	2,225,442	14,963,080
Project Cost and Resource Requirements	4,945,427	6,370,792	6,610,159	3,999,859	741,814	22,668,051
Revenue Loss	2,472,714	3,822,475	6,940,667	8,922,763	9,890,851	32,049,470
Sustainability Fund	1,236,357	2,548,317	4,957,619	7,692,037	8,654,495	25,088,825
Contingency Fund	1,236,357	1,274,158	1,983,048	1,230,726	1,236,356	6,960,645
Internal PPS Provider Bonus Payments	13,599,924	11,467,425	14,872,856	13,845,665	11,127,208	64,913,078
Performance Payments on Metrics & Milestone	12,363,567	10,193,267	13,220,317	12,307,258	9,890,852	57,975,261
Bonus Payments to PPS Members	1,236,357	1,274,158	1,652,539	1,538,407	1,236,356	6,937,817
Cost of non-covered services	741,814	764,495	991,524	923,044	741,814	4,162,691
Other	0	0	0	0	0	0
Total Expenditures	24,727,135	25,483,167	33,050,793	30,768,146	24,727,129	138,756,370
Undistributed Revenue	0	0	0	0	0	0

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Narrative Text:



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Bronx Lebanon Hospital Center (PPS ID:27)

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Benchmarks

Waiver	Total Waiver	Undistributed	Undistributed	
Revenue DY4	Revenue	Revenue YTD	Revenue Total	
17,567,161	72,695,724	14,901,890		

Budget Items	DY4 Q1 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	2,665,271	11,353,754	4,411,403	62.34%	26,277,377	69.83%
Cost of Project Administration	625,302					
Cost of Project Implementation	2,039,969					
Revenue Loss	0	0	8,922,763	100.00%	32,049,470	100.00%
Sustainability Fund	0					
Contingency Fund	0					
Internal PPS Provider Bonus Payments	0	12,866,372	13,845,665	100.00%	52,046,706	80.18%
Performance Payments on Metrics & Milestone	0					
Bonus Payments to PPS Members	0					
Cost of non-covered	0	0	923,044	100.00%	4,162,691	100.00%
services	U	U	923,044	100.00 /6	4,102,091	100.00 /6
Other	0	0	0		0	
Total Expenditures	2,665,271	24,220,126				

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Bronx Lebanon Hospital Center (PPS ID:27)

Narrative Text:

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

In the historical MAPP Section 1 Module PPS reporting, the PPS reported all Implementation funds in section 1.2 (waiver) and 1.8 (non-waiver), however a subset of these reported Implementation expenses did not flow through to the PIT sections 1.4 (waiver) and 1.10 (non-waiver). The specific expenses that did not carry through to the PIT section (1.4 and 1.8) included centralized expenses such as Workforce, IT, stakeholder engagement, PCMH Consultants, and implementation funds distributed to partners to hire staff and purchase DSRIP related equipment. This reporting period, the PPS reconciled and remediated the expenses that did not migrate to the PIT from sections 1.2 and 1.8. This had the effect of under-reporting in Modules 1.4 and 1.10 (PIT) amounts that flowed to the PMO line as well as most provider types for partners receiving project implementation funding

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	11,511,128	12,268,132	19,838,174	17,567,161	11,511,128	72,695,724
Practitioner - Primary Care Provider (PCP)	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Practitioner - Non-Primary Care Provider (PCP)	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
Hospital	2,791,802	6,523,691	9,849,137	11,691,895	11,423,933	42,280,458
Clinic	3,078,528	2,981,531	3,668,638	2,999,894	2,077,079	14,805,670
Case Management / Health Home	2,873,293	2,782,762	3,424,062	2,799,901	1,938,607	13,818,625
Mental Health	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Substance Abuse	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Nursing Home	820,941	795,075	978,303	799,972	553,888	3,948,179
Pharmacy	205,235	198,769	244,576	199,993	138,472	987,045
Hospice	205,235	198,769	244,576	199,993	138,472	987,045
Community Based Organizations	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
All Other	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
Uncategorized						0
Home and Community Based Services						0
PPS PMO	5,516,515	3,057,980	3,635,587	3,076,815	2,225,442	17,512,339
Total Funds Distributed	24,727,133	25,483,170	33,050,793	30,768,145	24,727,130	138,756,371
Undistributed Revenue	0	0	0	0	0	0

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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Benchmarks

Waiver	Total Waiver	Undistributed	Undistributed		
Revenue DY4	Revenue	Revenue YTD	Revenue Total		
17,567,161.00	72,695,724.00	8,150,306.81			

		Percentage of			Percent Spent By Project												
Funds Flow Items	DY4 Q1 Quarterly	Safety Net Funds - DY4 Safety Net Q1 Funds	y Net Funds	Funds Disbursed to	Projects Selected By PPS							DY Adjusted	Cumulative				
	Amount - Quarterly Amount - Update	•	- Flowed YID	Percentage YTD	Date (DY1- DY5)	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	56,772.03	100.00%	56,772.03	100.00%	151,875.16	100	0	0	0	0	0	0	0	0	0	1,943,156.97	9,718,570.84
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	35,875.42	0	0	0	0	0	0	0	0	0	0	999,965	4,899,348.58
Hospital	513,458.91	100.00%	513,458.91	100.00%	513,458.91	12	0	0	88	0	0	0	0	0	0	11,178,436.09	41,766,999.09
Clinic	1,223,848.93	100.00%	1,223,848.93	100.00%	12,549,453.75	8.65	5.96	22.84	0	18.86	6.95	15.89	16.88	2.98	0.99	1,776,045.07	2,256,216.25
Case Management / Health Home	54,588.57	100.00%	54,588.57	100.00%	606,512.95	100	0	0	0	0	0	0	0	0	0	2,745,312.43	13,212,112.05
Mental Health	18,750	100.00%	18,750	100.00%	18,750	100	0	0	0	0	0	0	0	0	0	1,981,179	9,851,696
Substance Abuse	0	0.00%	0	0.00%	125,370.82	0	0	0	0	0	0	0	0	0	0	1,999,929	9,745,075.18
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	799,972	3,948,179
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	199,993	987,045
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	199,993	987,045
Community Based Organizations	69,477.08	0.00%	0	0.00%	69,477.08	100	0	0	0	0	0	0	0	0	0	930,487.92	4,865,746.92
All Other	43,701.37	42.90%	18,750	42.90%	497,852.48	100	0	0	0	0	0	0	0	0	0	956,263.63	4,437,371.52
Uncategorized	7,500	0.00%	0	0.00%	7,500	100	0	0	0	0	0	0	0	0	0	0	0
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	883,609.30	0.00%	0	0.00%	883,609.30												
PPS PMO	6,545,148	100.00%	6,545,148	100.00%	8,482,048											0	9,030,291
Total	9,416,854.19	89.53%	8,431,316.44	89.53%	23,941,783.87												



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Narrative Text:

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

In the historical MAPP Section 1 Module PPS reporting, the PPS reported all Implementation funds in section 1.2 (waiver) and 1.8 (non-waiver), however a subset of these reported Implementation expenses did not flow through to the PIT sections 1.4 (waiver) and 1.10 (non-waiver). The specific expenses that did not carry through to the PIT section (1.4 and 1.8) included centralized expenses such as Workforce, IT, stakeholder engagement, PCMH Consultants, and implementation funds distributed to partners to hire staff and purchase DSRIP related equipment. This reporting period, the PPS reconciled and remediated the expenses that did not migrate to the PIT from sections 1.2 and 1.8. This had the effect of under-reporting in Modules 1.4 and 1.10 (PIT) amounts that flowed to the PMO line as well as most provider types for partners receiving project implementation funding

Review Status	IA Formal Comments
Pass & Ongoing	



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Bronx Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

1	Waiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY4Q1
Practitioner	- Primary Care Provider (PCP)	56,772.03
Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Moquete Ramon Andres Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Gonzalez Patria Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Gomez David A Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Fajardo Bienvenido Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Ortiz Jose Carlos Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Goyzueta Franz Esteban Md	Practitioner - Primary Care Provider (PCP)	8,110.29
Practitioner - N	Ion-Primary Care Provider (PCP)	0
	Practitioner - Non-Primary Care Provider (PCP)	0
	Hospital	513,458.91
Bronx Lebanon Hospital Center	Hospital	513,458.91
	Clinic	1,223,848.93
Martin Luther King Hlth Ctr	Clinic	1,215,135.89
St Christophers Inn Inc	Clinic	5,376
Vocational Inst Proj Comm Svc	Clinic	3,337.04
Case Ma	anagement / Health Home	54,588.57
Citizens Advice Bureau Ai	Case Management / Health Home	37,500
Bronx Aids Service Ai	Case Management / Health Home	17,088.57
	Mental Health	18,750
Jewish Asso For Svcs For The Aged	Mental Health	18,750
	Substance Abuse	0
	Substance Abuse	0
	Nursing Home	0
	0	
	0	
	0	
	0	
	Hospice	0

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider										
Provider Name	Provider Category	DY4Q1								
Community	Community Based Organizations									
Health People	Community Based Organizations	6,460								
Jewish Board Of Family And Children Services, Inc- Bridger Program - Ittleson	Community Based Organizations	63,017.08								
	All Other	43,701.37								
Harlem Medical Group P C	All Other	14,895								
Rain Home Attendant Ser Inc	All Other	18,750								
Unique People Svcs Vyse Ave	All Other	10,056.37								
Und	Uncategorized									
Amida Care	Uncategorized	7,500								
Home and Com	0									
	Home and Community Based Services	0								



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Bronx Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

y								
Waiver Quarterly Update Amount By Provider								
Provider Name Provider Category Approval/Rejection DY4Q1 Indicator								
,	Additional Providers		883,609.30					
St Anns Corner Of Harm Reduction Inc	Additional Providers	Approved	18,750					
Healthcare Industry Grant Corp	Additional Providers	Approved	864,859.30					



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget	Completed	Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Based on the total project begets, finalize provider level project budgets that outline specific flows of funds	Completed	Based on the total project begets, finalize provider level project budgets that outline specific flows of funds	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered.	Completed	In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories	Completed	Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	Completed	Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise plan and obtain approval from Finance and Steering Committees	Completed	Revise plan and obtain approval from Finance and Steering Committees	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Communicate approved funds flow plan to each Project and	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Bronx Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Communicate approved funds flow plan to each Project and its network providers and incorporate funds plan and budget into provider participation agreements		its network providers and incorporate funds plan and budget into provider participation agreements							
Task Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners	Completed	Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes.	Completed	In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	Completed	Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Descrip	otion
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No Records Found

Prescribed Milestones Current File Uploads

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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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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PPS Defined Milestones Current File Uploads

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
willestone Name	Narrative Text

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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	72,791,068
Cost of Project Implementation & Administration	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	0	0	0	0	0	0
Internal PPS Provider Bonus Payments	0	0	0	0	0	0
Cost of non-covered services	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0
Undistributed Revenue	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	72,791,068

Current File Uploads

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Review Status	IA Formal Comments
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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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 DY4	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
14,558,213.60	72,791,068	11,503,738.05	54,238,983.60	

Budget Items	DY4 Q1 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	2,776,133	17,623,191.29	0		0	
Administration	539,437					
Implementation	2,236,696					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	278,342.55	928,893.11	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	3,054,475.55	18,552,084.40				

Current File Uploads

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Bronx Lebanon Hospital Center (PPS ID:27)

In the historical MAPP Section 1 Module PPS reporting, the PPS reported all Implementation funds in section 1.2 (waiver) and 1.8 (non-waiver), however a subset of these reported Implementation expenses did not flow through to the PIT sections 1.4 (waiver) and 1.10 (non-waiver). The specific expenses that did not carry through to the PIT section (1.4 and 1.8) included centralized expenses such as Workforce, IT, stakeholder engagement, PCMH Consultants, and implementation funds distributed to partners to hire staff and purchase DSRIP related equipment. This reporting period, the PPS reconciled and remediated the expenses that did not migrate to the PIT from sections 1.2 and 1.8. This had the effect of under-reporting in Modules 1.4 and 1.10 (PIT) amounts that flowed to the PMO line as well as most provider types for partners receiving project implementation funding

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	14,558,213.60	72,791,068
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
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	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
Home and Community Based Services	0	0	0	0	0	0
PPS PMO	0	5,643,783	0	0	0	5,643,783
Total Funds Distributed	0	5,643,783	0	0	0	5,643,783
Undistributed Non-Waiver Revenue	14,558,213.60	8,914,430.60	14,558,213.60	14,558,213.60	14,558,213.60	67,147,285

Current File Uploads

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Bronx Lebanon Hospital Center (PPS ID:27)

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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 DY4	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
14,558,213.60	72,791,068.00	464,849.28	54,238,983.66	

Funds Flow Items	DY4 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY4 Q1 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)	317,262.89	100.00%	317,262.89	100.00%	390,450.95	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	13,125.76	0	0
Hospital	2,096,409	100.00%	2,096,409	100.00%	2,096,409	0	0
Clinic	3,556,735.42	99.77%	3,548,574.06	99.77%	3,738,405.37	0	0
Case Management / Health Home	290,454.64	100.00%	290,454.64	100.00%	608,887.18	0	0
Mental Health	37,500	100.00%	37,500	100.00%	37,500	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%	33,097.17	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	418,236.59	0.00%	0	0.00%	456,776.02	0	0
All Other	101,646.47	75.17%	76,405.86	75.17%	212,880.10	0	0
Uncategorized	37,500	0.00%	0	0.00%	193,242.76	0	0
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0
Additional Providers	2,618,908.30	0.00%	0	0.00%	2,618,908.30		



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Funds Flow Items	DY4 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY4 Q1 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	4,618,711.01	100.00%	4,618,711.01	100.00%	8,152,401.73	0	0
Total	14,093,364.32	77.95%	10,985,317.46	77.95%	18,552,084.34		

Current File Uploads

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Narrative Text:

In the historical MAPP Section 1 Module PPS reporting, the PPS reported all Implementation funds in section 1.2 (waiver) and 1.8 (non-waiver), however a subset of these reported Implementation expenses did not flow through to the PIT sections 1.4 (waiver) and 1.10 (non-waiver). The specific expenses that did not carry through to the PIT section (1.4 and 1.8) included centralized expenses such as Workforce, IT, stakeholder engagement, PCMH Consultants, and implementation funds distributed to partners to hire staff and purchase DSRIP related equipment. This reporting period, the PPS reconciled and remediated the expenses that did not migrate to the PIT from sections 1.2 and 1.8. This had the effect of under-reporting in Modules 1.4 and 1.10 (PIT) amounts that flowed to the PMO line as well as most provider types for partners receiving project implementation funding.

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

No	n-Waiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY4Q1
Practitioner	- Primary Care Provider (PCP)	317,262.89
Fajardo Bienvenido Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Ortiz Jose Carlos Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Gonzalez Patria Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Goyzueta Franz Esteban Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Moquete Ramon Andres Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Gomez David A Md	Practitioner - Primary Care Provider (PCP)	45,323.27
Practitioner - N	Ion-Primary Care Provider (PCP)	0
	Practitioner - Non-Primary Care Provider (PCP)	0
	Hospital	2,096,409
Bronx Lebanon Hospital Center	Hospital	2,096,409
	3,556,735.42	
New York Neuro And Rehab Ctr	Clinic	8,161.36
St Christophers Inn Inc	Clinic	51,960.71
Help/Project Samaritan Svcs Corp	Clinic	12,848.35
Martin Luther King Hlth Ctr	Clinic	3,483,765
Case Ma	anagement / Health Home	290,454.64
Bronx Aids Service Ai	Case Management / Health Home	14,497.49
Citizens Advice Bureau Ai	Case Management / Health Home	275,957.15
	Mental Health	37,500
Jewish Asso For Svcs For The Aged	Mental Health	37,500
	Substance Abuse	0
	Substance Abuse	0
	Nursing Home	0
	Nursing Home	0
	Pharmacy	0
	Pharmacy	0
	Hospice	0

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider						
Provider Name	Provider Category	DY4Q1				
	Hospice	0				
Community	418,236.59					
Health People	Community Based Organizations	119,621				
Phipps Neighborhoods	Community Based Organizations	37,500				
Jewish Board Of Family And Children Services, Inc- Bridger Program - Ittleson	Community Based Organizations	261,115.59				
	101,646.47					
Unique People Svcs Vyse Ave	All Other	25,240.61				
Comunilife Mental Health Cl	All Other	37,500				
Comprehensive Care Mgt D&T Ct	All Other	1,405.86				
Rain Home Attendant Ser Inc	All Other	37,500				
Und	categorized	37,500				
God'S Love We Deliver, Inc.	Uncategorized	37,500				
Home and Com	0					
	Home and Community Based Services	0				



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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider								
Provider Name	DY4Q1							
A	2,618,908.30							
St Anns Corner Of Harm Reduction Inc	Additional Providers	Approved	37,500					
Healthcare Industry Grant Corp	Additional Providers	Approved	2,577,544.52					
Bronx Health & Housing Consortium	Additional Providers	Approved	3,863.78					



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Bronx Lebanon Hospital Center (PPS ID:27)

IPQR Module 1.11 - IA Monitoring

Instructions:



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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 LLC oversees existing committee structure	Completed	LLC oversees existing committee structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC	Completed	Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete administrative services agreement between LLC and BLHC for professional and administrative services	Completed	Complete administrative services agreement between LLC and BLHC for professional and administrative services	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task LLC formally organizes existing Steering Committee as its governing board/board of managers	Completed	LLC formally organizes existing Steering Committee as its governing board/board of managers	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete by-laws/operating agreement of LLC	Completed	Complete by-laws/operating agreement of LLC	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish BLHC PPS LLC	Completed	Establish BLHC PPS LLC	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	Completed	Contract for operational management of clinical quality with	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Contract for operational management of clinical quality with PMO		РМО							
Task Select initial reporting metrics for each project	Completed	Select initial reporting metrics for each project	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Draft charters for each of the cross functional workgroups	Completed	Draft charters for each of the cross functional workgroups	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Re-organize PDI as Clinical Quality Committee recognizing existing membership as members	Completed	Re-organize PDI as Clinical Quality Committee recognizing existing membership as members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review and finalize Clinical Committee charter and send to Steering Committee for review	Completed	Review and finalize Clinical Committee charter and send to Steering Committee for review	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Confirm existing membership on each of the 10 project workgroups	Completed	Confirm existing membership on each of the 10 project workgroups	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Confirm evidence based protocols for each domain 3 project	Completed	Confirm evidence based protocols for each domain 3 project	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Finalize Steering Committee by-laws/committee charter	Completed	Finalize Steering Committee by-laws/committee charter	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Adopt mission statements and charter of Workforce, Finance, IT and PDI	Completed	Adopt mission statements and charter of Workforce, Finance, IT and PDI	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a quality committee and program	Completed	Develop a quality committee and program	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop compliance plan	Completed	Develop compliance plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop dispute resolution process for providers	Completed	Develop dispute resolution process for providers	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting	Completed	Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop key metrics for each management committee - IT, workforce, Clinical, Compliance, Quality, and Finance	Completed	Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines.	Completed	The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan.	Completed	The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Distribute tools to participating providers to report on their DSRIP activities	Completed	Distribute tools to participating providers to report on their DSRIP activities	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract.	Completed	The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects.	Completed	The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	LLC contracts with PMO to operationalize oversight and	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



DSRIP Implementation Plan Project

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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
LLC contracts with PMO to operationalize oversight and monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities		monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities							
Task Educate participating providers on PPS compliance program	Completed	Educate participating providers on PPS compliance program	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Engage community and provider relations expertise to develop plan	Completed	Engage community and provider relations expertise to develop plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify gaps in the participating provider network and seek providers to fill those gaps.	Completed	Identify gaps in the participating provider network and seek providers to fill those gaps.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review list of PPS Network Providers to confirm contact information	Completed	Review list of PPS Network Providers to confirm contact information, etc.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers.	Completed	Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project.	Completed	Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task LLC approves community engagement plan	Completed	LLC approves community engagement plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #6	Completed	Signed CBO partnership agreements or contracts.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize partnership agreements or contracts with CBOs									
Task LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project.	Completed	LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network	Completed	Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contracts are distributed, signed and implemented	Completed	Contracts are distributed, signed and implemented	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	NO
Task Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health	Completed	Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Commence meetings with identified agencies for interaction and participation in the PPS	Completed	Commence meetings with identified agencies for interaction and participation in the PPS	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	Completed	Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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DSRIP Original Original Quarter Reporting ΑV **Status** Description **Start Date End Date** Milestone/Task Name Start Date **End Date End Date** Year and Quarter Task Identify the role and responsibility of each identified public Identify the role and responsibility of each Completed 04/01/2015 09/30/2016 04/01/2015 09/30/2016 09/30/2016 DY2 Q2 agency in the PPS' projects identified public agency in the PPS' projects 04/01/2015 12/31/2016 04/01/2015 12/31/2016 12/31/2016 DY2 Q3 Completed Begin cooperation with selected agencies Begin cooperation with selected agencies Integrate selected public agencies into the PPS Integrate selected public agencies into the PPS project project teams, including those agencies in all teams, including those agencies in all appropriate activities of Completed 04/01/2015 12/31/2016 04/01/2015 12/31/2016 12/31/2016 DY2 Q3 appropriate activities of the projects, and the projects, and establish reporting requirements for the establish reporting requirements for the agency agency as necessary as necessary Task Monitor agency participation as a provider in the Monitor agency participation as a provider in the PPS projects PPS projects and establish communications to DY4 Q1 Completed and establish communications to provide them with feedback 04/01/2015 06/30/2018 04/01/2015 06/30/2018 06/30/2018 provide them with feedback about there PPS about there PPS participation participation Workforce communication & engagement plan, including Milestone #8 plans for two-way communication with all levels of the Finalize workforce communication and Completed 04/01/2015 06/30/2016 04/01/2015 06/30/2016 06/30/2016 DY2 Q1 NO workforce, signed off by PPS workforce governance body (e. engagement plan g. workforce transformation committee). Review list of PPS Network Providers to confirm contact Review list of PPS Network Providers to confirm DY1 Q3 Completed 04/01/2015 12/31/2015 04/01/2015 12/31/2015 12/31/2015 information contact information Task Inventory communication needs and available Inventory communication needs and available communication Completed 04/01/2015 12/31/2015 04/01/2015 12/31/2015 12/31/2015 DY1 Q3 communication channels that can be used to channels that can be used to reach key stakeholders reach kev stakeholders Develop workforce communication plan that Develop workforce communication plan that meets need of Completed 04/01/2015 03/31/2016 04/01/2015 03/31/2016 03/31/2016 DY1 Q4 meets need of PPS providers - review plan with PPS providers - review plan with key stakeholders key stakeholders Task Develop educational materials to communicate BLHC PPS Develop educational materials to communicate Completed 04/01/2015 06/30/2016 04/01/2015 06/30/2016 06/30/2016 DY2 Q1 goals to the workforce BLHC PPS goals to the workforce Explain your plans for contracting with CBOs and their Milestone #9 continuing role as your PPS develops over time; detail how 01/01/2016 06/30/2016 01/01/2016 06/30/2016 06/30/2016 DY2 Q1 NO Completed Inclusion of CBOs in PPS Implementation. many CBOs you will be contracting with and by when; explain



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		how they will be included in project delivery and in the							
Task Conduct a community network analysis to identify multi-function organizations that provide social, behavioral health and other support services	Completed	development of your PPS network. BLHC PPS will identify multi-function organizations that provide social, behavioral health and other support services (such as assistance with obtaining food and shelter) to their clientele. From the beginning, BLHC PPS has included many community organizations like as major participants in the development of the PPS. Additionally, BLHCPPS will include numerous smaller care coordination agencies in project development to make certain that those agencies working mostly closely with our vulnerable population have a voice.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Conduct a gap analysis to ensure that patient needs identified in the Community Needs Assessment are aligned with the network service capacity	Completed	CBOs help to ensure that the PPS' attributed members have sufficient access to a range of services from vocational/technical education and training to health education to supportive housing and other services that may be identified in the Community Needs Assessment.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Engage identified agencies through inter-agency meetings, town halls, and project advisory committees and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	Completed	The BLHC PPS has identified 13 community providers as participants into the PPS through either a letter of attestation or a signed agreement and will first contract with those entities. If the PPS finds that attributed members do not have sufficient access through these 13 providers, we will seek to expand the network, strategically selecting providers to fill gaps in access.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify CBO agency staff to participate (either as a member or co-chair) on project and cross-functional workgroups. If applicable, request CBOs with expertise to conduct trainings for the PPS.	Completed	As care and prevention shifts to the community, CBOs play an increasingly important role in ensuring the success of the PPS and DSRIP. As such, their expertise and participation on project and cross-functional workgroups cannot be understated. CBOs that possess an expertise applicable to the PPS patient population may provide training to others in the PPS. For example, a CBO may have expertise using peer engagement models that other agencies providing care coordination services in the PPS could benefit from.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	Please state if there have been any changes during this reporting quarter.		
	supporting documentation as necessary.	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
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_Public_S ector_Agency_Template_DY4Q1_Update_22932. xlsx	Public Sector Agency Template DY4Q1 Remediation	09/13/2018 09:35 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-07- 09_Housing_Coordinator_Project_Evaluation_2283 1.pdf	Housing Coordinator Project Evaluation	07/25/2018 08:18 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06- 30_NYCDOH_Integrated_Pest_Management_Agre ement_22830.pdf	Integrated Pest Management Agreement with NYCDOH	07/25/2018 08:18 AM
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06-19_DOHMH_&_PPS_Housing_Working_Groups_2 2829.pdf	DOHMH Housing Working Group	07/25/2018 08:17 AM
state and local levels (e.g. local departments of health and mental hygiene, Social Services,	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06- 01_CSH_Grant_Proposal_22828.pdf	CSH Grant Proposal	07/25/2018 08:17 AM
Corrections, etc.)	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06- 01_BronxWorks_Grant_Proposal_I_22827.pdf	BronxWorks Grant Proposal 1	07/25/2018 08:17 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06- 01_BHHC_Grant_Proposal_II_22826.pdf	BHHC Grant Proposal 2	07/25/2018 08:16 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-06- 01_BHHC_Grant_Proposal_I_22825.pdf	BHHC Grant Proposal 1	07/25/2018 08:16 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-05- 09_DOHMH_&_PPS_Housing_Working_Groups_2 2824.pdf	DOHMH Housing Working Group	07/25/2018 08:15 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_GOV_MDL21_PRES7_DOC_2018-05- 01_Housing_Coordination_Data_Map_22823.pdf	Housing Coordination Data Map	07/25/2018 08:14 AM



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Prescribed Milestones Narrative Text

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

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & 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	MPA Organizational Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
milestone rame	OSCI ID	The Type	i no ranio	Description	Opioda Bato

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.

Risk: The financial fragility of many participating providers; Mitigation: PPS Finance committee will monitor each participating provider initially and then annually;

Risk: The culture of competition rather than cooperation that exists among similar agencies and providers; Mitigation: The PPS leadership will continue to meet with other PPS leaders in the Bronx to collaborate on services;

Risk: the ability of the PPS to attain project goals within the proposed budget; Mitigation: The PPS will work with partners to identify cost effective strategies and will participate in learning collaborative focused on transformational activities;

Risk: Lack of understanding of DSRIP and PPS among provider participants; Mitigation: The PPS will continue its stakeholder outreach activities to educate providers and the community about its goals;

Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS in a timely manner; Mitigation: The two institutions will begin implementation of the PMO prior to the start of DSRIP;

Risk: The ability to develop meaningful data that will support the activities of the PPS; Mitigation: The PPS IT committee will continue to seek appropriate platforms and technology to assure meaningful data.

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 primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community-based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. The PPS network includes two Health Homes and we are leveraging resources from the two Health Homes to provide support for care coordination and other social determinants of health. Additionally, a significant number of



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analysts will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate outreach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals.



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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
PPS Governance and organization	Fred Miller/Garfunkel Wild P.C.	Establish LLC, PMO contract, Provider participation contracts, compliance program
PPS Compliance Officer	Yasmine Gourdain/Bronx Lebanon	Ensuring that the PPS is in compliance with all DSRIP related polices and procedures
Integrated Delivery System Implementation & Oversigh	Dennis Maquiling/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation, PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metrics
Financial management and oversight	Victor DeMarco/Bronx Lebanon	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan	IT platform, interconnectivity with PPS partners, data base management, performance reporting management
Workforce Committee	Rosa Agosto/ Urban Health Plan & Selena Griffin-Mahon/ Bronx Lebanon	Develop Workforce Strategy for BLHC PPS
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon	Project Implementation strategy
PCMH	Blaze Gusic/Bronx Lebanon & Javiera Riveria/ Urban Health Plan	Engage providers and aid them with reaching PCMH Level 3
Care Coordination	Christina Coons/RAIN & Kathryn Salisbury / Mental Health Association - New York City	Functions as the central point for care coordination and Deliverables across the PPS
Stakeholder Engagement	Joann Casado/Urban Health Plan, Chris Arce/ Bronx Lebanon & Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS



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IVALUATION Module 2.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Dennis Maquiling- Bronx- Health Access	Governance Committee Member and Chair	Development and implementation of PPS Governance Structure
Neil Pessin- Community Care Management Partners; VNSNY	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Suneel Parikh - Bronx-Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Ben Kortnizer- Mount Sinai Hospital	Governance Committee Member	Development and implementation of PPS Governance Structure
Sui Line Xu- 1199 SEIU	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Jeffry Levine- Bronx Health Home	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Rosa Gil- Comunilife	Governance Committee Member	Development and implementation of PPS Governance Structure
Octavio Marin- Special Care Center, Bronx Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
Paloma Hernandez- Urban Health Plan	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Ramon Moquete- Hudson Heights IPA	Governance Committee Member	Development and implementation of PPS Governance Structure
Mary Zagajeski- Dominican Sisters Family Health Services	Governance Committee Member	Development and implementation of PPS Governance Structure
Victor DeMarco, Senior Vice President & CFO Bronx Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOHMH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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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.

A central tenant of effective governance is communication, as is evidenced by key organizational milestones, including:

- (1) Finalize community engagement plan, including communications with the public and non-provider organizations;
- (2) Finalize partnership agreements or contracts with CBOs; and
- (3) Finalize workforce communication and engagement plan.

Successful realization of these deliverables will require a shared IT infrastructure that includes Provider and Patient Engagement solutions, as identified in the organization's IT Plan, including the BL PPS Participant Portal and the Contact Center. These tools will allow the PPS to provide information and technical assistance across its network and service area, thus meeting governance-specific deliverables. In addition, a robust and shared IT infrastructure will minimized the risk for DSRIP under-performance and provide the PPS governing body with data and informatics required to support effective and strategic decision-making.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

IPQR Module 2.8 - Progress Reporting

Instructions:

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

The governance work stream will be successful when the Steering Committee is operating as the governing board of the PPS and is approving

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budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect an integrated delivery system developed by the PPS.

IPQR Module 2.9 - IA Monitoring		
Instructions:		



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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop and receive approval for Finance Mission	Completed	Develop and receive approval for Finance Mission	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities	Completed	Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Produce cash flow forecasts and report to Steering Committee	Completed	Produce cash flow forecasts and report to Steering Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish policies and procedures for Steering Committee approvals of funds distributions to partners	Completed	Establish policies and procedures for Steering Committee approvals of funds distributions to partners	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Complete ASO agreement between BLHC and PPS for financial services	Completed	Complete ASO agreement between BLHC and PPS for financial services	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	07/01/2015	03/31/2016	07/01/2015	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
		providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers							
Task Finance committee establishes metrics for financial monitoring	Completed	Finance committee establishes metrics for financial monitoring	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire	Completed	Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review provider financial information in relation to metrics for review of financial stress established by PPS	Completed	Review provider financial information in relation to metrics for review of financial stress established by PPS	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluate responses and determine partner institutions that are at financial risk	Completed	Evaluate responses and determine partner institutions that are at financial risk	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contact partners to verify risk status	Completed	Contact partners to verify risk status	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution	Completed	If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Monitor financially fragile providers, particularly those that have received sustainability funds	Completed	Monitor financially fragile providers, particularly those that have received sustainability funds	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of	Completed	Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of sustainability funds	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
sustainability funds									
Task Finance committee establishes requirements and process to apply for financial sustainability funds	Completed	Finance committee establishes requirements and process to apply for financial sustainability funds	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program	Completed	Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibility of the PPS lead	Completed	Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibility of the PPS lead	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	Completed	Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
In collaboration with MSPPS develop comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan.	Completed	comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review results of participating partner compliance survey and develop criteria for corrective actions	Completed	Review results of participating partner compliance survey and develop criteria for corrective actions	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	Completed	Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4	Completed	Administer VBP activity survey to network	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	YES



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a Value Based Payments Needs Assessment ("VNA")									
Task PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today.	Completed	PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements.	Completed	PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool	Completed	PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	Completed	PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will engage community partners to participate on care coordination teams	Completed	PPS will engage community partners to participate on care coordination teams	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	Completed	Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will develop a road map to expand care coordination to additional MCOs	Completed	PPS will develop a road map to expand care coordination to additional MCOs	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	Completed	PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	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
Task PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP.	Completed	PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP.	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	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	YES
Task Collect and Analysis current state of PPS's VBP arrangements	Completed	Collect and Analysis current state of PPS's VBP arrangements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform gap analysis on current state to meet the 90% contracting goals	Completed	Perform gap analysis on current state to meet the 90% contracting goals	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution	Completed	Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver	Completed	Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	Completed	Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver	Completed	Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver	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	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	YES
Task PPS will evaluate its current shared risk arrangement for its health home population as a	Completed	PPS will evaluate its current shared risk arrangement for its health home population as a model for 2aiii participants	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
model for 2aiii participants									
Task Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	Completed	Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	Completed	PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will test the bundled payment methodology with the lead entity	Completed	PPS will test the bundled payment methodology with the lead entity	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	Completed	PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	Completed	If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #7 VBP Milestone: Aggregate, Compile, distribute Key VBP Materials.	In Progress	The PPS must compile and create a repository of key VBP materials, which PPS members can reference when learning about VBP. This will aggregate the materials created by the DOH, DOH Bootcamp, the VBP roadmap, etc. as a one-stop shop for VBP needs	04/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task Solicit Finance Committee members to send all valuable VBP materials to PMO	Completed	Committee members span multiple partners and have access to various public VBP materials.	07/01/2017	09/01/2017	07/01/2017	09/01/2017	09/30/2017	DY3 Q2	
Task PMO to review existing DOH materials	Completed	PMO to gather and compile existing NYS DOH VBP materials	10/01/2017	11/01/2017	10/01/2017	11/01/2017	12/31/2017	DY3 Q3	
Task PMO to aggregate all VBP materials into a document	Completed	PMO will combine VBP materials it has gathered from DOH and from Finance Committee members	11/01/2017	12/31/2017	11/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task Finance Committee to review VBP Key Materials document	Completed	Finance committee to review VBP documents compiled by PMO	11/01/2017	12/31/2017	11/01/2017	12/31/2017	12/31/2017	DY3 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task PMO to distribute VBP materials at Committee Meetings and publish to website	Completed	PMO, on direction from Finance Committee, will distribute approved materials to partners through various means	11/01/2017	12/31/2017	11/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Milestone #8 VBP Milestone: Create a Value Based Payment RFP to support Community Based Organizations	Completed	The PPS will offer a CBO RFP, allowing CBO's to request funding to prepare their organization for Value Based Payment/supplement services offered that will be valuable in VBP. This will allow CBO's to demonstrate value in VBP to partnering organizations.	01/01/2018	09/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	YES
Task PMO to receive approval to create a CBO RFP from Finance and Steering	Completed	Needs Board approval to distributed funds	07/01/2017	08/01/2017	07/01/2017	08/01/2017	09/30/2017	DY3 Q2	
Task PMO to create CBO RFP and Scorecard/Rubric	Completed	PMO will create a scoring template to ensure RFP is appropriate and requestor is eligible to participate	07/01/2017	08/01/2017	07/01/2017	08/01/2017	09/30/2017	DY3 Q2	
Task PMO to disseminate CBO RFP at Committee Meetings Town Halls, Website, and Email listserves	Completed	PMO to notify partners of available CBO grant program.	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task CBO's to send applications to PMO	Completed	CBOs to send completed RFPs to PMO	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4	
Task PMO and Medical leadership to score CBO RFP applications	Completed	Using scoring rubric template, PMO and medical leadership to score RFP applications	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task PMO to hold facilitated conversations with awardees	Completed	PMO to hold conference calls with grantees to review payment schedule and grantee obligations to the grant.	01/01/2018	09/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task PMO to process start-up payments to CBO's	Completed	Payments will be entered in finance system for processing	01/01/2018	09/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task Executive Director to communicate to applicants about awards	Completed	Grantees will be sent formal award letter/email.	01/01/2018	09/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task PMO to receive approval/signoff on CBO RFP applications from Finance and Steering	Completed	PMO to get Board approval for distribution of funds to the CBO grantees.	01/01/2018	09/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	



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Bronx Lebanon Hospital Center (PPS ID:27)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any	Please state if there have been any changes during this reporting quarter.
	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
	dmaq	Documentation/Certific ation	27_DY4Q1_FS_MDL31_PRES8_DOC_CBO_RFP _Presentation_to_Finance_06142017_Round_1_2 2836.pptx	CBO RFP Presentation to Finance Committee	07/25/2018 08:25 AM
VBP Milestone: Create a Value Based Payment	dmaq	Communication Documentation	27_DY4Q1_FS_MDL31_PRES8_COMM_CBO_RF P_email_announcement_2017_Round_1_22835. pdf	CBO Grant RFP Email Announcement 2017 Round 1	07/25/2018 08:25 AM
RFP to support Community Based Organizations	dmaq	Documentation/Certific ation	27_DY4Q1_FS_MDL31_PRES8_DOC_Bronx_Hea lth_Access_CBO_RFP_2017_Round_1_22834.pdf	CBO Grant RFP 2017 Round 1	07/25/2018 08:24 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_FS_MDL31_PRES8_DOC_2018- 06_CBO_v2_Round_2_22833.pptx	CBO Grant v2 Round 2	07/25/2018 08:24 AM
	dmaq	Documentation/Certific ation	27_DY4Q1_FS_MDL31_PRES8_DOC_2018_CBO _Innovation_Fund_Round_2_22832.docx	CBO Grant/Innovation Fund Round 2	07/25/2018 08:23 AM

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	
VBP Milestone: Aggregate, Compile, distribute Key VBP Materials.	



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Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
VBP Milestone: Create a Value Based Payment RFP to support	
Community Based Organizations	

Milestone Review Status

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



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Bronx Lebanon Hospital Center (PPS ID:27)

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

			F" N		
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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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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.

The financial stability of BLHC, the lead entity, will have a major impact on the financial sustainability of the PPS. BLHC anticipates a reduction in admissions and is planning a reduction in bed capacity to adjust for this. Other institutional providers, specifically nursing facilities in this PPS, are still struggling with the concept of reduced admissions or changes in business practices. Their ability to make adjustments will impact their financial stability and ability to achieve project goals of the PPS as well. The Steering committee has approved a budget plan that includes a sustainability fund. This fund is 5% of the budget in year 1 and grow to 35% of the budget in year 5, allowing the PPS to provide funds to partners who are experiencing financial issues. Partners will apply to receive funds from the sustainability fund through a grant application process. Grants will be approved by the Steering committee and managed by the Finance Committee through the PMO.

Risk: inability to collect and analyze data for reporting. Mitigation: The PPS is developing systems and relationships, such as with the RHIO, that could permit better access to more complete data.

Risk: PPS providers may not be able to produce data timely. Mitigation: Provisions of the provider contract will tie incentive payments to timely and accurate data reporting.

Risk: The ability of the PPS to transition to VBP. Mitigation: The PPS is developing a major provider outreach and educational campaign to teach providers about VBP and help them prepare for it.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

The financial sustainability strategy is dependent on an integrated IT system that generates information necessary to make decisions about the PPS' ability to assume financial risk arrangements. The IT system will also support the on-going monitoring of PPS partner's financial health and the "budget to actual" of each of the projects, among other financial indicators. The 10 clinical projects will ultimately change the healthcare delivery system into a more integrated community based system. This transformation will be guided and monitored by the finance committee. As healthcare delivery is transformed, changes into the workforce could create financial challenges for PPS partners. The sustainability fund will be available, by application, to help with the changes in each individual provider's workforce. The PPS will rely on the active stakeholder engagement workgroup to educate providers about the PPS and DSRIP participation, their individual roles in projects and workgroups, and the funds that will be available to support implementation.



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IPQR Module 3.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Financial Management and oversight	L VICTOL DEMIARCO/BRODY L'EDADOD	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers



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Bronx Lebanon Hospital Center (PPS ID:27)

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		
Berenice Diaz, Urban Health Plan Inc.	Voting Member	Financial oversight and participation in finance committee
Elizabeth Hirschhorn, American Dental Offices	Voting Member	Financial oversight and participation in finance committee
Rosemary Cabrera, Bailey House	Voting Member	Financial oversight and participation in finance committee
Yocasta Garcia, Hudson Heights/Bronx United IPA	Voting Member	Financial oversight and participation in finance committee
Dr. Biren Patel, Hemant Patel MD PC/ Harlem Medical Group PC	Voting Member & Finance Project Liaison	Financial oversight and participation in finance committee
Nunzio Signorella, BOOM!Health	Member	Financial oversight and participation in finance committee
Michelle Trebitsch, Visiting Nurse Service of New York	Voting Member	Financial oversight and participation in finance committee
Alan Wengrofsky, Community Healthcare Network	Voting Member	Financial oversight and participation in finance committee
Geoffrey Anaele, Dennelisse Corporation	Voting Member	Financial oversight and participation in finance committee
Connie Fong, Dennelisse Corporation	Member	Financial oversight and participation in finance committee
Alan Zuckerman, Harlem United	Member	Financial oversight and participation in finance committee
John Salandra, Dominican Sisters	Voting Member	Financial oversight and participation in finance committee
Jessica Diamond, Brightpoint Health	Voting Member	Financial oversight and participation in finance committee
William Herl, Care for the Homeless	Voting Member	Financial oversight and participation in finance committee
Victor Demarco, Bronx Lebanon Hospital Center	Chair & Voting Member	Financial oversight and participation in finance committee
Arvind Pragani, Bronx Lebanon Hospital Center	Member & Finance Project Liaison	Financial oversight and participation in finance committee
Phil Opatz, Community Care Management Partners Health Home (CCMP)	Voting Member	Financial oversight and participation in finance committee
Silva Umukoro, Urban Health Plan Inc.	Member	Financial oversight and participation in finance committee
Tamisha McPherson, Harlem United	Member	Financial oversight and participation in finance committee
Dan McCarthy, Healthfirst	MEmber	Financial oversight and participation in finance committee
Richard Parker, Bronx Lebanon Hospital Center	Member, Committee Secretary	Financial oversight and participation in finance committee
Rocco Morello, Bronx Lebanon Hospital Center	Member & Finance Project Liaison	Financial oversight and participation in finance committee
Rosemarie Gooden, Unique People Services	Member	Financial oversight and participation in finance committee



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Sheldon Foster, Unique People Services	Voting Member	Financial oversight and participation in finance committee
Dennis Maquiling, Bronx Lebanon Hospital Center	Voting Member	Financial oversight and participation in finance committee
Louis Lopez Bronx Lebanon Hospital Center,	Member & Finance Project Liaison	Financial oversight and participation in finance committee
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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IPQR Module 3.7 - IT Expectations

Instructions:

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

The BLHC PPS's IT infrastructure will enable detailed monitoring of program performance across the entire PPS and the multiple work streams, including by the CFO and the finance team along multiple dimensions relevant to financial operations, value-based payment, and PPS sustainability through PPS-wide data sharing platforms such as the provider portal and Customer Relationship Management (CRM) tools. The IT infrastructure will allow tracking of performance metrics across all DSRIP metrics and milestones to help inform the Financial Sustainability work stream as they strategize how best to incentivize behaviors among PPS members that will lead to achievement of quality care, patient satisfaction, and shared financial goals. The CFO and finance team will utilize this capability to develop specific reports that will provide insight into the performance of the PPS from a financial sustainability perspective to drive strategy, as well as compute appropriate payments to PPS members, based on the findings from these reports. They will also be able to monitor dashboards to identify high-cost centers within the PPS and to assess financial risks to - and opportunities for - the organization. In addition, member organizations will submit reports and data relating to DSRIP business and financial operations electronically to the PPS finance team. Additionally, through the development and use of an integrated IT platform that is geared to monitoring performance and improving outcomes, the PPS will be well suited to continue its growth and long-term strategy to sustain a value based payment and practice system, while meeting the diverse needs of the BLHC PPS's population.

The PPS is working to establish a CRM tool in order to track all reporting functions of the PPS and all contracts. This will include the reporting of financial metrics on a quarterly basis. The data will be self-reported through easy-to use portal system. The RHIO data warehouse containing information from providers and payers will serve an essential purpose in evaluating value-based payment options as the PPS matures. The PPS will also be able to share reports and performance measures along all dimensions, both financial, and non-financial, across the PPS through provider portals, the PPS website, CRM, and care management and coordination tools to help drive the entire network towards improving performance and long-term financial sustainability.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.



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IPQR Module 3.8 - Progress Reporting

Instructions:

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

Financial sustainability will be measured by the ability of the PPS to adhere to the budget and deliver successful projects within the constraints of those budgets. Ultimately, the PPS will be successful if it is able to transform its 10 projects into an organized delivery system that is capable of assuming risk for its attributed population and successfully managing the health of that population and the budgets that support that population health.

IPQR Module 3.9 - IA Monitoring

Instructions:



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Bronx Lebanon Hospital Center (PPS ID:27)

Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: Identify priority groups experiencing health disparities (based on your CNA and other analyses); Identify key factors to improve access to quality primary, behavioral health, and preventive health care Define plans for two-way communication with the population and community groups through specific community forums Identify assessments and tools to assist patients with selfmanagement of conditions (considering cultural, linguistic and literacy factors); and Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS	Completed	Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Building off the work of the Community Needs	Completed	Building off the work of the Community Needs Assessment,	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Assessment, PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care		PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care							
Task The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency	Completed	The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community	Completed	Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials	Completed	PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies	Completed	TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care	Completed	CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval	Completed	Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval	11/08/2015	12/31/2015	11/08/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: Training plans for clinicians, focused on available evidence-	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
material).		based research addressing health disparities for particular groups identified in your cultural competency strategy Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities	Completed	Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training	Completed	Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project	Completed	Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs	Completed	Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings	Completed	Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS	Completed	Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Submit comprehensive training plan to Steering	Completed	Submit comprehensive training plan to Steering Committee for approval	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Committee for approval									

IA Instructions / Quarterly Update

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

Milestone Review Status

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



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IPQR Module 4.2 - PPS Defined Milestones

Instructions:

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

								DSRIP
Miles (and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

Risk: High level health conditions and cultural diversity of the PPS population. The population of the BLHC PPS as described in the CNA is 72% Medicaid 65% Hispanic/Latino; 33% percent African American, Caribbean, West African. One quarter of this population speak English "not very well"; 38% are below the federal poverty line; 15.8% are unemployed; have the highest rates of premature death from HIV/AIDS, heart disease, diabetes, cancer, and/or injury in NYS. Mitigation: This means that the PPS has to take steps to combat not just disease conditions but the social determinants that exacerbate those treated conditions. The PPS has already made great strides in dealing with these issues, as seen in the existing programs and targeted actions within the PPS. The PPS will leverage the health home programs to help mitigate the health disparities and social detriments of health for the PPS targeted population. To fully complete the measures and metrics laid out in the plan, integration of both medical and social services must continue. The diverse needs of the population are a challenge to the outcome of the projects because there will be no standard solution. The actions that are taken by the PPS must be as diverse as the population that the PPS serves.

Risk: Training capacity and employee engagement. Mitigation: Workforce will need to work closely with PDI project leads, Stakeholder Engagement, and TEF to ensure that there are sufficient resources to train up existing and newly hired staff on the unique cultural competency and health literacy challenges of the PPS population and that the content of the training coincides with project development.

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 successful implementation of the cultural competency and health literacy strategy is dependent on several closely tied work streams within and outside the PPS. The Community Needs Assessment Committee played a vital role in describing the patient population and identifying the underlying causes of health disparities. The Workforce committee must work closely with TEF in order to identify existing curricula and develop standardized training material for the PPS. This process necessitates buy-in from multiple segments of the healthcare workforce and strong provider engagement by the Stakeholder Engagement Workgroup to educate partners on the linkage between cultural competency and health literacy and health outcomes. Resources must be allocated by the Finance Committee. A common training and evaluation plan must be developed in conjunction with TEF and IT to ensure that the cultural competency and health literacy gap is closed and that outcomes are properly tracked. Project milestones, tasks, and outcomes relating to CC/HL need to be reviewed and incorporated into the overall strategy. Other patient communication vehicles (e.g. patient portal and PPS website) will need to be reviewed for cultural competency and health literacy. Project staff will be informed of the training by the PDI and the Care Coordination Cross Functional Workgroups. Steering committee will ultimately be responsible for reviewing the CC/HL standards that are developed and accepting them for the PPS.



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IPQR Module 4.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities		
Workforce Committee Co-Chairs	Rosa Agosto / Urban Health Plan & Selena Griffin Mahon / Bronx Lebanon	Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance		
Workforce Project Team	Members of Workforce Committee, project leads, union representation, subject matter experts	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.		
Stakeholder Engagement Cross Functional Workgroup	Roy Wallach / Arms Acres	Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why. Key deliverables includes presenting CC/HL standards to PPS stakeholders.		
Project Development and Implementation (PDI) / Clinical & Quality Committee	John Coffey, MD / Bronx Lebanon	Project Implementation strategy; identifying key health challenges for the priority populations in project workgroups; Provide accurate forecasts of necessary CC/HL needs and workforce competency needs; work with partners to gather partner specific information		
Cultural Competency & Health Literacy committee	Members of Workforce Committee, project leads, stakeholder engagement, union representation, subject matter experts	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.		
Care Coordination Cross Functional Workgroup	Christina Coons / RAIN & Kathryn Salisbury / Mental Health Association of New York City (MHA-NYC)	Provide guidance on roles, responsibilities, and skill sets (including cultural competency and health literacy) of care coordination staff that work directly with patients.		
Workforce Clearinghouse	Established by the PPS and 1199SEIU Leagues Training and Employment Funds (TEF)	Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training, providing trainings, developing curricula, and working with employees on retraining and redeployment		
3fi Project work group and Cultural Competency & Health Literacy committee co-chair	Diane Strom/Bronx Lebanon	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.		
Cultural Competency & Health Literacy committee co-chair	Shali Sharma /Bronx Works	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.		



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IPQR Module 4.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities		
Internal Stakeholders				
Sui Ling Xu, 1199	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Celestino Fuentes, Argus Community	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Debbie Witham, VIP Services, Inc	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Julie Peskoe, Home Care NY	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Lawrence Lang, The PAC Program	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Nestor Sanchez, Home Care NY	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Rosa Agosto, Urban Health Plan	Workforce Committee Partner, Co- Chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Kathy Miller, Bronx RHIO	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Dennis Maquiling, Bronx Lebanon Hospital Center	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Roy Wallach, Arms Acres	Workforce Committee Partner & Co-Chair, Stakeholder Engagement Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Vivian Torres, Self Help Community Services, Inc	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Selena Griffin, Bronx Lebanon Hospital Center	Workforce Committee Partner, Co- Chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
PCDC	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Cathy Giandurco Premier Home Health Care Services	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Nicole Kelly Strive International	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Marcia Halley University Consultation Center	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula		



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities		
		and provide training		
Marisol Alcantara NYSNA	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Denise Bauer, Catholic Charities	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Joann Casado, UHP	Stakeholder Enagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Dr. John Coffey, BLHC	Stakeholder Engagement Workgroup Partner & Chair , Integrated Delivery System Project- 2ai	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
John Diaz-Chermack Hospice of NY	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Bill Herl, Care for the Homeless	Stakeholder Engagement Workgroup Partner & Finance Committee Member	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Vicente Liz, MD, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Dr. Magdy Mikhail, BLHC	Stakeholder Engagement Workgroup Partner, Chair, Material Child Prject- 3fi	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Fernando Martinez, the Osbourne Group	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Michelle Miller, Catholic Charities	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Lisa Orriola, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curri- and provide training		
Biren Patel, Hemant Patel MD PC/ Harlem Medical Group	Stakeholder Engagement Workgroup Partner & Voting Member- Finance Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Peter Sherman, BLHC	Stakeholder Engagement Workgroup Partner, Co-chair, Asthma Project- 3dii	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Roy Vega, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Debbie Pantin, VIP	Stakeholder Engagement Workgroup Partner & Co-chair Integration of Behavioral Health in Primary Care project- 3ai	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Brent Stackhouse, Mount Sinai Hospital	Stakeholder Engagement Workgroup Partner, Voting Member BHA PPS LLC Board/Steering Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
Gary Rosario, BLHC	Stakeholder Engagement Workgroup Partner, Co-chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training		
External Stakeholders	•	,		
Labor Unions	Workforce Committee Partner	Employee awareness and education		
Organizations that provide cultural competency	Workforce Committee Partner	Deliver training activities		



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities		
and health literacy training				
Advocacy Groups (LGBTQ health, people with disabilities, etc.)	Workforce Committee Partner	Provide input and feedback on CC/HL strategy		
Faith-based organizations	Workforce Committee Partner	Provide input and feedback on CC/HL strategy		
Training and Employment Funds (TEF)	Workforce Committee Partner	Develop curriculum and other training materials; track and monitor training outcomes		



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IPQR Module 4.7 - IT Expectations

Instructions:

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

The development of a cultural competency/health literacy strategy and the development of a shared IT infrastructure will take place concurrently, each informing the other through project DY1. Key points where cultural competency and health literacy must be considered when establishing the PPS's shared IT infrastructure include:

- (1) Definition of granular data elements to be collected, and the standardization of data collection across the network;
- (2) The development and implementation of a population health analytics platform that includes measurement of health literacy, and which allows for analysis of the impact of health literacy on outcomes for target populations, and the ability to track the cultural makeup of the PPS's population and the surrounding areas;
- (3) The development and implementations of culturally competent protocols to support the deployment of care management and coordination tools:
- (4) Providing assistance to providers and community-based organizations and healthcare entities that do not have the infrastructure to collect, analyze, and use the data;
- (5) Recognition of cultural competence in the development of referral management tools;
- (6) Accounting for Health Literacy and Cultural Competence in the development and implementation of patient engagement tools, including the Patient Portal and Warmline; and
- (7) Tracking improvements in provider cultural competence and patient health literacy through newly implemented business intelligence and analytics tools.

Additionally, the IT strategy will enable the PPS to monitor and track usage of key programs and services that promote cultural competency and health literacy. Through the established data sharing platforms, such as the provider and public portals, call center, and Customer Relationship Management Tools (CRM), the PPS will enable sharing resources and data to community-based organizations, workers, providers, and patients. As the IT system is developed, mechanisms will be put in place to support and monitor cultural competency and health literacy needs including monitoring and tracking the cultural makeup of a PPS and surrounding area, integration with community health care entities/centers, and monitoring the cultural competency of staff.

IPQR Module 4.8 - Progress Reporting

Instructions:

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

Workforce population: % of staff members that complete training modules within the identified time period; % of staff that score within target %



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range on a post-training competency evaluation; % of staff that report satisfaction with the trianing upon completion

Patient population: % of patients who have improved compliance with attending appointments; % of patients that demonstrate improved adherence with medication; % of patients with reduced unneccessary medical utilization; % of patients with improved satisfaction scores with health literacy efforts.

IPQR Module 4.9 -	IA Monitoring
Instructions :	



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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions:

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

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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics.	Completed	Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc.	Completed	Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note:	Completed	Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note: Integration with RHIO includes a detailed assessment and ongoing monitoring.	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
Integration with RHIO includes a detailed assessment and ongoing monitoring.									
Task Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership	Completed	Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan.	Completed	Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: Your approach to governance of the change process; A communication plan to manage communication and involvement of all stakeholders, including users; An education and training plan; An impact / risk assessment for the entire IT change process; and Defined workflows for authorizing and implementing IT changes	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process.	Completed	Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and	Completed	Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and local IT departments.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
local IT departments.							<u> </u>		
Task Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs non-centralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below)	Completed	Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs noncentralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review and approval by PPS leadership of the IT Change Management Plan	Completed	Review and approval by PPS leadership of the IT Change Management Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: A governance framework with overarching rules of the road for interoperability and clinical data sharing; A training plan to support the successful implementation of new platforms and processes; and Technical standards and implementation guidance for sharing and using a common clinical data set Detailed plans for establishing data exchange agreements between all providers within the PPS, including care 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).	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of	Completed	Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability roadmap will offer remediation steps to these shortcomings (i.e. rules to the road).		roadmap will offer remediation steps to these shortcomings (i. e. rules to the road).							
Task Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e. x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan.	Completed	Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e.x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS.	Completed	Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed.	Completed	Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	Completed	Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting	Completed	Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting with project workgroups).	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
with project workgroups).									
Task Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders.	Completed	Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
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.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively.	Completed	Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively.	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO).	Completed	Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO).	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Review and approval of Engagement Plan by PPS leadership	Completed	Review and approval of Engagement Plan by PPS leadership	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: Analysis of information security risks and design of controls to mitigate risks Plans for ongoing security testing and controls to be rolled	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		out throughout network.							
Task Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs.	Completed	Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan.	Completed	Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks	Completed	Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee).	Completed	Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review and approval of Data Security and Confidentiality Plan by PPS leadership	Completed	Review and approval of Data Security and Confidentiality Plan by PPS leadership	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Ongoing	



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IPQR Module 5.2 - PPS Defined Milestones

Instructions:

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

ı	Milestone/Task Name	Status	Description	Original	_	Start Date	End Date	Quarter	DSRIP Reporting
	micstoric, rusk Hame		2000. p	Start Date	End Date			End Date	Year and
									Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

Risk 1: PPS partners not fully comprehending the IT requirements;

Mitigation Strategy: Engage in comprehensive community-based partner education through workshops, web-based learning tools and 1:1 interaction at partner sites; development of education materials by provider type to clearly state expectations and requirements.

Risk 2: Partners inability to achieve meaningful adoption of IT capabilities to connect to centralized IT services and engage in data sharing; Mitigation Strategy: PPS has planned for provision of technical assistance with relation to EHR adoption and PCMH certification. PPS will establish incremental IT adoption milestones and site visits to ensure progress towards defined requirements and performance objectives. Financial incentives will be put into place to encourage IT adoption by partners with DSRIP dollars.

Risk 3: Breadth of EHRs and electronic platforms currently in use may pose significant barrier and/or cost for development of interfaces by vendors for HIE connectivity;

Mitigation Strategy: PPS IT committee will conduct a deeper assessment to better understand vendors within PPS, work to negotiate interfaces for top volume platforms first; as well as work with partners without IT platforms to adopt software from a select set of vendors.

Risk 4: Consent process may inhibit ability to access and share pertinent patient data;

Mitigation Strategy: Continue to coordinate with GNYHA, other PPSs, RHIOs and stakeholders to drive policy change and consent education for patients through providers to continually improve level of consent and mitigate policy barriers.

Risk 5: As with any collaborative, stakeholders may not reach consensus on strategic, business or governance decisions in a timely manner; Mitigation Strategy: Implementation plan will carefully map out deliverable/decision points and risks of indecision will be raised immediately to PPS leadership for arbitration; PPS will leverage State guidance on key business and technical decisions where appropriate.

Risk 6: New information that becomes available over the course o the project on IT systems and processes may require changes to the developed IT plans and strategy.

Mitigation strategy: Update impacted plans based on quarterly reports on each milestone work stream.

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.)



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The IT Systems and Processes work stream is dependent on several other work streams, including: governance, workforce strategy, performance reporting, and, over time, financial sustainability.

The main interdependencies with governance include bylaw and policy creation for data sharing and confidentiality, creation of change management strategies, contracting with external community-based organizations to ensure appropriate IT usage and engagement, and participation/ performance monitoring.

The main interdependencies with workforce strategy include the development of relevant training programs and materials, hiring appropriately qualified staff as needed, and defining/ achieving a target workforce state that includes IT usage capabilities.

The main interdependencies with performance reporting include developing clinical quality and performance dashboards, and developing/employing training programs.

The main interdependencies with financial sustainability include ensuring appropriate allocation and usage of funding, and over time, the adjustment and adaptation of funding and/or pricing for financially fragile providers and organizations.

IT systems represent the largest capital expenditure, with many partners requesting funding, therefore continuous management of this allocation is crucial.

The IT Systems and Processes work stream is a critical aspect of creating a successful Integrated Delivery System (IDS), and therefore will impact many of the other work streams, but does not have specific dependencies on them.



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IPQR Module 5.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Provision of centralized IT services to fulfill 2.a.i and other project core IT requirements	PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO	Design, plan and implementation of IT infrastructure to achieve: bidirectional data sharing, HIE connectivity, alerts, messaging, care coordination, PCMH level III and adoption of MU II eligible EHRs
Provision of IT and data governance for PPS partners, RHIOs and coordination with State entities and MCOs for data exchange, analytics, reporting, etc.	Ivan Durbak, Bronx Lebanon Hospital Center	- Data governance model and data use agreement(s) by provider type - Minimum Data Set requirements by provider type - HIPAA and IS compliance policies, training and infrastructure - Data and user access management & audits - Vendor selection and management
Provide consistent, impartial and balanced leadership for PPS IT strategy and infrastructure needs	PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO	IT leadership on behalf of BL PPS partners to ensure IT strategy, investments and services/ infrastructure meet the needs of the PPS, address critical gaps and enable ongoing rapid cycle evaluation and performance management
Operational leadership and Performance management oversight	BL PPS, Inc.: Director of IT (TBD)	- Development of performance management and reporting tools - Development of dashboards as needed by PPS leadership, committees and providers - IT implementation plan management; daily oversight of project teams and vendors - Lead development of technical assistance and resources with vendors, project teams, etc.



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☑ IPQR Module 5.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member 8 Co-chair	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Suneel Parikh,MD, Bronx Lebanon Hospital Center, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Dan Figueras, Urban Health Plan, Inc., IT Committee Member & Co-chair	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Gary Lapon, CHN, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Henry Denis, American Dental Offices, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Jennifer Spadafora, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Kathy Miller, Bronx RHIO; IT Committee Member	Accountable to BL PPS Board and Executive committee for	Delivery of IT infrastructure



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	delivery of IT strategy for PPS	Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Phyllis Chin, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Ruslan Beltsyz, Dennelisse Corporation; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Tracie Jones, Bronxworks; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Dennis Maquiling, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Luis Matos, Communilife; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities			
		proportion of PPS members; Responsible for development of implementation plan with in put from committee members			
David Dring, Self Help Community Services, Inc; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members			
External Stakeholders					
Bronx RHIO Leadership	RHIO leadership within region	Responsible for coordination with BL PPS IT leadership for deployment of IT strategy; delivery of HIE connectivity, and select functionality (e.g. DIRECT messaging); ensuring cross-RHIO/PPS connectivity via SHIN-NY; provision of consent management and integration with statewide MPI and data sharing initiatives			



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IPQR Module 5.7 - Progress Reporting

Instructions:

Instructions:

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

The IT work stream leadership will develop a comprehensive implementation plan, supplemented by GANTT chart outlining quarterly milestones based on performance requirements (DSRIP) and implementation milestones for the PPS IT strategy. The implementation plan will provide a measurable guide for progress that will be regularly shared with Leadership and collaborating committees to ensure provision of deliverables, services and functionality in line with PPS scale and speed, and overall PPS IT requirements. In addition to IT implementation progress tracking and management, the committee will engage in PPS partner feedback requests through surveys and discussion forums to ensure solutions and services continually meet partner needs, expectations and deliver value. Example measures to be tracked include EHR adoption, Meaningful Use, PCMH L3 certification, use of evidence-based guidelines, patient engagement systems, data exchange agreements, etc.

IPQR Module 5.8 - IA Monitoring

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; Your plans for the creation and use of clinical quality & performance dashboards Your approach to Rapid Cycle Evaluation	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task PMO will Identify PPS resources that are responsible for clinical and financial outcomes of specific patient pathways	Completed	Staffing and Resource Plan for Outcomes Monitoring and Reporting	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO will collaborate with NYSDOH, industry subject matter experts, and stakeholders to define performance measures/metrics to track and report on processes and outcomes. Develop effective communication strategy for PPS partners/stakeholders	Completed	Performance Measures/Metrics, and Communication Strategy	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PMO, with the IT Committee will define PPS- level dashboard technology that will be used by providers/organizations/staff to monitor outcomes and guide targeted quality improvement interventions. Update communication strategy as needed	Completed	Technology Architecture for Dashboard Technologies, and Communication Strategy	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PMO will establish framework for facilitating rapid	Completed	Rapid Cycle Evaluation Framework	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
cycle improvement informed by diligent outcomes tracking									
Task Review and approval of Performance and Communication Strategy by PPS Steering Committee.	Completed	Final Performance Reporting and Communication Strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PMO will establish sub-committees who will be responsible for goal-setting and monitoring across the PPS.	Completed	Sub-Committee Charter and Defined Goals	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PMO will update Performance and Communications Strategy implementation based upon subsequent monthly reports and evidence of the flow of performance reporting information, and approval by PPS Steering Committee	Completed	Monthly Reports, and applicable change management documentation	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	04/01/2016	06/30/2018	04/01/2016	06/30/2018	06/30/2018	DY4 Q1	NO
Task PPS Leadership will work with the PMO, PDI, IT and Workforce Committees to the develop initial draft Performance Reporting Training Program	Completed	Draft Performance Reporting Training Program	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Leadership will gather and incorporate input from stakeholders on draft Training Program, as needed	Completed	Summary of Stakeholder Input	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Review and approval of Performance Reporting Training Program by PPS Steering Committee	Completed	Final Performance Reporting Training Program	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task The Workforce Committee will implement Performance Reporting Training Program	Completed	Program Management Documentation	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task PPS Leadership and the Workforce Committee will deliver the description of Training Programs delivered and participant-level data, including	Completed	Quarterly Reports, Description of Training Programs Delivered, Participant-Level Data, and Training Outcomes	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
training outcomes, based upon subsequent quarterly reports									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
		,

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training program for organizations and	dmaq	Documentation/Certific ation	27_DY4Q1_PR_MDL61_PRES2_DOC_DY4Q1_Pe rformance_Reporting_M2_22838.docx	Performance Reporting	07/25/2018 08:31 AM
individuals throughout the network, focused on clinical quality and performance reporting.	dmaq	Training Documentation	27_DY4Q1_PR_MDL61_PRES2_TRAIN_CQC_Tra ining_Schedule_Template_DY4Q1_22837.xlsx	Training schedule	07/25/2018 08:31 AM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 6.2 - PPS Defined Milestones

Instructions:

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

								DSRIP
Miles (and Table Manage	Status	Deceriation	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	l User ID I	File Type	File Name	Description	Upload Date
	0005	, , , ,	1 110 1141110	2000р	opiouu buto

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

Risk 1: The performance monitoring and reporting infrastructure that will be provided by NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Mitigation Strategy: Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition, increased transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.

Risk 2: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS. Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.

Risk 3: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment. Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.

Risk 4: Ability to connect effectively to the RHIO for data sharing. Mitigation Strategy: Connecting all providers to the RHIO in a timely manner to improve data sharing and analytics so we can identify issues with performance.

Risk 5: Ability of the RHIO to create a data analytics tool. Mitigation Strategy: Working closely with the RHIO to identify and create the specs for performance and quality metrics by project. As well as the creation of profiles by patient, providers, etc.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

The Performance Reporting work stream has dependencies on several other work streams, including IT, Governance, and Workforce. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable performance monitoring and reporting through the creation of an integrated data network. Performance Reporting is interlinked with the Governance of the PPS. Without effective leadership and a clearly defined organizational structure with clear responsibilities and lines of accountability, our ability to embed performance reporting structures and processes will be severely limited. The Workforce Strategy work stream is also an important factor in our efforts to developing a consistent performance reporting and to embed the performance reporting framework we will establish. Training on the use of these



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systems will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation. The success of performance reporting relies on quick and accurate transfers of vital performance information. Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices.



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IPQR Module 6.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Performance reporting infrastructure (design, planning and implementation) Coordination with NYDOH, RRS partners and other resurces for
Oversight and accountability for delivery of		Coordination with NYDOH, PPS partners and other sources for data collection
performance reporting capability	PPS Leadership; CIO; IT Committee	Development of dashboards to enable performance management and rapid cycle evaluation
		Management and oversight of performance reporting and data
		collection staff and project leads, including engagement of
		committees and governance leads to inform process
Responsible for informing development of performance tools, monitoring performance of	PPS Leadership (CFO, CEO, CMO), Finance Committee; IT Committee; Project Development and Implementation (PDI) Committee	Inform identification of key indicators and operational, clinical,
		financial, quality and other performance metrics
partners and PPS, informing process		•Responsible for informing development of dashboards,
improvement and corrective action		performance thresholds, reviewing data/reports and making
		recommendations to Governing Board on necessary actions
Develop and provide training on clinical quality		Coordination with the PPS Leadership, IT, and Finance to ensure
and performance improvement	Workforce Committee	that staff participating in DSRIP projects are properly trained to
·		report data required for performance monitoring.
Provision of claims data, benchmark data and		Coordinate with PPS in provision of claims data and benchmark
support in development of population health	MCOs	data to support performance management; potential for contract
analytic tools		negotiation based on improved total cost management
Provide general oversight to DSRIP projects	PMO Office	Coordinate with PPS in establishment and progress of DSRIP projects
		Members of Project accountable for quality of patient care and
Provide general oversight to DSRIP projects	DSRIP Clinical Leads	financial outcomes per project



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☑ IPQR Module 6.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member & Co-Chair	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dan Figueras, Urban Health Plan, Inc., IT Committee Member, Co-Chair	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Gary Lapon, CHN, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Henry Denis, American Dental Offices, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Jennifer Spadafora, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Kathy Miller, Bronx RHIO; IT & Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Phyllis Chin, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Ruslan Beltsyz, Dennelisse Corporation; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Tracie Jones, Bronxworks; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dennis Maquiling, Bronx Lebanon Hospital Center; IT & Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Luis Matos, Communilife; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Denise Cherenfant, 1199 SEIU, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Lawrence Lang, The PAC Program, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Nestor Sanchez, Home Care NY, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		specified manner/format
Rosa Agosto, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Roy Wallach, Liberty Management, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Serena Griffin, Bronx Lebaon Hospital Center, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Celestino Fuentes, Liberty Management, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Debbie Witham, VIP Services, Inc, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Julie Peskoe, Home Care NY, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dennis Maquiling - Bronx-Lebanon Hospital Center; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Neil Pessin- Community Care Management Partners; VNSNY; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dr. Isaac Dapkins - Bronx-Lebanon Hospital Center; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Brent Stakehouse- Mount Sinai Hospital; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to

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Key stakeholders Role in relation to this organizational workstream Key deliverables / responsibilities goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Shirley Riley- 1199 SEIU: Steering Committee Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Member performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Dr. Jeffry Levine- Bronx Health Home; Steering Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Committee Member performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Dr. Rosa Gil- Comunilife; Steering Committee Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Member performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Octavio Marin- Special Care Center, Bronx Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Lebanon Hospital Center; Steering Committee goal measures; provide timely reporting and submission of data in performance reporting for PPS Member specified manner/format Based on reports and data, adapt DSRIP performance, strategies Paloma Hernandez- Urban Health Plan; Steering Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Committee Member performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Dr. Ramon Moquete- Hudson Heights IPA; Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Steering Committee Member performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format Based on reports and data, adapt DSRIP performance, strategies Accountable to BL PPS Board and Executive committee for and initiatives to achieve metrics/milestones and/or bridge gaps to Mary Zagajeski, Dominican Sisters Family Health Services performance reporting for PPS goal measures; provide timely reporting and submission of data in specified manner/format **External Stakeholders** Provide data, including claims data, consolidated reports and webbased dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common NY State DOH Provision of statewide/PPS dashboards and performance data operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data NYC DOH Provision of claims data, benchmark data and support in Provide data, including claims data, consolidated reports and web-

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Key stakeholders Role in relation to this organizational wo		Key deliverables / responsibilities
	development of population health analytic tools	based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common
Managed care organizations	Will provide key information to the PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP	Provide data to PPS Shared saving
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Input into performance monitoring and continuous performance improvement processes
CBOs	Will provide key information to the PPS.	Provide data to PPS
PCP	Will provide key information to the PPS.	Provide data to PPS



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IPQR Module 6.7 - IT Expectations

Instructions:

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

The development of shared IT infrastructure across the PPS will support performance reporting in numerous ways. The HIT system will utilize robust data sets supporting proactive comprehensive care and DSRIP performance management, operating within an integrated data network providing data-driven clinical decision making. Core DSRIP performance metrics and milestones will be integrated within performance dashboards and PPS reporting at the governance partner and individual provider level to ensure transparency and enable pro-active risk management. Subcommittees will be responsible for goal setting and monitoring across the PPS, raising risks to leadership and recommending remediation.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

IPQR Module 6.8 - Progress Reporting

Instructions:

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

The success of the work stream will be measured against progress in the planning, design and deployment of performance reporting processes and tools that will enable users to access health information on centralized dashboards. Performance reporting will begin as a manual process and increase over time to allow for greater automation capabilities for queries, user features and other data points. The IT Committee will coordinate with PPS governance and committee leadership to define the requirements and milestones for performance reporting capabilities within a timeframe aligned with State-provided reporting templates and timelines. Measures of success will be included that are relevant to the specific health markers of the population being managed.



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IPQR Module 6.9 - IA Monit	toring	
structions:		



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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure The development of standard performance reports to professional groupsThe identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Review past engagements Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges	Completed	Review past engagements Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine the practitioner function Gather information on functions and services offered by PPS partners	Completed	Determine the practitioner function Gather information on functions and services offered by PPS partners	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers	Completed	Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Define criteria for identifying and prioritizing stakeholders represent: a) attribution b) services c) possible impacts	Completed	Define criteria for identifying and prioritizing stakeholders represent: a) attribution b) services c) possible impacts	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Completed	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Completed	Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Completed	Steering Committee will review and finalize the provider communication and engagement plan.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Completed	Identification of practitioner leaders to represent practitioner interests in governance/policyThis will involve seeking input from practitioners on their role in the DSRIP transformative process	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Completed	Practitioner training / education plan.	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	NO
	Completed Completed Completed	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Steering Committee will review and finalize the provider communication and engagement plan. Identification of practitioner leaders to represent practitioner interests in governance/policyThis will involve seeking input from practitioners on their role in the DSRIP transformative process Completed Practitioner training / education plan.	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Steering Committee will review and finalize the provider communication and engagement plan. Completed Completed Completed Practitioner training / education plan. O6/30/2016	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Steering Committee will review and finalize the provider communication and engagement plan. Identification of practitioner leaders to represent practitioner interests in governance/policyThis will involve seeking input from practitioners on their role in the DSRIP transformative process Completed Practitioner training / education plan. O6/30/2016 03/31/2017	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Completed Steering Committee will review and finalize the provider communication and engagement plan. Identification of practitioner leaders to represent practitioner interests in governance/policyThis will involve seeking input from practitioners on their role in the DSRIP transformative Completed Practitioner training / education plan. Stant Date 12/31/2016 07/01/2016 07/01/2016 07/01/2016 07/01/2016 07/01/2016 07/01/2016 07/01/2016	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Stormanging grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Start Date End Date Practitioner 07/01/2016 12/31/2016 07/01/2016 07/01/2016 07/01/2016 07/01/2015 06/30/2016 07/01/2015 06/30/2016 07/01/2016 09/30/2016 07/01/2016 09/30/2016 12/31/2016 07/01/2016 12/31/2016 07/01/2016 12/31/2016 07/01/2016 07/01/2016 12/31/2016 07/01/2016 07/01/2016 07/01/2016 12/31/2016 07/01/2016	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices Completed Identification of practitioner leaders to represent practitioner interests in governance/policy – This will involve seeking input from practitioners on their role in the DSRIP transformative process D6/30/2016 D7/01/2016 D7/	Status Description Original Start Date Original End Date Eart Date End Date Quarter End Date Reporting Year and Outstree Completed Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices 07/01/2016 12/31/201



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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
Review existing plans and materials									
Task Establish stakeholders needs based on:		Establish stakeholders needs based on:							
a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	Completed	a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services	Completed	Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
c. possible impacts		c. possible impacts							
Task Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus	Completed	Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Define short- and long-term goals, and set tactics and rules for the engagement.	Completed	Define short- and long-term goals, and set tactics and rules for the engagement.	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 360 Review of training materials and feedback	Completed	360 Review of training materials and feedback	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	

IA Instructions / Quarterly Update

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

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 7.2 - PPS Defined Milestones

Instructions:

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

								DSRIP
Miles (and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone News		Ella T a	Ella Nama	Description	Halaad Data
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

Risk: The level of engagement of our practitioners in the PPS varies. The risk is whether or execution of a provider outreach strategy reaches all providers in the community. We have some practitioners that are heavily involved playing key roles on both projects and committees. At this stage our current engagement activities are focused on education of our practitioners to what DSRIP is and how they can participate in the process. We are changing and challenging the way they do business and it is important that they see the value that this transformational process will bring the long run.

Mitigation: We will encourage and foster committee formation, drive representation in governance, and create leadership development programs, etc. to address the appropriately identified risks of provider engagement. To mitigate this risk, we will involve a 'train the trainer' approach as part of our training and education program. We will also develop electronic and printed training materials that will continue to engage practitioners in the DSRIP program, even if they join a provider after the practitioner education and training roadshow. This is designed to ensure the core behaviors and practices of our DSRIP program remain embedded within organizations.

Risk: Provider resistance to working to achieve PCMH Level 3 due to a lack of admin support to implement this change, amongst other reasons. Mitigation: The PPS will develop a plan to provide support to assist providers to meet PCMH and MU.

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.)

Communication with stakeholders through a variety of media including a newsletter, regularly scheduled town hall meetings, PAC meetings, and on-going project committee work are all designed to engage stakeholders as often as possible in PPS activities. Primary dependencies however, are the Finance Committee and its work to develop project budgets, funds flows to providers engaged in each project and an incentive payment distribution methodology that is clear and understandable to providers. The IT Committee, Stakeholder Engagement Workgroup, and Workforce Committee will also be critical to the success of practitioner engagement. Many practitioners will need significant support from the PPS to engage in clinical integration, population health management strategies, and in adopting IT systems that allow for communication and data flow between PPS members. The PPS is also engaging providers to develop a process for them to reach PCMH level III certification. Stakeholder Engagement Workgroup has already begun planning for the PPS wide implementation of PCMH III. The Workforce Committee is working with stakeholders to understand the new skills and workflows that will generate from the clinical projects. The Workforce Committee will offer educational guidance to the Stakeholder Engagement Committee on issues related to re-deploying staff, skills development, and job training. The ability of the PPS to communicate to the community's practitioners, not just the larger organizations, will be key to the further success of the DSRIP initiative. The on-



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going communication initiatives described above will help to engage stakeholders at all levels in PPS activities.



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IPQR Module 7.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities			
Financial Management and oversight	Victor DeMarco, Bronx Lebanon	Financial oversight of PPS participating providers; development and communication of funds flow			
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan; Kathy Miller/Bronx RHIO	Interconnectivity with PPS partners			
Stakeholder Engagement	Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS			
Workforce Development	Selena Griffin-Mahon/ Bronx Lebanon	Develop overall training plan to include practitioners across the PPS workforce spectrum.			
PCMH functionality	Javiera Riveria/ Urban Health Plan	Engage providers and aid them is reaching PCMH Level 3			
PPS Governance and organization	Fred Miller/ Garfunkel Wild P.C.	Establish LLC, Provider participation contracts, compliance program Establish and Implement DSRIP: IT, Project Implementation, PCMH Certification, Care Coordination, Stakeholder Engagemen oversight.			
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon				



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IPQR Module 7.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Denise Bauer, Catholic Charities	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Dr. John Coffey, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation/Clinical & Quality Committee Chair	Engage providers and assist in the work of the PPS
Joann Casado, Urban Health Plan	Stakeholder Engagement Workgroup Partner - Co-Chair; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Magdy Mikhail, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Fernando Martinez, the Osbourne Group	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Michelle Miller, Catholic Charities	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Lisa Orriola, BLHC	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Biren Patel, Hemant Patel MD PC/ Harlem Medical Group	Stakeholder Engagement Workgroup Partner, Finance Committee Voting Member	Engage providers and assist in the work of the PPS
Peter Sherman, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Roy Vega, BLHC	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Debbie Pantin, VIP	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Ben Kortnizer, Mount Sinai Hospital	Stakeholder Engagement Workgroup Partner, BHA PPS LLC Board Member	Engage providers and assist in the work of the PPS
Chris Arce, BLHC	Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dennis Maquiling, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Roy Wallach, Liberty Management	Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner; Workforce Committee Partner	Engage providers and assist in the work of the PPS
Alexandria Rodriguez, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Christina Coons, RAIN	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee Partner, Co-Chair	Engage providers and assist in the work of the PPS
Dr. Abayomi Salako, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Issac Dapkins, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Georgia Connell, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Leonardo Vicente , BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Luarnie Bermudo, Domincian Sisters Family Health Services	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Natalie Cruz, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Patricia Cahill, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Richard Biscotti, ArchCare	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Richard Parker, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dennis Maquiling, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Scott Auwarter, Bronx Works	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Shirley Riley, 1199 SEIU	Workforce Committee Partner & BHA PPS LLC Board Member	Engage providers and assist in the work of the PPS
Celestino Fuentes, Liberty Management	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Julie Peskoe, Home Care NY	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Lawrence Lang, The PAC Program	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Nestor Sanchez, Home Care NY	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Rosa Agosto, Urban Health Plan	Workforce Committee Partner, Co-Chair	Engage providers and assist in the work of the PPS
Kathy Miller, Bronx RHIO	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Vivian Torres, Self Help Community Services, Inc	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Selena Griffin, BLHC	Workforce Committee Partner, Chair	Engage providers and assist in the work of the PPS
External Stakeholders	,	
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOHMH	Regulatory Organization	Rules and Policy



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPSs	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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Bronx Lebanon Hospital Center (PPS ID:27)

NYS Confidentiality – High

IPQR Module 7.7 - IT Expectations

Instructions:

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

The shared IT infrastructure platforms, including specific tools such as the BL PPS Participant Portal, a web-based interface for PPS users that will include access to reporting functionality, data analytics, care management tools and PPS-sponsored communications, including training and education programs, will connect practitioners and facilitate practitioner engagement, which will be crucial to providing access to critical functionality such as dashboards, performance reporting, patient alerts, and secure messaging. BL PPS's proposed shared IT infrastructure will deliver efficiency, interoperability, and high value-added solutions that will facilitate practitioner engagement through the provision of tools that support better time management, performance management and reporting, and improve overall provider satisfaction. The Practitioner Engagement workflow has key dependencies around IT Systems and Processes, as described above. The PPS will employ diligent project management and monitoring to ensure infrastructure (such as the connectivity through the RHIO), and functionality are adequate to facilitate effective provider engagement, as well as the training necessary to achieve it. The focus of a shared IT Infrastructure will be to provide patient-level data to all PPS partners in a manner that supports better time management and user satisfaction. IT will identify the provider gaps as it relates to Meaningful and EHR, and develop a strategy to provide technical assistance and support them with achieving PCMH level 3.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

IPQR Module 7.8 - Progress Reporting

Instructions:

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

Practitioner engagement will be encouraged through regularly scheduled town hall meetings and inclusion on various PPS project workgroups. Continuation of PPS updates via e-mail and website maintenance will help ensure that practitioners are able to receive pertinent news and updates. We will have set the targets for delivering education & face-to-face training for implementation of project specific processes in our network and we will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training

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events. The design of these programs will involve specific targets being set for the number of attendees per training as well as questionnaires preand post-testing designed to assess impact and satisfaction.

IPQR Module 7.9 - IA Monitoring
Instructions:



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Bronx Lebanon Hospital Center (1101b.

Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: The IT infrastructure required to support a population health management approach Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizationsDefined priority target populations and define plans for addressing their health disparities.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account comorbidities and social determinants of health (homelessness, etc.)	Completed	Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account co-morbidities and social determinants of health (homelessness, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Acquire, aggregate and leverage data in support of population health.	Completed	Acquire, aggregate and leverage data in support of population health.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap	Completed	Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop intervention protocols for identified population	Completed	Develop intervention protocols for identified population	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify the necessary IT infrastructure to support a population health approach and work in the	Completed	Identify the necessary IT infrastructure to support a population health approach and work in the PPS	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS									
Task Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification	Completed	Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4	NO
Task The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	Completed	The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets	Completed	The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identifies members of the PPS who have gaps in care and requires intervention	Completed	Identifies members of the PPS who have gaps in care and requires intervention	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The lead entity will review inpatient utilization data on a rolling 3 month basis	Completed	The lead entity will review inpatient utilization data on a rolling 3 month basis	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	Completed	Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy	Completed	Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care.	Completed	Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Evaluate existing and DSRIP project activities that will impact	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
Evaluate existing and DSRIP project activities that will impact bed utilization		bed utilization							
Task Map bed reduction strategies to stakeholders needs and prioritize	Completed	Map bed reduction strategies to stakeholders needs and prioritize	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish ongoing training regarding potentially avoidable admissions panel	Completed	Establish ongoing training regarding potentially avoidable admissions panel	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Define short and long-term goals, and set tactics and rules for the plan	Completed	Define short and long-term goals, and set tactics and rules for the plan	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Bed reduction plan finalized and approved by Steering committee	In Progress	Bed reduction plan finalized and approved by Steering committee	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4	

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.	



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Milestone Review Status

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



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IPQR Module 8.2 - PPS Defined Milestones

Instructions:

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

								DSRIP
Miles (and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Milestone Name	Narrative Text

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

Instructions:

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

Risk 1: Provider engagement and compliance with reporting.

Mitigation Strategy: Provider Engagement & Performance monitoring and reporting infrastructure will be created to identify and engage those providers that fall behind.

Risk 2: Attributed Patient Utilization with other PPSs service providers.

Mitigation Strategy: Data from NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.

Risk 3: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS.

Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.

Risk 4: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment.

Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.

Risk 5: Inadequate workforce - Workforce need through the DSRIP transformative years may lack the necessary skills sets to provide services for PPS. Mitigation Strategy: To mitigate this risk we will assess the current skills of the workforce as well as the job descriptions and possible retaining and redeployment the workforce to provide the support/services need to manage the attributed population.

Risk 6: Standardized Protocols for delivery of care (care coordination, etc.) may impact the PPS performance.

Mitigation Strategy: To mitigate this risk we will create protocols that take into account different patient needs as well as allow for modifications.

Risk 7: A lack of collaboration across PPSs. Mitigation: All of the Bronx area PPSs are starting to meet regularly to identify commonalties related to projects and processes and to share best practices and aggregated patient utilization data.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions:



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

The Population Management work stream has dependencies on several other work streams, including IT Systems and Processes, Workforce and Governance. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable population health monitoring and reporting through the creation of an integrated data network. Workforce training and availability is interdependent with the ability to create population health profiles to provide services to meet the needs of the population. The main inter-dependencies with the Governance work stream include the effective creation of policies and procedures for population health monitoring and reporting, adherence to those policies and procedures, and creation/implementation of sub-committees who will be responsible for goal-setting and monitoring across the PPS.



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IPQR Module 8.5 - Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities				
PPS Governance and organization	Fred Miller, Esq. Garfunkel Wild, LLC	Establish LLC, PMO contract, Provider participation contracts,				
		compliance program Establish and Implement DSRIP: IT, Project Implementation ,				
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon	PCMH Certification, Care Coordination, Stakeholder Engagement				
Oversignt		oversight. Reporting on milestones and metric				
		Establish and Implement DSRIP: IT, Project Implementation ,				
Financial Management and oversight	Victor DeMarco/Bronx Lebanon	PCMH Certification, Care Coordination, Stakeholder Engagement				
		oversight. Reporting on milestones and metric				
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan	IT platform, interconnectivity with PPS partners, data base				
The Development and implementation	Than Danasiv Dronn Lossanon a Dan Filiguoras, Ciban Filosani Filan	management, performance reporting management				
Workforce Committee	Selena Griffin-Mahon/ Bronx Lebanon	Develop Workforce Strategy for BLHC PPS				
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon	Project Implementation strategy				
PCMH	Javiera Rivera/ Urban Health Plan	Engage providers and aid them is reaching PCMH Level 3				
Cara Caardination	Christina Coons/ RAIN	Functions as the central point for care coordination and				
Care Coordination	Christina Cooris/ RAIN	Deliverables across the PPS				
Stakeholder Engagement	Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS				



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☑ IPQR Module 8.6 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Alexandria Rodriguez, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, RAIN	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham, VIP Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Suneel Parikh, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Kamala Greene, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Peter Sherman , BLHC	Project Development and Implementation Committee/ Clinical &	Participate in PPS and worked towards meeting deliverables and



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities		
	Quality Committee Partner	milestones		
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Chris Arce, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Georgia Connell, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Joann Casado, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Luarnie Bermudo, Domincian Sisters Family Health Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Natalie Cruz, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Patricia Cahill, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Richard Biscotti, ArchCare	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Richard Parker, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Sam Shutman, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Scott Auwarter, Bronx Works	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
Virgilina Gonazalez, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones		
External Stakeholders	•			
NY State DOH	Regulatory Organization	Rules and Policy		
NYC DOH	Regulatory Organization	Rules and Policy		
Legislators	Oversight to Policy and Engagement	Rules and Policy		
External PPS	Treatment and Patients Interactions	Care Coordination		



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid Managed Care Plans Treatment and Patients Interactions		Billing and Care Management
Advocacy Organizations	Treatment and Patients Interactions	Billing and Care Management



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IPQR Module 8.7 - IT Expectations

Instructions:

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

Many BLHC PPS partners have localized data analytics tools and are engaging in population health management at the individual-provider level. What is lacking, however, is the centralization of information to develop a more complete picture of population health to foster accountability and improvement in outcomes. In response, BL PPS intends to develop a Population Health Analytics Platform that includes capabilities for generating registries, conducting data cube analytic functions and managing population health data cohorts through the utilization of a RHIO data repository. This tool will enable provider organizations to analyze and track the health of the populations they serve, and to implement interventions on specific cohorts of patients. The PPS's shared IT infrastructure will assist with the monitoring of health outcomes and the distribution of information to PPS partners and stakeholders to meet DSRIP project goals. The following services will implement solutions to measure and improve the population health status through the use of predictive analytics, reporting and registries for care management, and utilization management:

- (1) Support the adoption and/or upgrade of EHRs by providing options and technical assistance to organizations who are not yet on an EHR system, or who are using an EHR system with insufficient functionality;
- (2) Expand health information exchange (HIE) to facilitate interoperability by connecting partners to the RHIO;
- (3) Implement Care Management and Coordination tools that will enable care management and coordination at the population level;
- (4) Deploy tools for provider and patient engagement; and
- (5) Develop business intelligence and analytics tools.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

IPQR Module 8.8 - Progress Reporting

Instructions:

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



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The success of the work stream will be measured through progress reporting on population health management by creating population profiles, utilization dashboards that enable identification of the target population, monitoring of the number of patients engaged in care, and tracking and trending on health outcomes. In addition to the State-defined metrics specific to the PPS Projects tracked by the PMO (behavioral health, asthma, maternal child health, HIV/AIDS, and diabetes), progress toward local and national benchmarks will be assessed through a wide range of publically available data sets updated on an annual or semi-annual basis. For example, the NYC DOHMH Bureau of HIV/AIDS's semi-annual report will provide epidemiological updates on the access to, and retention in HIV care relative to the the goals defined in the Governor's End of AIDS plan. Other benchmarks for success will include (but are not limited to) objectives outlined by the City's Take Care New York Initiative and HHS Healthy People 2020.

IPQR Module 8.9 - IA Monitoring Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Define the 1) purpose of the NA, 2) target population for NA, and 3) key NA questions	Completed	Conduct a data assessment and gap analysis to identify service provider needs	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct a literature review to develop a working definition of what successful "clinical integration" entails for the PPS	Completed	PMO through stakeholder engagement will identify active Clinical providers	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a plan for collecting and and analyzing primary and secondary data sources	Completed	Assess existing programs and workflows to enable cross and bi-directional communication providers and patients.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Map clinical, care management and other providers in the network through stakeholder engagement	Completed	Determined projected needs for Clinical Integration for DSRIP	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess existing programs, human resources, IT solutions and, and workflows that drive a care	Completed	Identify key datas need to change for Clinical integration	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
coordination within the network									
Task Develop key data measures and benchmarks for successful clinical integration within the PPS	Completed	Identify key interfaces needs for clinical integration	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify reports needed to support clinical integration functions	Completed	Identify reports needs to support clinical integration functions	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a 360 review processes for aligned needs and provider expectations	ed Completed Establish 360 Review prepossess for aligned needs and provider expectations 04/01.		04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee review and approval of clinical integration		04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1		
Task Conduct the capacity and asset assessment to of identified PPS providers	Completed	Identity the services provided by participating clinical partners	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Report findings to the Steering Committee	Completed	Create Clinical Quality Committee to assist with assessment of clinical needs and monitoring.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: Clinical and other info for sharing Data sharing systems and interoperability A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination Training for operations staff on care coordination and communication tools		06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Identify key Clinical and other information for sharing	Completed	Identify key Clinical and other information for sharing	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Coordinate data sharing systems and interoperability	Completed	Coordinate data sharing systems and interoperability	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Establish framework for discharge coordination	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish framework for discharge coordination									
Task Training for operations staff on care coordination and communication tools	Completed	Training for operations staff on care coordination and communication tools	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Training for providers across settings	Completed	Training for providers across settings	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish framework for hospital admission coordination	Completed	Establish framework for hospital admission coordination	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish 360 Review prepossess for aligned needs and provider expectations	Completed	Establish 360 Review prepossess for aligned needs and provider expectations	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee review and approval of clinical integration plan	Completed	Steering Committee review and approval of clinical integration plan	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

<u> </u>		
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
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	



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Milestone Review Status

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



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IPQR Module 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.

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Miles (and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

Risk: The major risks to implementation include: the financial fragility of many participating provider;

Mitigation: Participating partners will be required to complete a financial monitoring survey along with their provider agreements. Financial monitoring metrics will be established to evaluate and determine which partner institutions may be at risk and eligible for sustainability funds. Reevaluation and monitoring will mitigate the potential risks to the implementation and sustainability of projects posed by fragile providers.

Risk: The culture of competition rather than cooperation that exists among similar agencies and providers.

Mitigation: The PPS will take a patient-centered approach focusing on optimal health outcomes for patients within the community. To that end, the approach to community planning will necessitate heavy involvement by stakeholders outside of the hospital system. The composition of workgroups and committees will include MCOs, CBOs, Health Homes, and other providers to ensure that members are involved in the process. Town Halls, Project Advisory Committees, and resources distributed to e-mail listservs and posted on the website are all activities conducted with the purpose of creating a culture of cooperation and transparency among providers.

Risk: The ability of the PPS to attain project goals within the proposed budget.

Mitigation: The Finance Committee (along with PMO, IT Committee, and Workforce Committee) will work closely with the Project Workgroups leads in an effort to ensure that project goals are clear and realistic. In particular, members from various committees will be present on project workgroups to monitor fidelity to the proposed budgets and report progress back to the Finance Committee.

Risk: Lack of understanding of DSRIP and PPS among provider participants.

Mitigation: Provider participants will receive ongoing DSRIP 101 trainings through the Stakeholder Engagement Cross Functional Workgroup and receive educational materials produced by the Training and Employment Funds. Participants will be engaged through participation on various workgroups and committees as members or co-leads. A provider communication strategy/plan will be developed by the Stakeholder Engagement CFW.

Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS.

Mitigation: BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.



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Risk: The ability to develop and/or collect meaningful data that will support the activities of the PPS.

Mitigation: The Clinical Committee will work closely with the IT Committee to develop outcomes (including HEDIS and actively engaged metrics) and the specific activities required to achieve the outcomes.

Risk: PCP non-compliance with PCMH Level 3 and adopting processes specific to the projects.

Mitigation: The PPS will work closely through PCMH and Stakeholder Engagement Cross-functional Workgroups to develop and implement a needs assessment that will be used to ascertain PCP readiness within the PPS to to achieve PCMH level 3. Based on the needs assessment, the Stakeholder Engagement Work Group that will meet with the group to identify gaps in provider representation and provide technical assistance to PCPs interested in participating in the project.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

The primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. Additionally, a significant number of analyst will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate out reach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals. As well as other financial dependencies such as Value-based payment reform which will require sharing of clinical information as well as monitoring clinical performance (HEDIS/QARR and other clinical performance measures).



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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
PPS Governance and organization Fred Miller, ESQ. Garfunkel Wild P.C.		Establish LLC, PMO contract, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight Dennis Maquiling/Bronx Lebanon		Establish and Implement DSRIP: IT, Project Implementation, PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Financial Management and oversight Victor DeMarco/Bronx Lebanon		Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
IT Development and Implementation		IT platform, interconnectivity with PPS partners, data base management, performance reporting management
Workforce Committee Selena Griffin-Mahon/ Bronx Lebanon & Rosa Agosto, Urban Health Plan		Develop Workforce Strategy for BHAPPS
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon & Debbie Lester Urban Health Plan & Virgilina Gonzalez, Bronx Lebanon	Project Implementation strategy
PCMH	Javiera Rivera/ Urban Health Plan & Dr. Blaze Gusic, Bronx Lebanon	Engage providers and aid them is reaching PCMH Level 3
Care Coordination Christina Coons/ RAIN& Kathryn Salisbury, MHA-NYC		Functions as the central point for care coordination and Deliverables across the PPS
Stakeholder Engagement Chris Arce, Bronx Lebanon & Roy Wallach/ Confer Park-Armes Acre		Coordinate stakeholder communication for the PPS
Cultural Competency & Health Literacy Diane Strom, Bronx Lebanon & Shali Sharma, BronxWorks		Develop Cultural Competency & Health Literacy Strategy for BHA PPS



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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		<u>'</u>
Alexandria Rodriguez, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell , BLHC	Project Development and Implementation/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, RAIN	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham , VIP Services	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Suneel Parikh, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Vicente Liz-Defillo, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Peter Sherman , BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	Committe Committee Partner	milestones
Dr. Richard Cindrich, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
Dr. Nichard Ciridrich, Beric	Committee Partner	milestones
Chris Arce, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
Offilia Attoo, BELLO	Committee Partner	milestones
Georgia Connell, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
Coorgia Cornion, DELTO	Committee Partner	milestones
Javiera Rivera, Urban Health Plan	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Joann Casado, Urban Health Plan	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Kathryn Salisbury, MHA of NYC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Leonardo Vicente, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
·	Committee Partner	milestones
Louis Harris, Domincian Sisters Family Health	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
Services	Committe Committee Partner	milestones
Natalie Cruz, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Paloma Hernandez, Urban Health Plan	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Patricia Cahill, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Richard Biscotti, ArchCare	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Richard Parker, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Dennos Maquiling, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Scott Auwarter, Bronx Works	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
Virgilina Gonazalez, BLHC	Project Development and Implementation/ Clinical & Quality	Participate in PPS and worked towards meeting deliverables and
	Committee Partner	milestones
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOHMH	Regulatory Organization	Rules and Policy



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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IPQR Module 9.7 - IT Expectations

Instructions:

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

Clinical integration is the primary goal of the BL PPS IT strategy, particularly through achievement of network-wide data sharing and interoperability that will enable care delivery and management at the population level across PPS providers. The PPS is developing plans to connect all provider types to the RHIO through EHRs and other electronic tools to share various forms of structured and unstructured data to enable bidirectional data sharing. Additionally, the PPS strategy will include:

- (1) Referral management and tracking tools to enable consultation between various providers;
- (2) Reporting, dashboards, and performance monitoring and management through the Customer Relationship Management (CRM) tools and provider portals; and
- (3) Secure messaging and alerts through the RHIO connections.

In order to ensure the efficient and effective data sharing that is required for an integrated delivery system, the PPS will:

- (1) Analyze existing data sharing and confidentiality protocols, and will modify the protocols as needed;
- (2) Integrate any manual processes, such as flat-file conversions to ensure that PPS participants without EHRs can effectively contribute necessary data;
- (3) Identify and analyze what functionality and assistance can/will be provided by the NY DOH.

The PPS will measure its success through monitoring the number of PPS organizations that connect and pass data through the HIE. The HIE is a key component to the success of clinical integration throughout the PPS and will allow for analytics and reporting (mentioned above).

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

IPQR Module 9.8 - Progress Reporting

Instructions:

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

This work stream will be successful by enhancing clinical integration linkages and identifying areas to measure success, i.e. progress on PCMH certification, provider scale, RHIO consents, etc. The governance work stream will be successful when the steering committee is operating as the governing board of the PPS and is approving budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect the integrated delivery system developed by the PPS.

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 project implementation team is organized with leads and co-leads for each project. The leads are from the hospital and co-leads are from community based organizations. The projects teams themselves are comprised of fully committed providers from both the lead hospital and the community. Each project is staffed by a project manager who is responsible for keeping the development of the project on track in compliance with metrics and milestones. The PPSs plans to monitor progress, ensure compliance with project requirements including metrics and milestones, and will stay committed to the speed and scale numbers for each project through the project managers who staff the developing DSRIP Project Management Office (PMO). This PMO will provide oversight and coordination to the DSRIP clinical projects. The projects themselves will be rolled out simultaneously, with the focus on interaction of project goals and the sharing of resources. Functions that can be centralized and focused will be in order to leverage staffing and other resources. In the clinical projects, where appropriate, a "pilot" agency will be slated to begin testing the selected interventions.

The PSS is dedicated to quality improvement and will continue the cycle of 1) identifying problems; 2) adapting knowledge to the local context; 3) conducting stakeholder analysis; 4) taking an inventory of resources; 5) assess facilitators and barriers to implementation; 6) select and tailor interventions to situations unique to the PPS population; 7) access implementation fidelity; 8) track project outcomes; and 9) sustain/maintain knowledge use.

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

Instructions:

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

To coordinate the various projects that will be working towards similar goals and project requirements independently, the PPS has created crossfunctional workgroups (Stakeholder Engagement, PCMH, and Care Coordination) to coordinate clinical efforts that are integral to each of the projects. These workgroups are designed to avoid duplication of efforts and to develop multiple approaches to solving the same issue. For example, managing transitions of care more effectively will be a central part of multiple projects and without a proactive approach to coordination there is a risk that different protocols will be developed at different sites or in different projects. The PCMH workgroup and the Stakeholder Engagement Workgroup also work across all of the projects to coordinate outreach activities and to manage the process of attaining Level 3 PCMH certification and stakeholder education. The PPS also holds bi-weekly workflow meetings with the project leads to identify common issues and tasks.



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BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.

We have also used a provider/requirement map as the starting point for identifying the clinical, financial, administrative, or technological initiatives that will be most important for the successful delivery of our DSRIP projects. These initiatives will receive specific attention from the MS/BL PPS PMO.



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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
Oversight and accountability for delivery of performance reporting capability	Ivan Durbak / Bronx Lebanon	Performance reporting infrastructure (design, planning and implementation) Coordination with NYDOH, PPS partners and other sources for data collection Development of dashboards to enable performance management and rapid cycle evaluation Management and oversight of performance reporting and data collection staff and project leads, including engagement of
DSRIP Project Teams	Dennis Maquiling / Bronx Lebanon	committees and governance leads to inform process Responsible for reaching speed and scale. Developing Clinical interventions
Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action	Victor DeMarco, John Coffey, and Dennis Maquiling / Bronx Lebanon	 Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions
Coordinate activities on overlapping projects where applicable	Jill Huck / Mount Sinai & Dennis Maquiling / Bronx Lebanon	Share best practices between PPS
Sharing of patient data and coordination of patient care	HHC	Now has 45% of our original lives due to project 11. Must work with them to coordinate care and share information across PPS
Provision of claims data, benchmark data and support in development of population health analytic tools	Chase McCaleb / Bronx Lebanon; Alison Connelly and Dan Figueras / Urban Health Plan;	Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management
Provide general oversight to DSRIP projects	Dennis Maquling / Bronx Lebanon	Coordinate with PPS in establishment and progress of DSRIP projects



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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		•
Steering Committee	Development and implementation of PPS Governance Structure; ensuring PPS is managing DSRIP projects and funds in appropriate manner; Key decision makers	Making key decisions for the PPS on strategy and process
Yasmine Gourdian, CCO/Bronx Lebanon	PPS Compliance Officer	Ensuring that the PPS is in compliance with all DSRIP related polices and procedures
Victor DeMarco, CFO/Bronx Lebanon	Financial Management and oversight	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
Dennis Maquiling/Bronx Lebanon	Integrated Delivery System Implementation & Oversight	Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Fred Miller, Esq/ Garfunkel Wild P.C.	PPS Governance and organization	Establish LLC, PMO contract, Provider participation contracts, compliance program
PPS Partners	Submit data and review dashboards	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
PCMH Committee	Cross Functional Workgroup	Monitor, and support PCP transformation in PCMH level 3
Care Coordination CFW	Cross Functional Workgroup	Centralize and Standardize care coordination
Workforce Committee	PPS Committee	Centralize and Standardize training and workforce issues
PDI Committee	Oversight Committee For PPS DSRIP projects	Provide oversight for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting
IT Committee	PPS Committee	Monitor, tech support, upgrade of IT and reporting systems.
External Stakeholders	<u> </u>	•
NYSDOH	Provision of statewide/PPS dashboards and performance data	Provide data, including claims data, consolidated reports and web- based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data
NYC DOH	Coordinate on projects and data sharing and provision of technical support to the projects and PPS	Provide data and technical assistance
MCOs	 Provision of claims data, benchmark data and support in development of population health analytic tools Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP 	Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management Shared savings
Other City PPSs	Exchange of best practices; Work together on projects in common where possible	Share data and best practices Coordinate cross PPS sharing of information and workgroups
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Provide input around performance monitoring and continuous performance improvement processes
CBOs	Will provide key information to the PPS and enter into risk sharing agreements.	Provide data to PPS; provide preventative care to patients in community settings.
PCP	Will provide key clinical information to the PPS.	Provide data to PPS; drivers of key clinical aspects of projects



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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 PPS performed detailed data collection and analysis of PPS partners current state and future state technology investments/capabilities by performing surveys, interviews, and leveraging existing PPS knowledge from the Bronx RHIO. The information analyzed included data on EMR's, RHIO connectivity, Registry capability, Meaningful Use, and reporting functionality.

In addition to performing PPS wide IT analysis, the IT Committee met with all project groups to gather both immediate and long term IT needs for EMR, HIE, registries, reporting, alerts, tracking of key metrics, templates, etc. In the short term, the project workgroups are currently using flat file export strategies (from an EMR/spreadsheet), to meet with immediate reporting and registry needs of the PPS. Providers that are part of the RHIO have the ability to view this data through a Provider Portal. In the long term, The PPS will use continue to leverage the Bronx RHIO to meet the clinically interoperable requirements, however migrate from flat file exports to a bi-directional HL7 data feed. The Bronx RHIO will support the clinical information exchange and reporting needs of the PPS.

IPQR Module 10.6 - Performance Monitoring

Instructions:

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

Each project has quality performance measures defined by CMS through HEDIS/QARR, 3M, HCAPS, and DSRIP specific quality measures that will require quality oversight for performance and process improvement. These measures will be monitored at the Clinical and Quality Committee on regular basis. The PPS will develop PPS wide dashboards with drill down capability to specific organizations and providers for the purpose of sharing data, identifying quality gaps, and developing processes to improve and monitor outcomes. As such, these measures will be at the center for quality performance reporting.



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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 PPS has established a Stakeholder Engagement committee that is responsible for identifying providers, linking providers to projects, and creating a directory of services throughout the PPS by provider and provider type. Providers are linked to projects and each project has specific deliverables, which drive outreach and engagement to specific providers that can address the project needs.

The stakeholder engagement team will also be responsible for communicating any changes and updates specific to projects (i.e. processes updates, screening tools, standardized assessments, etc.) by meeting with providers face to face, via newsletters, website, Town Hall, PAC, WebEx events, and other venues. In addition to communicating project updates, Stakeholder engagement will meet with providers to ensure they have the most up to date materials and identify any issues providers may have.

The PPS is also in the process of identifying a CRM vendor, which will enable the PPS and providers to identify services available throughout network. Providers will also have the ability to track and update their project deliverables.

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	16,000.00	516,500.00	500,000.00	500,000.00	525,000.00	525,000.00	525,000.00	525,000.00	250,000.00	250,000.00	4,132,500.00		
Redeployment	0.00	45,000.00	125,000.00	200,000.00	450,000.00	450,000.00	375,000.00	375,000.00	625,000.00	625,000.00	3,270,000.00		
New Hires	500.00	4,500.00	525,000.00	500,000.00	200,000.00	200,000.00	375,000.00	375,000.00	500,000.00	500,000.00	3,180,000.00		
Other	500,000.00	800,000.00	330,000.00	200,000.00	250,000.00	280,000.00	250,000.00	277,500.00	200,000.00	195,000.00	3,282,500.00		
Total Expenditures	516,500.00	1,366,000.00	1,480,000.00	1,400,000.00	1,425,000.00	1,455,000.00	1,525,000.00	1,552,500.00	1,575,000.00	1,570,000.00	13,865,000.00		

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 & Complete	



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IPQR Module 11.2 - Prescribed Milestones

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis.	Completed	Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring.	Completed	Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment.	Completed	Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs.	Completed	Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements.	Completed	Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Create a unique profile for each project's specific needs.	Completed	Create a unique profile for each project's specific needs.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc.	Completed	Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets.	Completed	Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Finalize committee report and submit to Steering Committee for sign off.	Completed	Finalize committee report and submit to Steering Committee for sign off.	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.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee.	Completed	Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee.	07/01/2015	07/02/2015	07/01/2015	07/02/2015	09/30/2015	DY1 Q2	
Task Work with vendor to survey projects and partners and determine current and future state analyses.	Completed	Work with vendor to survey projects and partners and determine current and future state analyses.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off.	Completed	Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 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
state assessment of workforce and projected future state.									
Task Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5).	Completed	Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact	Completed	Using tools above, survey partners about current and future staffing needs.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Using tools above, survey partners about current and future staffing needs	Completed	Using tools above, survey partners about current and future staffing needs	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Analyze project workforce needs both by project and across the PPS to project future state.	Completed	Analyze project workforce needs both by project and across the PPS to project future state.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS.	Completed	Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval.	Completed	Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval.	10/01/2015	06/30/2016	10/01/2015	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.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	YES
Task Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3).	Completed	Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact.	Completed	Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Using tools above, survey partners about compensation and benefits by role.	Completed	Using tools above, survey partners about compensation and benefits by role.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Completed	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Completed	Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Completed	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Completed	Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial	Completed	Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	



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DSRIP Implementation Plan Project

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
placements.									
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Completed	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Completed	Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Educate project leads and staff about how to request trainings.	Completed	Educate project leads and staff about how to request trainings.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers.	Completed	Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4).	Completed	Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted.	Completed	Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to conduct an assessment of training needs by project and partner.	Completed	Work with TEF to conduct an assessment of training needs by project and partner.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to identify partners who can provide necessary trainings and to identify new	Completed	Work with TEF to identify partners who can provide necessary trainings and to identify new trainings to be developed.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
trainings to be developed.									
Task Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings.	Completed	Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Discuss training plan with partners for feedback on training plan and strategies.	Completed	Discuss training plan with partners for feedback on training plan and strategies.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Submit comprehensive training plan to steering committee for approval.	Completed	Submit comprehensive training plan to steering committee for approval.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS.	Completed	Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name Use	File Type	File Name	Description	Upload Date
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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	
arget 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,	
articularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

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



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IPQR Module 11.3 - PPS Defined Milestones

Instructions:

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

								DSRIP
Miles (and Table Manage	Status	Deceriation	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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PPS Defined Milestones Narrative Text

Milestone Name	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.

Risk 1: Risk of uneven understanding across partners about workforce requirements and deadlines. Mitigation Strategy 1: The WC will work with the stakeholder engagement and steering committees to educate all partners and projects. We will develop supporting materials (videos, presentations, etc.) for partners. Risk 2: Partners and projects not being responsive to survey deadlines leading to incomplete and inaccurate information. Mitigation Strategy 2: The PPS has a stakeholder engagement committee. The chair of the stakeholder engagement committee is a key member of the workforce committee. The stakeholder engagement committee will work to educate stakeholders about the processes and practices of DSRIP. We will develop an ongoing communication plan with all stakeholders to ensure that participating partners are fully aware of and engaged in the DSRIP implementation. In addition, we are working with other Bronx area PPS's to have a common survey to minimize the number of surveys that partners need to complete. Risk 3: Risk of difficulty in engaging participating partners with different union affiliation and addressing wage and benefit differences. Some DSRIP participating partners are in current collective bargaining relationships with unions, but some are not. There are different compensation and benefit scales across participating partners. A potential risk is that non-union participating partners who are uneasy with the concepts of sharing their workforce data with union participating partners and union connected vendors will not be comfortable sharing data. In addition, compensation and benefit differences between union and non-union employers will make redeployment more difficult. Mitigation Strategy 3: The WC will create a Workforce Center that can serve all DSRIP participating partners regardless of their union affiliation. By all participating partners having access to the Workforce Center for training, redeployment, hiring, etc., we will build trust among all participating partners, union and non-union. The Workforce Center will work with impacted employees (across a number of PPS's) to mitigate any negative compensation or benefit changes. Risk 4: Risk of difficulty in recruiting and training a culturally competent workforce. Mitigation Strategy 4: We will address this by doing a skill assessment of current employees. Employees with specific language skills could be retrained for new jobs, rather than trying to teach current employees a new language. We will rely on the experience of participating partners who are currently servicing patients in a number of emerging languages and make sure we are building our capacity in a way that will effectively serve our population. Risk 5: Risk of inaccurately projecting workforce numbers. Mitigation Strategy 5: We have hired a vendor who will work with each specific project to assess their needs and use publicly available information on workforce trends to ensure that projects are taking all information into account when projecting workforce needs. Risk 6: Risk of difficulty recruiting because of competition with other PPS's. Mitigation Strategy 6: The Workforce Center will operate across all the PPS's, so that retraining, hiring and redeployment can happen in the most efficient manner. Risk 7: Risk of difficulty of providing online and blended training and sharing information about training because of varying technological capacity of partners and the high cost of licensing training software. Mitigation Strategy 7: We will work with our IT committee and our Workforce Center to ensure we are able to track workforce data.

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.)



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Leadership/Steering Committee: We will need to work closely with the Steering Committee to make sure they are fully aware of the requirements of the workforce committee. We will rely on them to review all of our milestone documents and approve them.

Stakeholder Workgroup: As we mention in our Risk Mitigation strategy, the stakeholder engagement workgroup will be our lead partner in conducting outreach to participating partners both to educate them and to get information from them about workforce needs.

Clinical & Project Committees: In order to come up with our target state, we will need to understand the needs of each project and the current and future workforce capacity of our participating partners. The workforce vendor will conduct regular meetings with the project committees to ensure that we understand their workforce projections and are able to convert them to a numerical estimate.

Finance Committee: We will count on the finance committee to ensure that all participating partners understand the correct uses of DSRIP funding. We will also need to ensure there is adequate funding for our work in training and educating our workforce about upcoming changes.

Cultural Competency Workgroup; There will be overlap between the work of the CC workgroup and the workforce committee. One of our co-chairs is on the CC committee and we will work closely with them, especially during the training needs assessment phase, to ensure coordination.



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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 Committee Co-Chairs	Rosa Agosto & Selena Griffin Mahon	Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance
Workforce Committee	Members of workforce committee: Rosa Agosto, Urban Health Plan Denise Cherenfant,1199 SEIU Training Fund Christina Coons, Visiting Nurses John Diaz-Chermack, Hospice of NY Celestino Fuentes, Argus Community Inc. Cathy Giandurco, Premier Home Health Care Selena Griffin-Mahon, Bronx-Lebanon Hospital Ctr. Marcia Halley, University Consultation Center Nicole Kelley, Strive International Lawrence Lang, The PAC Program Lucia Pons, Dennelisse Corp Shirley Riley, 1199 Nestor Sanchez, Dennelisse Corp Roy Wallach, Arms Acres and Conifer Park Debbie Witham, VIP Community Services Marisol Alcantara, NYSNA Jed Tyrpak,, Committee of Interns & Residents	Meet regularly to track progress. Provide strategic direction to the workforce project team, give input into surveys and survey process and provide feedback and support on survey implementation. Review and approve all reports prior to submission to steering committee.
Workforce Project Team	Vendor representatives, project management staff, workforce committee co-chairs (Monique Stoner, KPMG; Selena Griffin-Mahon, BL; Rosa Agosto, Urban Health Plan; Denise Cherenfant, 1199 SEIU Training Fund, Duane Granston, BL)	Monitor implementation of tasks. Responsible for reporting and tracking all progress. Create documents for committee review.
Stakeholder Engagement Committee	Roy Wallach, Liberty Managem Chris Arce, Bronx Lebanon Joann Casado, UHP Dr. John Coffey, BLHC Bill Herl, Care for the Homeless	Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why.



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Dr. Magdy Mikhail, BLHC	
	Fernando Martinez, the Osbourne Group	
	Michelle Miller, Catholic Charities	
	Lisa Orriola, BLHC	
	Biren Patel, Hemant Patel MD PC/ Harlem Medical Group	
	Peter Sherman, BLHC	
	Roy Wallach Arms Acre, Conifer Park	
	Debbie Pantin, VIP	
	Brent Stackhouse, Mount Sinai Hospital	
	Gary Rosario, BLHC	
	Established by the PPS with 1199SEIU Training and Employment Fund, will have staff person assigned to assist BL with training	Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training,
Bronx Health Access Workforce Center	needs assessment and procuring and tracking trainings for partners	providing trainings, developing curricula, and working with employees on retraining and redeployment
	partitions	Work with workforce committee to create and conduct surveys,
Workforce Vendor	KPMG	analyze data, and create current state analysis, target state, gap
Workloide Veridor	TAT WICE	analysis, compensation and benefits analysis, and workforce roadmap.



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IPQR Module 11.7 - Key Stakeholders

Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
HR directors and leads of partner organizations	Need to share information through the completion of surveys	Completing surveys and sharing data
Training Directors (training entities)	Partner with workforce center, catalog existing capacity, participate in needs assessment	Work with workforce center to share and/or develop curricula and provide training
Clinical project leads	Share information about workforce project needs and status	Provide accurate forecasts of necessary workforce needs and workforce competency needs; work with partners to gather partner specific information
Network partners	Share information about organizational needs and capacity	Resource to share information and feedback
External Stakeholders		
Labor organizations, including 199SEIU UHE, NYSNA, and others	Labor Unions	Educate and communicate with members about DSRIP
1199SEIU Training and Employment Fund	Training Entity	Provide support and expertise in creating a workforce center for training, retraining and redeployment
Workforce Development Agencies	Training Entities	Provide training for new and incumbent workers
Institutes of Higher Education	Institutes of Higher Education	Provide training for degree required positions and serve as a pipeline for trained workers
Partners in delivery system rede		Partners in delivery system redesign and in creating workforce training opportunities, also partners in creating and implementing workforce surveys



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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 BL PPS's shared IT infrastructure, in particular its proposed Customer Relationship Management (CRM) and Business Intelligence tools will support the PPS's plans for workforce transformation by providing an efficient means for gathering and reporting provider-related data, analytics, performance and communication, including functionality to track and report all DSRIP-related process and outcome metrics. The use of a system-wide tool allows the BL PPS to clearly define data fields and ensure that all organizations are using the same metrics, a key factor in assuring accurate quarterly reporting. This capacity is particularly important for the ability to report net workforce changes at the BL PPS network level. These systems can be used to track the impact of both vacancies and workforce improvements on meeting DSRIP-specified goals and objectives and ensure the distribution of PPS-led training and technical assistance, as needed. The provider portal will also be used by partner organizations to access BL PPS-wide training and information materials, including standardized messaging for staff engagement, when appropriate for dissemination in this format. Online trainings could be tracked through the CRM tool, and serve as a mechanism for tracking and documenting training attendance, progress, and certification.

IPQR Module 11.9 - Progress Reporting

Instructions:

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

The Workforce Committee will work with our vendors and the IT committee to develop a process to manage the data collection so we can submit it to our Steering Committee for inclusion in quarterly reports. We have established a project team who will meet with vendors regularly to ensure we are reaching our goals. We will need to do an analysis of which partners use different workforce tracking technologies and ensure that we can aggregate and share data across the PPS.



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IPQR Module 11.10 - Staff Impact

Instructions:

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

Current File Uploads

File Type File Name File Description		Upload Date
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No Records Found

Narrative Text:

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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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(DY4)	10,720,000.00								

	Workforce Spe	ending Actuals	Cumulative Spending to Date	Cumulative Percent of Commitments
Funding Type	DY4(Q1/Q2)(\$)	DY4(Q3/Q4)(\$)	(DY1-DY5)(\$)	Expended through Current DSRIP Year (DY4)
Retraining	0.00	0.00	3,336,102.26	91.84%
Redeployment	0.00	0.00	145,244.74	7.19%
New Hires	0.00	0.00	401,708.48	18.43%
Other	0.00	0.00	2,948,495.18	102.11%
Total Expenditures	0.00	0.00	6,831,550.66	63.73%

Current File Uploads

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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	



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IPQR Module 11.12 - IA Monit	oring:		
Instructions :			



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

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

Instructions:

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

Risk: Lack of clarity amongst PPS partners and their specific roles, leading to performance issues and delays in achieving project milestones and metrics

Mitigation: Sharing strategic plan with all PPS partners

Risk: Lack of clarity regarding how to effectively communicate across the PPS so that all partners are engaged leading to potential delays in meeting milestones and metrics.

Mitigation: Sharing strategic plan and work plans for key areas with PPS partners and having them understand the important role that they each play in the PPS

Risk: Lack of decision in selection of an IT platform leading to a potential delay in meeting project metrics and milestones especially in regard to health information exchange and secure messaging requirement

Mitigation: Hold meetings to engage providers in selection of a system, analyze pros and cons for each option, seek partner input to arrive at consensus, and develop support plan for partners that need assistance in adopting the selected IT platform.

Risk: Lack of clarity in how performance data will be collected and reported across the PPS leading to potential delays in reporting progress on metrics and milestones as required

Mitigation: IT and Quality Committee develops an interim and long term data collection and reporting system

Risk: Lack of clarity regarding how the PPS will collect and report data on patient engagement and population health management.

Mitigation: IT committee to work with PPS providers to develop an interim and long term reporting system

Risk: Lack of clarity as to how PPS providers will achieve PCMH recognition and meet meaningful use metrics:

Mitigation: Using a learning collaborative approach, PCMH cross functional teams will be formed and will jointly work towards achieving recognition.

Risk: Lack of clarity as to specific structure of the Management Office and process for allocation of sufficient resources to PPS partners to assure success

Mitigation: Development of an efficient Management Office to coordinate activities and ensure resources are appropriately allocated

Risk: Lack of clarity as to how the PPS will transition toward value based payment system

Mitigation: Charge Finance Committee to engage PPS partners and negotiate appropriate contracts with MCOs with appropriate legal counsel

NYS Confidentiality - High

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Risk: Lack of resources necessary to develop and deploy a comprehensive workforce strategy for the PPS that supports an integrated delivery system

Mitigation: Workforce committee will develop a comprehensive detailed strategy including training and development plan inclusive of an assessment/gap analysis with the goals of 1) building skills/knowledge within the current PPS partners and 2) retraining displaced workers and redeploying into the new job whenever possible

Risk: Lack of clarity regarding the PPS wide and individual project budget to support the integrated delivery system

Mitigation: Finance and Steering committee to develop overall program budget and guide the development of individual project budgets

Risk: Lack of clarity in how job roles will be re-defined and staff will be re deployed

Mitigation: Workforce Committee will develop a clearinghouse to assist workers who will be re-trained and re-deployed and will develop a decision making process to be utilized to determine which workers will be re-deployed and re-trained



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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post- acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the Steering Committee and the State the status of the evolving provider network		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Conduct a gaps analysis of each provider in the PPS in regard to integrated care delivery readiness including work already completed		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a review of commitment level for all PPS providers and a plan to engage providers who are not yet committed to the IDS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a comprehensive plan to actively engage providers by provider type considering level of engagement in the overall PPS and in individual projects		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of payers, development and completion of a comprehensive payer directory		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of a communication and engagement plan focused on social services agencies		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a comprehensive directory of social services agencies and partner organizations and process for integrating		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
these resources across the PPS										
Task Identification of providers across the PPS and development of a comprehensive provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on payers with timelines for monthly meetings		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Development and implementation of project level policies and procedures that ensure accountability for all participating providers		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Implementation of an outreach plan to keep providers actively engaged in the PPS		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Development of a communication plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	
Task		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Project Requirements (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
Development of an engagement plan to engage the Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS										
Task Development of a joint interim IT plan with the PPS and Health Homes for population health management		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a joint plan with the PPS and Health Homes to integrate IT solution platform for population health management		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of a communication & engagement plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and the State on status of HH and ACO service integration and population health management system evolving to an IDS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a joint interim and long-term IT plan with the PPS and Health Homes for population health management		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Management office will leverage PPS expertise to develop a system to track population health working with it to develop effective data reporting system		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS trains staff on IDS protocols and processes.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Bronx Lebanon Hospital Center (PPS ID:27)

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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 Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Monitoring of behavioral health strategy and plan for ensuring access to behavioral health services and reporting		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a strategy and plan for ensuring patient access to PPS services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of providers across the PPS and development of a comprehensive provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a communication plan focused on all providers within the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an engagement plan focused on all providers within the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Leveraging of provider expertise and sharing of best practices across the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an interim population health management strategy with key metrics for each project using IT and patient tracking registries until PPS wide IT platform solution is implemented		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a PPS wide contact system for patients/clients that connects them to needed services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of an communication & engagement plan focused on all providers within the PPS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a strategy to utilize outreach, patient		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate service										
Task Implementation of a strategy and plan for patients/clients that connects them to needed services		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of an interim population health management strategy with key metrics using IT and patient tracking until PPS wide IT platform solution is implemented		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Based on the CNA, development of a public health strategy for the PPS		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Development of a plan to educate patients about the PPS		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implementation of a plan to educate patients about the PPS		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop and Implementation of a public health strategy across the PPS		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitoring of the impact of the public health strategy across the PPS		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitoring and reporting to the Steering Committee and to the State on the plan to educate patients about the PPS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Monitor and report to the Steering Committee and to the State on status of patients receiving appropriate health care and community support		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implementation of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	
Task		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development and implementation of interim IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Aggarwal Neena Md										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Agarwal Ruchi										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Bronx Lebanon Hospital Center										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Bailey House Ai										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:		1	'							
Bronx Lebanon Spc Task		Project		Completed	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
PPS uses alerts and secure messaging functionality.										
Task identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems		Project		Completed	07/01/2015	03/31/2018	07/01/2015	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	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Primary Care Provider (PCP)							
Providers Associated with Completion:										
Aggarwal Neena Md	Τ	Γ	T	<u> </u>	<u> </u>	<u> </u>				
Development of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
capability to utilize patient registries for population health management										
Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement a process to monitor and report to the steering committee and the State on status of population health, EHRs and patient registries		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development of a data dictionary to support the running of patient registry data		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
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	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4



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										DSRIP
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
seeking services - particularly in high-need areas.										
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Aggarwal Neena Md	ı		1	<u> </u>	1 1		· · · · · · · · · · · · · · · · · · ·			
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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #9	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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
Establish monthly meetings with Medicaid MCOs to discuss 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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Medicaid MCOs and actively engage them in monthly meetings to discuss utilization trends, performance issues and payment reform		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Initiate engagement of Governance, PPS providers, primary care providers, patient navigation/care coordination in reviewing utilization and performance trends utilizing data to develop plans to reach at risk patients		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Pilot strategies with MCOs to address high utilization, performance issues and payment reform and monitor results through sharing of performance data (example: provider level and overall PPS level report cards)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Using lessons learned from pilot initiatives, develop PPS wide protocols to 1) improve appropriate utilization, 2) improve performance on key metrics such as HEDIS, and 3) value based payment reform model		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement a system for monitoring and reporting to the steering committee and the State of status of meeting outcomes and recommendations		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q4	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	08/31/2015	03/31/2019	08/31/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify organizations with readiness to engage in developing payment reform models with MCOs		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Project Requirements (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 Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Organizations with readiness will pilot provider compensation models based on VBPR		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Develop and implement system to compensate providers in the PPS based on performance and patient outcomes evolving to value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Share successful models with other providers		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Document successful VBPR and provider compensation models		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current outreach and navigation resources and gaps analysis		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement a communication and engagement plan		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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
focused on community health workers, peers, culturally competent CBOs and the Health Homes (starts with a social worker, system for communicating with CHW, assessment/reassessment tools, communicate plan back, bidirectional activity, PCMH) (spider web) (concentric circles)										
Task Leverage and engage the expertise of the PPSs two Health Homes in outreach, patient navigation and care management for the entire PPS including sharing of best practices		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a plan to address gaps in outreach and navigation		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Using best practices from the Health Homes, develop a plan to engage community health workers, peers and culturally competent CBOs in population health management and patient registries using the PPSs IT platform		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and implement a strategy for community health workers, peers, culturally competent CBOs and Health Homes to share best practices in patient engagement		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop clearly defined outreach and navigation roles and standardized training plan		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Based on plan, hire, retrain and/or re-deploy to fill gaps in outreach and navigation		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Map centralized outreach and navigation system ensuring access for all PPS providers		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Share best practices with PPS provider network		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System.	
The IDS should include all medical, behavioral, post-acute, long-term	
care, and community-based service providers within the PPS network;	
additionally, the IDS structure must include payers and social service	
organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems	
and capabilities to implement the PPS' strategy towards evolving into an	
IDS.	
Ensure patients receive appropriate health care and community support,	
including medical and behavioral health, post-acute care, long term care	
and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including directed	
exchange (secure messaging), alerts and patient record look up, by the	
end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	
Demonstration Year 3.	
Perform population health management by actively using EHRs and other	
IT platforms, including use of targeted patient registries, for all	
participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-	
determined criteria for Advanced Primary Care Models for all eligible	
participating PCPs, expand access to primary care providers, and meet	
EHR Meaningful Use standards by the end of DY 3.	
Establish monthly meetings with Medicaid MCOs to discuss utilization	
trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by	
aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and	
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 & Complete	
Milestone #2	Pass & Complete	



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Bronx Lebanon Hospital Center (PPS ID:27)

Milestone Review Status

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



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Bronx Lebanon Hospital Center (PPS ID:27)

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 Assessmment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessmment	



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



DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

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

Instructions:

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

Risk: The PPS believes the medical diagnoses originally proposed to identify patients for this project is too exclusive. In addition, these medical diagnoses tend to indicate other co-morbidities which would qualify the patient for the Health Home. Furthermore, it would be difficult for participating providers to screen for eligibility without access to the patient's medical record. Mitigation: The PPS has expanded the criteria to include more expansive list of common chronic diseases and conditions including Diabetes, Hypertension, Cardiovascular disease, Asthma/other respiratory diseases, Behavioral Health (Non-Serious Mental Illnesses), Substance Abuse, or Cancer.

Risk: There is no existing mechanism to identify and assign Health Home at risk patients to Health Homes and their downstream care management agencies. Mitigation: the PPS plans to create a Care Coordination clearinghouse that will screen patients that enter the healthcare system from a variety of settings (i.e. inpatient, outpatient, ED, CBO) for their Health Home at risk eligibility. Patients identified as eligible for Health Home at risk care coordination will be assigned to the care coordinator co located at the site of their preferred PCP.

Risk: With an expansion of patient pool, there is a possibility that it will be difficult for existing care coordinators to manage additions to their caseloads. In addition, the limited DSRIP funds available for project implementation make it difficult to hire the number of care coordinators needed to meet the patient engagement targets for this project. Mitigation: The PPS has identified network providers who have FTEs available to contribute to this effort, and will implement a plan to train, redeploy, and hire care coordinators for the project.

Risk: Currently the two participating Health Homes and their downstream providers use multiple care management IT platforms which makes it difficult to collate and report data to the state as well as share information across providers. Mitigation: The PPS will explore avenues to ensure partners connect to the Bronx RHIO for reporting and data sharing purposes.

Risk: Providers participating in this project will be at different stages in meeting PCMH requirements and many do not know what those requirements are. Mitigation: The BLHC PPS has developed a PCMH Work Group that is responsible for developing a work plan that outlines how the BLHC PPS will ensure NCQA 2013 Patient Centered Medical Home (PCMH) and Advanced Primary Care (APC) accreditation and to provide guidance and assistance to providers.

Risk: Each participating provider has their own care plan and the information collected on each patient may differ. This makes it difficult to assess and evaluate patient health outcomes and recommend appropriate interventions. Mitigation: The BLHC PPS has developed a Care Coordination Work Group that will create a comprehensive care plan that captures information to ensure the patient receives the appropriate project intervention.

Risk: The 2.a.iii project planning work group lacks adequate representation from providers representing a variety of primary care settings such as clinics and private doctor's offices to serve as part of care plan development. Mitigation: BLHC PPS has developed a Stakeholder Engagement

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Work Group that will meet with the group to identify gaps in provider representation and will connect the work group with PCPs interested in participating in the project.



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

Instructions:

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

Benchr	narks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	7,000

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	1,400	3,500	5,600	7,000
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammuniad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define the Health Home at Risk Target Population		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Combine care coordination and comphrehensive assessments from both HHs (Bronx Health Home and CCMP) to create one assessment for the PPS		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify and document the role and responsibilities of other providers in the HH At Risk program		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Integrate the assessments/screening tools from the other DSRIP projects into the consolidated HH At risk Comprehensive Health Assessment		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Compare care plans of both HHs (Bronx Health Home and CCMP) to create one care plan for the PPS		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Include other DSRIP project interventions/domains into care plan		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Notate how Health Assessment drives the care plan		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Submit newly developed Comprehensive Assessment and Care Plan to Care Coordination CFW and Steering Committee for approval		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with IT Committee to develop a timeline to build the Comprehensive Assessment and Care Plan into participating provider's EMR/Care Management platforms		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Aggarwal Neena Md										
Task Survey which PCP providers participating in project 1) are/are not PCMH 2011 certified and 2) are/are not working towards PCMH 2014 certification		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use		Project		Completed	07/01/2015	12/31/2015	07/01/2015	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
Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY4 Q2	Project	N/A	Completed	04/01/2015	09/30/2017	04/01/2015	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)	Completed	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2

Providers Associated with Completion:

Adeniyi Ayoade O Md; Adeyinka Adebayo; Aggarwal Neena Md; Akella Sai L Md; Ally Shamiza Alima Md; Amparo M Ramirez Md; Anderson Patricia Althea; Anele Slezinger; Arias-Florez Elizabeth Cristina; Ariganjoye Rafiu O Md; Arthur Jude Kwame Md; Atherley-Ward Allison Pauline Md; Balachandra Shirish Krishna; Barakat Maged Md; Beach Paul W Jr Md; Bermudez Rachel Irene Md; Bhate Priyadarshini A Md; Bitterman Jacalyn S Md; Bornacelly-Perez Michel; Boyd Jeremy; Cancio Morales Nestor; Carnevale Caroline; Casas Jacinto; Cellin Melissa Maria; Chan Tricia Md; Chan Wendy; Chowlera Rachana; Cindrich Richard; Collins Inyanga; Cruz Yvonne Md; Daniel Myrta Md; Dapkins Isaac Md; Das Ashutosh; Degraft-Johnson Ama; Diaz-Fuentes Gilda Md; Duncalf Richard Michael Md; Emem Uche Okonkwo; Fagbemi Moronkeji Olapade Md; Franchin Giovanni Md; Fundo Fiona; Ganti Valli Md; Genuady Jennifer; Gogineni Anil Kumar; Gonzalez Efrain Md; Greenidge Anthony A Md; Hagmann Stefan Md; Hinestroza Howard Md; Ihimoyan Ariyo A Md; Isaacs-Charles Karen Ann Md; Jacob Viju; Jagarlamudi Padmavathi; Jakerin Ahmed K; Jasti Jyothi; Joseph Cynthia; Joseph Gina Md; Kadiyala Sri; Kanter Timothy Joseph Md; Khandavilli Prasanna; Kim Sharon Hyun Joo; Kin Lin Lin Md; Koizumi Christina Haru Md; Kwankam Maureen; Lando Sister Melinda; Latika Prajna; Lee Jee Md; Lewis Cynthia Md; Lopez Jose Antonio Md; Lvovsky Dmitry; Machuca Jenny Md; Macias Guadalupe; Mahbubani Shalu; Majeed Sohaib; Makhdomi Sabina; Makkala Venkateshwara R Md; Macias Guadalupe; Mahbubani Shalu; Majeed Sohaib; Makhdomi Sabina; Macias Guadalupe; Mahbubani Shalu; Majeed Sohaib; Makhdomi Sabina; Makhdo N Md; Mevs Jean: Mochizuki Takahashi Miki Emilia; Mohammad Acklema Md; Muir Eulalee Elsada; Mukalla Srilakshmi; Nagapaga Madhavi; Nagvi Zeenat Md; Narula Anita; Nunez Denise Joanna Md; Okafor-Mbah Gomez Choima; Ouadi Amar; Pajela Pedro R Md; Palomino Sara; Parola Claude Edouard; Paulus Suresh Kumar Do; Penrose Sarah; Perry Russell Joseph Md; Purswani Murli Udharam Md; Quiban Ambrosio M Md; Quintanilla Julio Ricardo; Rafiq Amerha Md; Raveneau Banegas Gladys Yaneth; Reddi Vijaya Govinda Md; Regalado Erika Md; Reich John Douglas Md; Rodriguez Edna V Md; Shehigian Aline Ann; Sherman Peter A Md; Singh Manisha; Slezinger-Mejia Albert; Soni Mathew Md; St Louis Yolaine Md; Szygiel George; Tafreshi Saeid; Tiburcio Jose Frank Md; Tieng Arlene Tan; Toner Laura; Trossello Catherine; Valeria V Loukanova-Ivanov; Valerio Rubi Mosesto Md; Vazquez-Ayala Manuel; Venkatram Sindhaghatta Md; Vootla Vamshidhar; Warren Caleen Maria; Wittenberg Ian S Md; Zapata Wendy Md; Zayas Jacqueline Dana; Zeana Cosmina Md

Ciriariagriatta ma, vocta varioriariar, vvariori calcori mana, vvittor	iborg lair o Ma, z	apata Worldy Wi	a, zajao baoquomio bana, zo	ana Occimina ivia						
Task			Safety Net Practitioner -							
EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Non-Primary Care	Completed	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
requirements.			Provider (PCP)							



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Bronx Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Providers Associated with Completion:										

Afshar Maryam Md; Agarwal Ruchi; Agrawal Vikas Kumar Md; Ahluwalia Shilpi Dds; Ajayi Bamidele Anuoluwa; Arnstein Ellis Jay Md; Aronova Yevgenia Md; Baghian Sepideh Md; Barbour Gilda Marina Dds; Beards Ashley Harris Dmd; Beckerman Karen Palmore Md; Bella Jonathan Noriega Md; Benfield Nerys Camilla; Benjamin Thomas E; Bernales Eduardo D Md; Bhalodkar Narendra C Md; Bhashyam Vinod Rao Md; Bhatt Upendra Rajendraprasad; Blace Nancy; Borenstein Steven Howard; Brito Mercedes A Md; Brown Marc D Dds; Buyuk Erkan; Carleton Lindsay; Castillo Wilfredo A Md; Chern-Kelk Denny Dds; Chiaramonte Lawrence T; Chilimuri Sridhar S Md; Chowlera Rilee N; Christina Flores; Cohen Jacob; Coll-Ruiz Hector; Contreras Virginia Md; Cosentino Rosanne Cnm; Cosgrove John M Md; Costello Maureen Cnm; Cotto Sylvia; Cuevas Juana Lucia Md; Curras Ernesto B Md; Dacosta Kerry-Ann; Daniel Vijai Joseph Md; Dawkins Manju; Deborah Jill Bohnen; Del Rio Marcela Md; Dev Anil Kumar Md; Dixon Christopher Md; Dragoman Monica V Md; Dusenbury James; Eldefrawi Mohamed; Elkin Rene Md; Emerson Maria M Md; Eng Francis S Dds; Esther Nwabuoku; Estrella Mercedes German; Etienne Stephanie; Evdos Olga; Ewaskio Miriam A Md; Farkas Daniel T Md; Fay Colleen M Md; Figueroa Maria; Fleischer-Black Jessica Md; Fornari Eric; Gates Paul E Dds; Gharib Shahin Md; Girishkumar Hanasoge T Md; Gitman Bonnie Sharon; Go Eliseo A Md; Gochman Richard J Dds; Goilav Beatrice; Goldstein Jaime A; Gonzalez Eulogio Md; Gurland Judith E Md; Harn Larry Md; Harneja Braham Swaroop Md; Hecht Robert Morris Md; Henry Michael W Md; Herbsman Neil Md; Irizarry Danielle Marie Cnm; Jan Dominique Md; Jannatifar Azin; Jay E Selman Md; Kanneganti Kalyan Md; Kanneganti Jorge Noberto Md; Klugman Susan Debra Md; Kokotek Blair H Md; Kolisetty Pramila Kumari Md; Koppel Barbara Sue Md; Kratzer Jennifer; Krim Nassim R; Krishna Srinivasan Md; Krystyna Annika; Kulkarni Aparna Md; Kurtz Marshall B Do; Lans Clones; Lauer Simeon A Md; Leggett Christopher F; Lehman Daniel Simon Md; Levy Flan S; Liburd Jennifer D Md; Lindenbaum Yelena Md; Loehrke-Sichhart Lisa Ann Md; Louissaint Carine; Luong Thanh-Ha Thia Md; Malik Sandeep Kumar Md; Mankad Bharat M; Mankoff Ruth Cnm; Margaret L Meyer; Mccabe Patricia; Megalla Sherry; Mehta Dinesh Md; Mikhail Magdy Girgis S Md; Mishra Aruna Md; Moradi Issac Eshagh Md; Morris James Randall Md; Moulton Thomas Md; Neal-Perry Genevieve S Md; Nicu Marin Md; Novak Inna; Novogrodsky Raphael Md; Nwokeji Kingsley; Olivier Wendy-Ann Md Pc; Oppenheimer Joseph S Dds; Osei Tutu John Md; Pacheco Christiane Magdi; Palace Marcia Rashelle Md; Patel Ketan Hasmukhlal; Patel Rajesh Manharbhai Md; Patel Ramanbhai C Md; Paz Vistoria Belisario; Pedro A Suarez; Penaloza Juan; Perron Thomas; Persaud Yudhistira K Md; Peskin-Stolze Melissa Rebecca; Pinto Rohit Ivor Agnel Md; Polcaro Joseph Md; Portugal Salvador Eligado; Pujan Gastroenterologist Pllc; Rajbhandari Prabi; Ralph Walter M Jr Md; Rameshwar Karamchand Md; Recabarren-Velarde Juana; Reddy Mamta S Md; Reide Nicole A; Resnick Melissa Ann; Riefkohl Ricardo; Riess Andrzej J Md; Rigor Virgilio U Md; Rizvi Firdous Md; Robinson Emmett J'On; Rudikoff Donald Md; Saccente Erica; Sanchez Lacay Jose Arturo Md; Sanchez-Feliz Sonia Dds; Santiago Edwin Cnm; Santiago Francisco Hizon Md; Saraya Rajendra Jayantkumar Md; Sarwahi Vishal Md; Schreiber Zwi A Md; Schulz Jacob; Shah Ajay K Md; Shah Ketki S Md; Shenoy R Roopalekha Md; Silletti Joseph Peter; Simon Robert M Md; Simons Monica J; Skaradinskiy Yevgeniy; Sklyar Eduard; Smith Harriet; Sultanian Rachna; Sundaresan Narayan Md; Tamar Goldwaser; Tejeda Evelyn R Dmd; Telzak Edward Elliot Md; Toma Mirela Md; Traykovski Alexander Md; Ubu Ngozi A Dds; Ungsunan Pituck Md; Vicencio Carmencita Concepcion; Villar Ofelia Tameta Md; Vythilingam Lakshmy M Md; Weinberg Gerard Md; Weinberg Howard A Dds;

Weiser Lori Gail Md; Wiley Jose Maunel Md; Yim Jeremiah Ho Chang Md; Yoles Ayelet C Dds; Young Michael C Md; Zalinyan Heghine; Zelefsky Joseph R Md Task Safety Net Case EHR meets connectivity to RHIO's HIE and SHIN-NY Provider Management / Health Completed 07/01/2015 09/30/2017 07/01/2015 09/30/2017 09/30/2017 DY3 Q2 requirements. Home Task Project Completed 07/01/2015 09/30/2017 07/01/2015 09/30/2017 09/30/2017 DY3 Q2 PPS uses alerts and secure messaging functionality. Subtask A - Start: Identify which HH at risk participating safety Project 09/30/2017 **DY3 Q2** Completed 07/01/2015 09/30/2017 07/01/2015 09/30/2017 net providers have/do not have an EHR and is connected to the Bronx RHIO Develop a strategy to ensure EHR meets Bronx RHIO 09/30/2017 09/30/2017 DY3 Q2 Project Completed 07/01/2015 07/01/2015 09/30/2017 connectivity requirements Incorporate sharing of information through the Bronx RHIO into 09/30/2017 09/30/2017 DY3 Q2 Project Completed 09/30/2015 09/30/2015 09/30/2017 the care plan work flow process Subtask B - Start: Identify which HH at risk particiapting safety 09/30/2017 07/01/2015 09/30/2017 DY3 Q2 Proiect Completed 07/01/2015 09/30/2017 net providers use/do not use alerts and secure messaging Develop a strategy to help participating safety net providers use 07/01/2015 09/30/2017 07/01/2015 09/30/2017 09/30/2017 DY3 Q2 Project Completed alerts and secure messaging 10/01/2015 09/30/2017 10/01/2015 09/30/2017 DY3 Q2 Task Project Completed 09/30/2017



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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
Incorporate alerts and secure messaging functionality in the care plan work flow process										
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY4 Q2	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Akella Sai L Md				T					Г	1
Task Subtask A - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet PCMH Level standards		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 certification		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2



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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
a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification										
Task Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaninfgul use standards		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaninfgul use standards		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of meaningful use standards		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve meaningful use standards		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving meaningful use standards		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving meaningful use standards		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q2	Project	N/A	Completed	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries										
Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement a process to monitor and report to the Steering Committee and the State on status of population health, EHRs and patient registries		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development of a data dictionary to support the running of patient registry data		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY4 Q2	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Procedures to engage at-risk patients with care management plan instituted.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a standard process workflow for conducting a health assessment and developing the care plan; add to the HH At Risk process workflow		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop a strategy to identify and engage HH at risk patients; add to the HH At Risk process workflow		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with other DSRIP projects to determine the role of care coordinators for each project; add to the HH At Risk process workflow		Project		Completed	07/31/2015	09/30/2015	07/31/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual; add to the HH At Risk process workflow		Project		Completed	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to develop the protocols to train Care Coordinators on new HH At Risk workflow (i.e. identification, engagement, assessment, and development of care plan)		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Work with Workforce Committee to train front line staff Care Coordinators on new HH at risk work flow (i.e. identification, engagement, assessment, and development of care plan)		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with PCMH workgroup to educate participating PCPs about new HH at Risk work flow		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new HH At Risk work flow		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate HH At Risk work flow pilot; modify workflow where necessary		Project		Completed	12/01/2016	12/31/2016	12/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services. Providers Associated with Completion:		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Cruz Yvonne Md; Mukalla Srilakshmi



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Bronx Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify PCP and Care Management participating agencies partners		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine collaboration guidelines between the PCP and Care Coordinators (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a strategy to assign CMAs to PCP office/clinics		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

Abu Loveth; Adeniyi Ayoade O Md; Adeyinka Adebayo; Adrish Muhammad; Aggarwal Neena Md; Agopian Eliz Hazar; Akella Sai L Md; Alerte Marc Antoine R Md; Ally Shamiza Alima Md; Amanquah Lena A Do; Amit Goel; Amparo M Ramirez Md; Anderson Patricia Althea; Andrews Charlene Andrea Md; Anele Slezinger; Arias-Florez Elizabeth Cristina; Ariganjoye Rafiu O Md; Arthur Richard Wilfred; Arya Kapil; Atherley-Ward Allison Pauline Md; Augustine Gerrad Md; Balachandra Shirish Krishna; Barakat Maged Md; Beach Paul W Jr Md; Benyaminova Irina Md; Bermudez Rachel Irene Md; Bhate Priyadarshini A Md; Bitterman Jacalyn S Md; Bolan Claire; Bornacelly-Perez Michel; Boyd Jeremy; Brar Amandeep; Braswell Jessica M; Cancio Morales Nestor; Cano Nefertiti; Carnevale Caroline; Casas Jacinto; Cellin Melissa Maria; Chamarthy Sri Lakshmi Annapurna; Chambers Jennifer Angella; Chan Tricia Md; Chan Wendy; Chekuri Anita; Chowlera Rachana; Cindrich Richard: Cole Davin R: Collins Invanga: Cruz Yvonne Md: Daniel Myrta Md: Dapkins Isaac Md: Das Ashutosh: Degraft-Johnson Ama: Dianalan Johaira: Diaz-Fuentes Gilda Md: Duncalf Richard Michael Md: Edwards Tervn: Emem Uche Okonkwo; Epstein Micheline; Escourse Tamikque; Etienne Viviane Md; Etokhana Kenneth; Fagbemi Moronkeji Olapade Md; Fano Michael; Fernandez Beverly A; Franchin Giovanni Md; Franco Bernadette; Fundo Fiona; Ganti Valli Md; Gasinu Eli; Genuady Jennifer; Giurleo Patricia; Gogineni Anil Kumar; Gomez David A Md; Gomez-Marquez Jose C; Gonzalez Efrain Md; Gonzalez Patria Md; Gottesman Kenneth S Md; Goyzueta Franz Esteban Md; Greenidge Anthony A Md; Grubin Cindy C Do; Gusic Blaze; Hagmann Stefan Md; Hill Keran; Hinestroza Howard Md; Ho James Chung Md; Ihimoyan Ariyo A Md; Irigela Maheswara Reddy; Isaacs-Charles Karen Ann Md; Jacob Viju; Jagarlamudi Padmavathi; Jakerin Ahmed K; Jankowska Izabela; Jasti Jyothi; Jean Ernst F Md; Jimenez Luis; Jimenez-Morales Lucia O; Johnson Julius Iii; Joseph Gynthia; Joseph Gynthia; Joseph Myriam; Kadam Shivaji L Md; Kadiyala Sri; Kamat Sunil Gurudas; Kamath Aviva Michele; Kant Sandipagu; Kanter Timothy Joseph Md; Kelly Paul James Md; Kelly Roberta; Kerlegrand Pascale Md; Kerolle Harold Fritz Md; Khandavilli Prasanna; Kim Sharon Hyun Joo; Kin Lin Lin Md; King Angela; Koizumi Christina Haru Md; Kumbum Kavitha Md; Kusher Matthew Scott; Kwankam Maureen; Kyei-Anti Afua; Lando Sister Melinda; Larish Lyvia; Latika Prajna; Lee Jee Md; Lee Nancy; Lewis Cynthia Md; Liriano Octavio Antonio Jr Md; Lopez Jose Antonio Md; Luna Betty Md: Lutas Elizabeth Mary Md: Lyoysky Dmitry: Machuca Jenny Md: Macias Guadalupe: Mahbubani Shalu: Maieed Sohaib: Makkala Venkateshwara R Md: Manwani Savita S Md: Mastrianni Mary Elizabeth: Mbayanga Musulu: Mckinney Robin Cylinthia; Mclean Barbara Md; Meera Sohail Md; Meija Christophe; Mendez Luis Rafael; Menon Anupama; Menon Latha N Md; Mevs Jean; Michael James Mcnett; Migrace Medical Practice Pc; Miranda Jeanette; Mochizuki Takahashi Miki Emilia; Mohammad Acklema Md; Moquete Ramon Andres Md; Moran-Almonte Roberto A Md; Morrow Lisa; Moss Kara L; Moteelall Meena Kumarie Md; Muir Eulalee Esada; Mukalla Srilakshmi; Muniz Elisa Iraida Md; Nagapaga Madhavi; Nagvi Zeenat Md; Nancy Lynn Chez; Napoli Michael J Md; Narula Anita; Nasr Rahib; Navarro Carlos Alberto; Nayudu Suresh Kumar S; Newport Sharon; Nowakowski Joanna; Ntiamoah Kwabena; Nunez Denise Joanna Md; Okafor-Mbah Gomez Choima; Ortiz Jose Carlos Md; Ouadi Amar; Pajela Pedro R Md; Palomino Sara; Parola Claude Edouard; Partos Nancy; Pastor Charles Md; Paulus Suresh Kumar Do; Paz Jennifer; Pedro Antonio Corzo; Penrose Sarah; Perez Hector Md; Perez Martha: Perry Russell Joseph Md; Perugu Vijaya: Pierre Louisdon Md; Prishutova Anna; Punj Sonia X; Purswani Murli Udharam Md; Quiban Ambrosio M Md; Raveneau Banegas Gladys Yaneth; Reddi Vijaya Govinda Md; Regalado Erika Md; Reich John Douglas Md; Remy Prospere Md; Reyes Juan D Md; Rodriguez Edna V Md; Romanoff Robert Dr.; Rosen Paul David Md; Ruiz Angel; Rutherford



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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
Cynthia; Salako Abayomi O Md; Salazar Edgard; Sawlani Deepak Manisha; Sinha Ghazal; Slezinger-Mejia Albert; Soni Mathew Md; S Timoney Maria Cnm; Toner Laura; Torres Janette A Md; Trossello H; Vootla Vamshidhar; Waithe Kenrick Md; Walsh Robert Md Phd; Cosmina Md; Zellan Jonathan D Md; Zeller Barbara C Md	St Louis Yolaine M Catherine; Uday H	ld; Stephenson ł Kalpana Appajap	Karen Md; Sudhakar Ayilam; pa Md; Valeria V Loukanova	Szteinbok Maurice -Ivanov; Valerio Ru	Md; Szygiel Geo bi Mosesto Md; \	rge; Tafreshi Sa /atsan Anu; Vaz	aeid; Tanke The zquez-Ayala Mai	odore; Tiburcio . nuel; Venkatram	Jose Frank Md Sindhaghatta	; Tieng Arlene Tan; Md; Villafana Juan
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step A - Start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Health Home At Risk program		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify interested PPS network medical providers and determine their role in the Health Home At Risk program		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify interested PPS network behavioral health providers and determine their role in the Health Home At Risk program		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine collaboration guidelines amongst participating providers (i.e. sharing patient data, structure of cross provider multi-specialty clinical team, agreement to meet and make group-decisions for shared patients, responsibilities of all provider types)		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step B - Start: Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	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
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step A - Start: Work with Clinical Committee to obtain evidence based practice guidelines for management of chronic conditions DSRIP projects		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Add evidence based practice guidelines to care plan intervention options		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to educate front line CC staff on evidence based chronic disease management practice guidelines		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot deployment of care plan which includes evidence based practice guidelines		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish ongoing quarterly meetings with participating providers to review analytical data and determine whether specific interventions have had an impact of specific conditions.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step C - Start: Work with Stakeholder Engagement Committee to identify PPS social services agencies (e.g. homeless shelters, food banks, legal aid) who are critical to managing at risk populations (i.e. homeless, unemployed, system involved etc.)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with social service agencies to determine their role in		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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
managing at risk populations; include that in the HH at risk										
workflow										
Task										
Work with Clinical Committee to develop referral algorithm and		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
linkage process to social service providers										
Task		Droject		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DV2 O2
Pilot referral algorithim and linkage process		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DIZQS
Task										
Evaluate effectivness of referral process; modify where		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
necessary										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Milestone Hame	0301 10	i iic i ypc	The Nume	Description	Opioda Date

No Records Found

Prescribed Milestones Narrative Text

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



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Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Health Home for care management services. This plan should clearly	
delineate roles and responsibilities for both parties.	
Establish partnerships between the primary care providers, in concert	
with the Health Home, with network resources for needed services.	
Where necessary, the provider will work with local government units	
(such as SPOAs and public health departments).	
Implement evidence-based practice guidelines to address risk factor	
reduction as well as to ensure appropriate management of chronic	
diseases. Develop educational materials consistent with cultural and	
linguistic needs of the population.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & 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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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



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	IPQR Module 2.a.iii.5 - IA Monitoring
In	structions:



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Bronx Lebanon Hospital Center (PPS ID:27)

Project 2.b.i – Ambulatory Intensive Care Units (ICUs)

IPQR Module 2.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.

The Ambulatory ICU (AICU) is designed to improve care and decrease unnecessary hospital utilization for multimorbid patients with a past history of, or very high risk for, re-hospitalizations.

- 1. Risk: Patient Complexity. Assessing the target population (i.e., patients with multiple mental health and/or medical illnesses) is labor and time intensive. Each assessment lasts two or more hours and involves multiple providers and specialists across the continuum of services primary care, specialty health care, mental health care, substance abuse, housing, and legal services. Mitigation Strategy: We plan to begin with two AICUs at Urban Health Plan (UHP) and Bronx-Lebanon Hospital Center (BLHC). Both organizations have considerable leadership experience in team-based assessments and care of high-risk patients. An advanced telemedicine capability will allow team members, specialists, and patients to be involved remotely, increasing availability and efficiency.
- 2. Risk. Referral and Engagement. Community providers may be reluctant to refer patients to the AICU. In the past, organizations competed for patients. Mitigation: Collaboration with Stakeholder Engagement CFW to develop relationships between community providers and AICUs to enhance communication and education strategy as well as establishing other AICUs at partner clinical sites will help overcome this barrier.
- 3. Risk. Staff development. The experience and capacities of professional staff including physicians, social workers, and nurses to be able to consider, address and treat the variety of problems presented by AICU cases need to be broadened. Mitigation Strategy: Intensive education on the purpose and methods of an AICU will help professionals realize they are involved in the entirety of the patient's situation from keeping an accurate patient's problem list to consulting with legal aid attorneys.
- 4. Risk. Demonstrating Effectiveness. With complex patients success does not happen overnight and differences made by the AICU will be challenging to demonstrate. For a time, such patients will continue to go to the emergency department, miss appointments, and have personal crises. Mitigation Strategy: Our experience with a pilot AICU team's efforts is promising. Our first 113 patients showed a 28% cost decrease from inpatient and emergency department visits during the first year. Qualitative assessments showing increased provider and patient satisfaction, along with decreased costs within the first year will make a powerful argument for the AICU's utility and increase referrals in later years.
- 5. Risk. Electronic Health Record Compatibility. UHP, BLHC, and other providers use a variety of electronic medical record platforms that are currently not interoperable. Mitigation Strategy: We anticipate meeting this challenge by sharing reports extracted from EMRs used by UHP and BLHC. Communication to outside providers will be done through a secure health messaging system.
- 6. Risk. PCMH Level 3. The challenges involved in getting all sites to PCMH 2014 Level 3 are formidable. Mitigation Strategy: The AICU are likely to attain 2014 PCMH standards because they are in practice settings already working to attain these standards. The PCMH cross-functional workgroup focuses on fulfillment of this requirement.



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- 7. Risk. Cultural Competency. The South Bronx is a heterogeneous population using a variety of languages. Mitigation Strategy: Work closely with Workforce and Stakeholder Engagement to develop a gap analysis that will identify cultural and health needs of the population served to develop strategy for health literacy and cultural competence.
- 8. Risk. Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Benchr	marks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	1,051

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	125	526	651	1,051
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunuad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has established a standard clinical protocol for Ambulatory ICU services.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Assess whether the network of providers serving the ambulatory ICU is sufficient to serve the ambulatory ICU population		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop list of network of providers that can currently serve the ambulatory ICU population		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Continuously assess network of providers and ensure capacity to serve ambulatory ICU patients		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop and pilot clinical protocols for provision of AMB-ICU services		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task If gaps analysis demonstrates gaps in network of providers, develop a plan with workforce to fill those gaps		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Bring successful ambulatory ICU clinical protocols to scale		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and finalize standardized work flow, clinical protocols, and policies and procedures		Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 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
If analysis demonstrates gaps in network of providers, implement a plan with workforce to fill gaps to serve the ambulatory ICU population										
Task Train staff on standardized work flow, clinical protocols, and policies and procedures		Project		Completed	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	DY4 Q4	Project	N/A	In Progress	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Partner with the two Health Homes in the PPS to ensure that all AMB-ICU patients have an assigned Health Home Case Manager		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Compile list of community resources; housing, rehabilitation, behavior health, social services, home care etc. within the PPS to serve the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement protocols and policies and procedures outlining how Health Home and community based services serve the Ambulatory ICUs		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop system for tracking the number of ambulatory ICU patients with an assigned Health Home Case Manager		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	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
Health Heave automate										and Quarter
Health Home referrals. Task										
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Clearly define inclusion criteria for entry to ambulatory ICU project		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Assess current IT capacity to create registry of ambulatory ICU patients		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop methodology for identifying ambulatory ICU patients through EMR reporting tools		Project		Completed	07/31/2015	03/31/2016	07/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage health plans to share data that will identify high cost/high utilization patients that may be appropriate for inclusion in ambulatory ICU project		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify multiple mechanisms for identifying ambulatory ICU patients		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a patient registry at each ambulatory ICU that is updated each quarter		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Based on ambulatory ICU definition, develop report to run a patient registry list		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create structured data fields in EMRs to report on number of engaged patients quarterly		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with care coordination committee to identify and refer appropriate patients within the PPS to the AMB-ICU who are not identified through utilization and registry reports		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create system for reporting on the number of Ambulatory ICU patients that are assigned to the Health Home including what phase (outreach or enrollment)		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop system for tracking selected population health metrics and utilization for ambulatory ICU patient population		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	
Task		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Analyze related quality metrics and utilization data and focus on areas in need of improvement using PDSA rapid improvement cycles										
Task Develop and deliver training for staff to collect, track and report patient data		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	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 co-located health home care managers and social support services.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop plan to ensure Health Home Case Managers are colocated at AMB-ICUs		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a list of social services resources within the PPS to be used to support the AMB-ICU population		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Engage social services resources within the PPS in serving patient population in AMB-ICUs		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan to co-located Health Home Case Managers at AMB-ICUs		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure that all safety net project participants 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.	DY4 Q4	Project	N/A	Completed	10/01/2016	03/31/2018	10/01/2016	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)	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Agarwal Ruchi				1						
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Agarwal Ruchi		,			,					



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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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:			•						1	
Bronx Lebanon Hospital Center										
Task										
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:	•			•						
Bronx Lebanon Hospital Center										
Task PPS uses alerts and secure messaging functionality.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems										
Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY4 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:	•			•			•			
Aggarwal Neena Md	1	T	T	T	I	<u> </u>	Γ			
Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 evert quarter		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	DY4 Q4	Project	N/A	Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Secure patient portal supporting patient communication and engagement.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitor and report on the implementation of a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for team based care planning.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Research internal and external best practices/models in Team Based Care that includes multi-disciplinary case conferences and care planning meetings for each ambulatory ICU patient		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	
Task		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify internal and/or external trainers who are proficient at training on Team Based Care, case review and planning, and multi disciplinary case conferences										
Task Obtain or Develop training materials on Team Based Care Review		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement training on Team Based Care planning and multi disciplinary case conferences		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop policies and procedures on team-based case review and planning		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement protocols/work flow for Team Based Care and Interdisciplinary Case Conferences		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	DY4 Q4	Project	N/A	Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task EHR System with Real Time Notification System is in use.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop real time notification system in EMRs for ambulatory ICU population		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement system real time notification system in EMRs for ambulatory ICU population		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop a training plan to implement provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement a training plan provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitor and report on the implementation of provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
utilization for ambulatory ICU population .										
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Monitor and report on number of engaged ambulatory ICU patients		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop process for identifying patients for ambulatory ICU patient registry		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Implement process for identifying patients for ambulatory ICU patient registry		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop most effective and efficient platform for reporting on number of engaged patients		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure Ambulatory ICU is staffed by or has access to a network of	
providers including medical, behavioral health, nutritional, rehabilitation	
and other necessary provider specialties that is sufficient to meet the	
needs of the target population.	
Ensure Ambulatory ICU is integrated with all relevant Health Homes in	
the community.	
Use EHRs and other technical platforms to track all patients engaged in	
the project, including collecting community data and Health Home	
referrals.	
Establish care managers co-located at each Ambulatory ICU site.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all safety net project participants are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including Direct	
exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM.	
Implementation of a secure patient portal that supports patient	
communication and engagement as well as provides assistance for self-	
management.	
Establish a multi-disciplinary, team-based care review and planning	
process to ensure that all Ambulatory ICU patients benefit from the input	
of multiple providers.	
Deploy a provider notification/secure messaging system to alert care	
managers and Health Homes of important developments in patient care	
and utilization.	
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 & 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	
Milestone #10	Pass & Complete	



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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	Heer ID	Eile Tyne	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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Bronx Lebanon Hospital Center (PPS ID:27)

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

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

Instructions:

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

Risk: managing a patient's social determinants of health that adversely impacts their risk for readmission (e.g. homelessness). Mitigation: The PPS will co-locate care coordinators at PCPs sites in order to connect patients to social services that will facilitate their compliance with discharge instructions.

Risk: Identifying placements with medical resources for homeless patients post discharge. Mitigation: The PPS will screen patients upon admission for unstable housing. We will connect patients with highest risk of readmission to our Ambulatory ICU program or to medical shelters. We also plan to implement a process to regularly communicate with homeless shelters with limited medical resources.

Risk: Ensuring patients with behavioral health issues comply with their discharge instructions. Mitigation: The PPS plans to draw upon its psychiatric resources at Bronx Lebanon Hospital and in the community to coordinate medical and behavioral health treatment. Patients with complex medical issues that are also seriously mentally ill will benefit from Ambulatory ICU level care. Patients with SMI and less complex medical issues will be linked to a primary care practice that co-locates both behavioral health and care coordination. Although substance abuse is a challenge to successfully treat, a more difficult subset are patients not willing to accept treatment referrals. We believe we can improve our process for engaging our referrals by making use of existing community resources, creating relationships between care coordinators/health navigators and patients and using peer resources.

Risk: Locating patients for follow up care post discharge. Many patients in the BLHC PPS are difficult to locate because they have unstable housing, are incarcerated, or do not have a phone. Mitigation: Issue, the project will collect caregiver contact information, personal cell phone numbers, expected addresses and pharmacies used for follow-up. For patients without phones, care coordinators will help them apply for the Obama phone.

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support

The DSRIP start-up funds available are not sufficient in order to expand this project successfully and meet our patient engagement targets. The project plans to use the existing Care Transitions program at Bronx Lebanon to roll out this project.

Many patients at risk for readmission do not have the health benefit for all services needed. To address this challenge, the BLHC PPS will rely on its social service organizations such as JASA who have benefits entitlement navigators who can help people access services that they qualify for.

Providers participating in this project have different EHR systems that do not talk with each other. To help facilitate the sharing of patient data across providers electronically, all participating organizations will have to join the Bronx RHIO which may not be financially realistic for some



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community based providers.

It is difficult for hospital discharge planners to follow up with patients who have been transitioned to residential care (i.e. hospice, nursing home, and/or assisted living) due to privacy and confidentiality restrictions. PPS plans to connect patients with a care coordinator who can act as a liaison between the hospital discharge planners and the residential care facilities.

Lack of communication between these out-of-network hospitals and providers within the PPS will make it difficult to follow up with the patients and connect them with the care they need to prevent their read



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

Instructions:

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

Benchmarks						
Actively Engaged Speed	Actively Engaged Scale					
DY4,Q4	17,500					

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	7,000	14,000	15,750	17,500
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunud	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 1 subtask start: Adapt existing Care Transitions pre and post discharge protocols to fit the 30 day readmission window and new patient population		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transition protocol for Health Home/downstream CMAs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transition protocol for homecare and social service providers		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transitions for PCPs, behavioral health providers, and clinics (medical and behavioral)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify "out-of-PPS network" hospitals in the Bronx or with existing relationships with PPS and determine their role in Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CRW to identify PPS-network home care service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW Identify PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Stakeholder CFW to identify PPS network clinics and top PCP employers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify HH/downstream CMA providers and determine their role in the Care Transitions Intervention model. Integrate into Care Transitions workflow. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify psychiatric providers and behavioral outpatient service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify drug inpatient and outpatient rehab and detox providers and determine their role in the Care Transitions Intervention Model		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis of the pre and post discharge resources needed		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to develop Training Materials on new integrated care team procedures and protocols		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train providers about the new process		Project		Completed	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new protocols		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify process as necessary		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY3 Q4	Project	N/A	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Steering to identify areas for opportunity to negotiate, revise, or renew contracts with MCOs for care transitions (e.g. bundled payments, covered providers)		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a contract with MCOs to provide transitions services		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Streamline the procedures, policies, protocols, workflows etc of the DSRIP Care Transitions program and the MCOs providers transitions services		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Steering to Identify the types of care transitions services HH/downstream CMAs offer		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and HH/downstream CMAs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop data sharing and communication plan with MCOs and HHs/CMAs; Encrypted E-mail communication between MCO/HHs and Care Transitions Team until HIE is in place		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with Workforce Committee to train front line staff on new streamlined processes, procedures, workflow etc		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Work with Workforce Committee to pilot new streamlined care transitions processes, procedures, workflow etc		Project		Completed	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary		Project		Completed	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Task 3 subtask start: Identify existing protocol/process (if any) to identify Health Home eligible patients		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with PPS Health Homes to mitigate challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop a risk stratification process that links patients to appropriate level of care coordination services		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Document revised HH linkage process		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with Workforce Committee to develop Training Materials on new HH linkage process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train front line staff on new HH linkage process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot new process		Project		Completed	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Evaluate effectiveness of new process, and modify process as necessary		Project		Completed	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure required social services participate in the project.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Required network social services, including medically tailored		Project		Completed	04/01/2015	12/31/2016	04/01/2015	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
home food services, are provided in care transitions.										
Task Task 1 subtask start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Bronx Hospital discharge Department to align referral services from Care Transitions program		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis of post discharge social services needed		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PPS network social services providers that will fill the gap in pre and post discharge resources		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to develop training tools on new referral process		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train staff on new referral process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot the revised referral process		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate revised referral process, and make changes where necessary		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Kusher Matthew Scott	Γ	1	Γ=		, ,		,		T	
Task Policies and procedures are in place for early notification of		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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
planned discharges.										
Providers Associated with Completion:										
One or Oceanie										
Green Cassie Task	1	T	I	I	T					
Policies and procedures are in place for early notification of		Provider	<u>Hospital</u>	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
planned discharges.		1 TOVIGOT	<u>rioopitai</u>	Completed	0 1/0 1/2010	00/01/2017	01/01/2010	00/01/2017	00/01/2017	D12 Q1
Task										
PPS has program in place that allows care managers access to		Davis st		Oleted	04/04/0045	00/04/0047	04/04/0045	00/04/0047	00/04/0047	DV0.04
visit patients in the hospital and provide care transition services		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
and advisement.										
Task										
Task 1-3 subtask start: Identify provider types that need early		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
notification of planned discharges (e.g. PCPs, Care Coordinators,		i roject		Completed	10/01/2010	12/01/2010	10/01/2010	12/01/2010	12/01/2010	Directo
Specialists, Housing)										
Task		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Identify existing structure to notify providers Task		,		· ·						
Identify gaps in existing structures to notify providers		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task										
Identify best practices in the literature or among partner providers		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
to address failures in the notification process		1 10,000		Completed	10/01/2010	00/00/2010	10/01/2010	00/00/2010	00/00/2010	5.2 4.
Task										
Develop new policy and procedure to address failures in the		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
notification process										
Task										
Work with Workforce Committee to develop training tools on new		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
notification process										
Task										
Work with Workforce Committee to train staff on new notification		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
process Task										
Pilot new notification policy and procedure for a few patients		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task										
Evaluate pilot and identify areas for improvement		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task										
Revise notification policy and procedure based on evaluation		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
results										
Task		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Expand policy and procedure to total patient population				Jonipiotod	3.75172017	33/3/1/2017	0.70172017	00,01,2011	35,51,2011	
Task Continue to menitor and evaluate nation and precedure for quality.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Continue to monitor and evaluate policy and procedure for quality										



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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
improvement										
Task Task 4 subtask start: Identify exiting policies and procedures that either prohibits or allow care managers/care coordinators to visit patients in the hospital		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with hospital leadership to ensure care managers/care coordinators have access to the hospitals		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with inpatient staff and care management agencies to Identify ideal role and responsibilities care managers/care coordinators in the inpatient setting		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop traning tools for new hospital care coordinator hospital access process		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a pilot for a few patients		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate pilot implementation and identify areas for improvement		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Revise pilot based on evaluation results		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Expand policy and procedure to total patient population		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Continue to monitor and evaluate policy and procedure for quality improvement		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop discharge plan tool/template		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with BL hospital IT staff to build discharge plan into Allscripts		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	04/01/2015	12/31/2016	04/01/2015	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
Work with IT Committee to ensure that discharge plan can be shared to providers via the Bronx RHIO										
Task Develop a strategy of sharing data across providers for patients that do not sign the RHIO consent form		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to develop training tools on how to access the discharge plan on the Bronx RHIO		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to train providers on how to get patient to sign yes to the Bronx RHIO consent form		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create a 30 day transition of care workflow		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify roles and responsibilities of providers (e.g. clinics, PCPs, social service providers, homecare, care coordinators) integral to the workflow		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Document activities and roles identified in the 30 day transition of care period		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify sites to pilot the 30 day transition of care protocol		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to develop training materials		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to train front line staff to pilot sites on new process. There may be a different process for internal versus external trainings		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Pilot new processes		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify as necessary		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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
engaged patients for project milestone reporting.										
Task Task 1 substask start: Refine Care Transitions patient eligibility criteria		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged data collection specs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create patient tracking template to be used by providers		Project		Completed	04/10/2015	12/31/2015	04/10/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit specs, tracking template, and protocols to IT		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Pilot tracking of patients		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate effectiveness of new process, and modify as necessary		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Monitor hard to reach patients that are impacting actively engaged counts		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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



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Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that a 30-day transition of care period is established.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 2.b.iv.5 - IA Monit	toring		
Instructions :			



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Bronx Lebanon Hospital Center (PPS ID:27)

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.

Risk: Partner engagement. Mitigation: Engage through phone, email, in-person; Define partner roles/expectations; Identify buy-in barriers; Provide education on integration models; share examples of successful integration models; Follow Up "Coach" calls for support; Develop Learning Collaborative for providers.

Risk: Workforce unfamiliar with integrated clinical practice may fail to adopt as required. Mitigation: Educate workforce on foundation of collaborative care/ integrated clinical practices; Communicate with providers discussing concerns/suggestions related to clinical care practices; provide implementation guidance according to new standards; Develop specific competencies defining role of team members; Develop training program addressing primary care/behavioral health topics; Develop written plan/flow chart with new practice design/workflow

Risk: Primary Care Providers failing to adopt new PCMH guidelines within required time frame. Mitigation: Educate providers/administrators on specific elements of PCMH guidelines; Develop toolkit that illustrates steps to achieve PCMH certification by DY3, Q4; Offer webinars/learning collaborative opportunities on PCMH certification process; Customize training-offering in-person consultation/support at provider sites; Offer trainings at centralized location after office hours; Create Help Line via phone/ email for providers with PCMH specialist/support person

Risk: Primary Care Providers may fail to implement screenings or not use screening tools as indicated. Mitigation: Educate providers on screening tools implementation; On-site training at provider locations; Group training at centralized location after office hours; Create Help Line via phone/email for providers from a screening tool specialist/support person

Risk: Insufficient quantity of behavioral health providers. Mitigation: Develop relationships with professional schools to recruit behavioral health providers; Hire peer mentor/recovery coaches to work with care team helping clients achieve wellness goals; Explore online therapy

Risk: Insufficient quantity of multilingual speaking behavioral health providers. Mitigation: Strengthen behavioral health skill set of providers who are multilingual; Recruit providers speaking non-English languages; Use multilingual peer mentor/recovery coaches; Offer free foreign language courses to existing staff; Create incentives for staff to learn foreign languages

Risk: Patient confusion regarding new concept of multiple providers in one location. Mitigation: Educate patients on integrated care; Offer workshops preparing patients for transition; Prepare multilingual Flyer for patients; Implement joint case conferences

Risk: Patients with severe illnesses/acute symptoms may not benefit from level of services offered onsite. Mitigation: Leverage existing Health Homes to develop referral process with PPS partners providing intensive services for those requiring services offsite; Walk-in appointments for crisis management; Weekend/evening availability; ER diversion plan; Create 24 hour warm line; Utilize Peer Mentors/Recovery Coaches



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Bronx Lebanon Hospital Center (PPS ID:27)

Risk: Programs may make decisions without input from stakeholders, compromising person-centered care driven by patient choice. Mitigation: Institute advisory board consisting of patients, families, providers, community partners and engage patients in dialogue about services provided, satisfaction/suggestions to improve/maintain high-quality care

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary



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Bronx Lebanon Hospital Center (PPS ID:27)

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	marks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	21,000

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	9,555	9,800	16,800	21,000
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunud	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP

Bronx Lebanon Hospital Center (PPS ID:27)

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

	Models Selected	
Model 1	Model 2	Model 3 🕜

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:											
Akella Sai L Md	1										
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:					•						
Bronx Lebanon Hospital Center Task	1	Ι	<u> </u>		1	1	1				
Establish a PCMH Working Group			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify all participating primary care sites			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize contracts/MOUs with PCP practices			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish polices and procedures outlining coordination of care and hand-offs between BH and PCP			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish training for providers on integrated model of			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
care											
Task Institute clear workflows for assessment, referrals and follow up care to be provided			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train providers on workflows and care coordination processes			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a system to monitor and report to the steering committee on status of achievement of PCMH Level 3 every quarter			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task In coordination with the Workforce Committee, redeploy and recruit staff necessary to support colocation			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engagement process.											
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify group of providers to meet regularly to design collaborative care approach			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish training for providers on coordinated care models			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish policies and procedures for patients that need a warm transfer			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train care team on workflows and care coordination			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish and implement a mechanism to track patients that receive a warm transfer			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY4 Q4	Model 1	Project	N/A	Completed	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Screenings are documented in Electronic Health Record.			Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as			Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1



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Bronx Lebanon Hospital Center (PPS ID:27)

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
industry standard questionnaires such as PHQ-2 or 9											
for those screening positive, SBIRT).											
Task											
Positive screenings result in "warm transfer" to			Provider	Practitioner - Primary Care	Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
behavioral health provider as measured by			Provider	Provider (PCP)	Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DISQ2
documentation in Electronic Health Record.											

Providers Associated with Completion:

Abu Loveth; Adeniyi Ayoade O Md; Adeyinka Adebayo; Adrish Muhammad; Aggarwal Neena Md; Agopian Eliz Hazar; Akella Sai L Md; Ally Shamiza Alima Md; Amanguah Lena A Do; Amit Goel; Amparo M Ramirez Md; Anderson Patricia Althea; Andrews Charlene Andrea Md; Anele Slezinger; Arias-Florez Elizabeth Cristina; Ariganjoye Rafiu O Md; Arthur Richard Wilfred; Arya Kapil; Atherley-Ward Allison Pauline Md; Augustine Gerrad Md; Balachandra Shirish Krishna; Barakat Maged Md; Beach Paul W Jr Md; Benyaminova Irina Md; Bermudez Rachel Irene Md; Bhate Priyadarshini A Md; Bitterman Jacalyn S Md; Bolan Claire; Bornacelly-Perez Michel; Boyd Jeremy; Brar Amandeep; Braswell Jessica M; Cancio Morales Nestor; Cano Nefertiti; Carnevale Caroline; Casas Jacinto; Cellin Melissa Maria; Chamarthy Sri Lakshmi Annapurna; Chambers Jennifer Angella; Chan Tricia Md; Chan Wendy; Chekuri Anita; Chowlera Rachana; Cindrich Richard; Cole Davin R; Collins Inyanga; Cruz Yvonne Md; Daniel Myrta Md; Dapkins Isaac Md; Das Ashutosh; Degraft-Johnson Ama; Dianalan Johaira; Diaz-Fuentes Gilda Md; Duncalf Richard Michael Md; Edwards Teryn; Emem Uche Okonkwo; Epstein Micheline: Escourse Tamikgue: Etienne Viviane Md; Etokhana Kenneth; Fagbemi Moronkeji Olapade Md; Franco Bernadette: Fundo Fiona; Ganti Valli Md; Gasinu Eli; Genuady Jennifer; Gogineni Anil Kumar; Gomez-Marguez Jose C; Gonzalez Efrain Md; Gottesman Kenneth S Md; Greenidge Anthony A Md; Grubin Cindy C Do; Gusic Blaze; Hagmann Stefan Md; Hinestroza Howard Md; Ihimoyan Ariyo A Md; Irigela Maheswara Reddy; Isaacs-Charles Karen Ann Md; Jacob Viju; Jagarlamudi Padmavathi; Jakerin Ahmed K; Jankowska Izabela; Jasti Jyothi; Jimenez Luis; Johnson Julius Iii; Joseph Cynthia; Joseph Gina Md; Kadam Shivaji L Md; Kadiyala Sri; Kamath Aviva Michele; Kant Sandipagu; Kanter Timothy Joseph Md; Kelly Paul James Md; Kerlegrand Pascale Md; Kerolle Harold Fritz Md; Khandavilli Prasanna; Kim Sharon Hyun Joo; Kin Lin Lin Md; King Angela; Koizumi Christina Haru Md; Kusher Matthew Scott; Kwankam Maureen; Kyei-Anti Afua: Lando Sister Melinda: Larish Lvvia: Latika Praina: Lee Jee Md: Lee Nancv; Lewis Cvnthia Md: Luna Betty Md: Lvovsky Dmitry: Machuca Jenny Md: Macias Guadalupe: Mahbubani Shalu: Maieed Sohaib: Makhdomi Sabina: Makkala Venkateshwara R Md; Manwani Savita S Md; Manzoor Sohail; Mastrianni Mary Elizabeth; Mbayanga Musulu; Mckinney Robin Cylinthia; Mclean Barbara Md; Meera Sohail Md; Mejia Christophe; Menon Anupama; Menon Latha N Md; Mevs Jean; Michael James Mcnett; Miranda Jeanette; Mochizuki Takahashi Miki Emilia; Mohammad Acklema Md; Morrow Lisa; Moss Kara L; Moteelall Meena Kumarie Md; Muir Eulalee Elsada; Mukalla Srilakshmi; Muniz Elisa Iraida Md; Nagapaga Madhavi; Nagvi Zeenat Md; Napoli Michael J Md; Narula Anita; Nasr Rahib; Navarro Carlos Alberto; Nayudu Suresh Kumar S; Nowakowski Joanna; Ntiamoah Kwabena; Nunez Denise Joanna Md; Okafor-Mbah Gomez Choima; Ouadi Amar; Pajela Pedro R Md; Palomino Sara; Parola Claude Edouard; Pastor Charles Md; Paulus Suresh Kumar Do; Paz Jennifer; Penrose Sarah; Perry Russell Joseph Md; Perry R Ashley J; Quintanilla Julio Ricardo; Rafiq Amerha Md; Raveneau Banegas Gladys Yaneth; Reddi Vijaya Govinda Md; Reich John Douglas Md; Remy Prospere Md; Rodriguez Edna V Md; Romanoff Robert Dr.; Rosen Paul David Md; Rutherford Cynthia; Salako Abayomi O Md; Salazar Edgard; Sawlani Deepak Jaikishan Md; Shah Nimesh Kesharichand Md; Shehigian Aline Ann; Sherman Peter A Md; Shuja Mohammad Tariq Md; Shunamon Nicole; Siddiqui Umair; Singer Karyn; Singh Manisha; Sinha Ghazal; Slezinger-Mejia Albert; Soni Mathew Md; St Louis Yolaine Md; Szygiel George; Tafreshi Saeid; Tanke Theodore; Tiburcio Jose Frank Md; Tieng Arlene Tan; Toner Laura; Trossello Catherine; Uday Kalpana Appajappa Md; Valeria V Loukanova-Ivanov; Valerio Rubi Mosesto Md; Vatsan Anu; Vazquez-Ayala Manuel; Venkatram Sindhaghatta Md; Villafana Juan H; Vootla Vamshidhar; Waithe Kenrick Md; Walsh Robert Md Phd; Washington Deanna; Watson Kimberly Charytina: Widiaia David: Wittenberg Ian S Md; Yalla Raiya I, Md; Zanata Wendy Md; Zayas, Jacqueline Dana; Zeana Cosmina Md

watson Kimberly Charytina, widjaja David, wittenberg la	in S Ma; Yalla Rajya	L Ma, Zapata Wendy Ma, Zay	as Jacqueline Dana, Zeana Cosmi	na wo						
Task Establish training for providers on the various screening tools		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish policies and procedures for patients that need a warm transfer		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish and implement a mechanism to track patients that receive a warm transfer		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the system											
Task			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Train care team on workflows and care coordination			Project		Completed	10/01/2015	00/30/2010	10/01/2013	06/30/2016	00/30/2010	DIZQI
Milestone #4											
Use EHRs or other technical platforms to track all	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
patients engaged in this project.			'								
Task											
EHR demonstrates integration of medical and											
behavioral health record within individual patient			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
records.											
Task											
PPS identifies targeted patients and is able to track											
actively engaged patients for project milestone			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
reporting.											
Perform a current state assessment and gap analysis											
of EMR technology throughout the PPS, specifically			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
looking at MU EMR's, RHIO Connectivity and			,								
Behavioral health/physical health Integration within											
EMR's											
Task											
EHR meets connectivity to RHIO's HIE and SHIN-NY			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
requirements											
Task											
Work with IT and Workforce Committee to develop and			Drainat		Commission	40/04/0045	00/04/0047	40/04/0045	00/04/0047	00/04/0047	DV2 O4
implement a training on EHR integration of medical			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
and behavioral health records to inform providers											
Task											
PPS identifies targeted patients and is able to track											->// -
actively engaged patients for project milestone			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
reporting											
Task											
Finalize patient inclusion criteria and identification per											
NYS and PPS criteria including risk stratification			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
criteria											
Task	+				1						
IT meets with Project workgroup to determine IT											
Requirements, including identifying fields and			Droingt		Completed	04/01/2015	12/31/2015	04/01/2015	10/01/0015	12/31/2015	DV1 O2
			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	טוועט
templates required for tracking patients, reporting, and											
risk stratification of patients											



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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 Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients.			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create tracking and reporting system with IT platform.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work directly with RHIO on solutions to exchange behavioral health information among partners			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop framework for data sharing and interoperability roadmap, including resources responsible for key components.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Solicit stakeholder input on plan for IT standards and infrastructure. Revise as needed.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Discuss consent issues and options when exchanges			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Behavioral health information with RHIO											
Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information among partners			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY4 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



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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 Screenings are documented in Electronic Health Record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q4	Model 3	Project	N/A	Completed	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Completed	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Identify group of providers to provide guidance on the design of IMPACT model approach			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Regularly scheduled formal meetings are held to develop and refine IMPACT model.			Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Establish training protocol for providers on the IMPACT model			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify sites with capacity to implement or are currently using IMPACT			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to recruit and redeploy staff for IMPACT sites			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Working with Workforce Committee to train new staff hired for IMPACT			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task IMPACT screenings and intervention is documented in Electronic Health Record.			Project		Completed	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Train care team on workflows and care coordination			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
intervention											
Task Establish training protocol for providers on the IMPACT model			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement care coordination and patient flow for IMPACT			Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine the number of depression care managers needed in the PPS to support IMPACT patients			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop and disseminate a job description for the position			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Train depression care managers on the IMPACT model and patient flow			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Depression Case manager documents patient care in EMR			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #12	DY2 Q4	Model 3	Project	N/A	Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Designate a Psychiatrist meeting requirements of the IMPACT Model.											
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Take an inventory of the number of psychiatrists in the PPS			Project		Completed	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify the number of patients likely to access IMPACT services and need a psychiatrist			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine the number of psychiatrists needed in the PPS to support IMPACT patients			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop job description for recruitment			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train psychiatrists on the IMPACT model and patient flow			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Psychiatrists document patient care in EMR			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify discrete screening variable in EHRs			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Work with IT committee to create and implement a			Project		Completed	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
screening report to track the progress of IMPACT											
Task Provide quarterly roster of eligible patients screened vs the total eligible to project team			Project		Completed	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Develop outreach to difficult to reach IMPACT eligible patients to bring to the program			Project		Completed	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	Completed	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Completed	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Review evidence-based IMPACT care model guidelines			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create an universal algorithm for treatment for depression/anxiety and/or substance use			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Individual sites adjust the universal algorithm to fit their specific site with mandatory case review at 10-12 weeks in the program			Project		Completed	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Reassess and adjust algorithm as needed after 1-2 cycles.			Project		Completed	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements											
Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers including psychiatrists			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients.			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create tracking and reporting system with IT platform.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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
person assessments.											
Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU/RHIO Connectivity			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work directly with RHIO on solutions to exchange behavioral health information among partners			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Discuss consent issues and options when exchanges Behavioral health information with RHIO			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level.			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information among partners			Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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	Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All	
participating eligible primary care practices must meet 2014 NCQA level	
3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including	
medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health	
screenings (PHQ-2 or 9 for those screening positive, SBIRT)	
implemented for all patients to identify unmet needs.	
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

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



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Milestone Review Status

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



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DSRIP Implementation Plan Project

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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



DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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.

Risk: Assuring all providers are trained on the selected best practices for management of diabetes Mitigation

- Select the evidence-based best practice for disease management and share with BLHCPPS partners
- Identify all providers that need to be trained by coordinating training across the BLHCPPS
- Select and train master trainers to facilitate training across the BLHCPPS
- Develop a timetable to ensure all required providers will be trained and to implement best practices
- Develop tracking tool to monitor training to ensure that all providers requiring training participate in this process

Risk: Partial adherence by providers of the evidence based practices, E.g. Not meeting the 80% participation of the required primary care practices within the BLHCPPS.

Mitigation

- Develop communication/engagement plan to engage providers that are not participating
- Identify providers champion in the selected best practice to communicate the message
- Develop a BLHCPPS learning collaborative to ensure implementation
- Monitor effectiveness of the learning collaborative
- Report on the outcomes of the learning collaborative

Risk: Insufficient staff as required for the described care coordination team to cover the number of patients within the target population who will need this service.

Mitigation strategy

- Workforce committee will be created to address definitions by repurpose and hire new staff
- Collaboration with CBO's to leverage staffing needs.
- Stanford disease model to be provided by Community partners
- 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

Risk: Ensure coordination with the Medicaid Managed Care organizations serving the target population.

Mitigation Strategy

- Share BLHCPPS initiative with MCOs to discuss coordination efforts and
- Engage MCOs in regular meetings to share strategies
- Identify MCOs serving the target population and gaps in care and coverage are by MCO in the target community
- Establish a contract with MCOs to provide coverage and payment for services

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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

- Have MCOs share data with BLHCPPS partners on a quarterly basis to assess coordination of provision of quality value based services
- Align with Finance Workgroup Plan

Risk: Many BLHCPPS partners do not have EHRs or other technical platforms to track all patients engaged in this project.

Mitigation Strategy

- Collaborate with the PCMH and IT Committees to identify partners current technical platforms
- Create a timeline and plan to develop a tracking tool in conjunction with IT Committee, that can be used by all BLHCPPS partners who do not have a technical platform to monitor their progress
- Work with the PCMH and IT Committees to align work with IT Workgroup Plan for technical assistance and implementation
- Link current IT infrastructures and disease registries so that patient care can be tracked and information shared between care providers.

Risk: Failure to meet the 2014 NCQA standards, Meaningful Use, and/or PCMH Level 3 standards by the end of Demonstration Year 3 for EHR systems used by participating safety net providers

Mitigation Strategy

- Identify where the providers are in terms of meeting the Meaningful Use and PCMH Level 3
- Use a learning collaborative to share best practices
- Track partners that are not meeting the standards
- Develop a plan to provide technical assistance to providers not meeting the standards

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan



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Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Benchmarks					
Actively Engaged Speed	Actively Engaged Scale				
DY3,Q4	14,000				

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	3,500	7,000	10,500	14,000
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammroyad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Bronx Lebanon Hospital Center (PPS ID:27)

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.	DY4 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Select the clinical evidence based best practices: *American Diabetes Association Standards of medical care in diabetes 2015 – provider level *Chronic Disease care Model – Practice level		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select the non-clinical evidence based best practice: Stanford Model (fits into self-management)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify organizations to pilot this project. List of organizations identified		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Contact pilot organizations to communicate the details of the project. Call or send electronic mail to pilot organization leads		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify all organizations committed to the Diabetes project. List of organizations participating to be identified to be developed in partnership with the Stakeholder Workgroup.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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 PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:	•	•			•					
Kusher Matthew Scott										
Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct outreach to engage PCPs in our network with the support of the Stakeholder Engagement Workgroup		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify Partners that are ready to pilot this project with the support of the Stakeholder Engagement Workgroup		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Contact pilot Partners to communicate the details of the project with the support of the Stakeholder Engagement Workgroup. Call or send electronic mail to pilot organization leads.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track with the support of the IT Committee		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all Partners committed to this Diabetes project with the support of the Stakeholder Engagement Workgroup.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2 Subtask: Develop care coordination team										
Task Task 3 Subtask: Care coordination processes are established and implemented		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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	04/01/2015	03/31/2017	04/01/2015	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	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2 subtask: Implement Stanford model for high-risk population in our PPS health homes by establishing linkage with health homes in PPS.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 3 subtask start: Define clinical criteria for patient referral to Stanford model		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Select community based organization(s) group to deliver Stanford model by outreaching to Partners with interested CBO with support of Stakeholder Engagement Workgroup		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Make partnership agreement with community based organization to deliver Stanford model with support of Stakeholder Engagement Workgroup		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff/peers to deliver Stanford		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task IT committee to assist in the delivery of IT/EHR "prompts" for referrals to Stanford		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Instruct PCP's core managers in use of QTAC electronic patient		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
referral portal to Stanford classes. Engage Bronx RHIO to ID pool of patients for Stanford Model										
Task Community group/ peer outreach to patients living in hot spots		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide Stanford course to designated populations such as patients in high risk neighborhoods		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY4 Q4	Project	N/A	Completed	07/01/2015	03/31/2018	07/01/2015	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 other preventive services relevant to this project.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1 subtask: Develop coordination of services agreement with MCO for high risk populations and preventive care services with the support of the Steering Committee		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 1 subtask: Identify and track all patients in project with the support of the IT Committee.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 2 subtask: Use a recall system to identify and outreach patients requiring services with the support of the IT Committee.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note:		Project		Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Aggarwal Neena Md										
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:	1	•	ı	1						
Aggarwal Neena Md										
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Arnstein Ellis Jay Md										
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:						,				
Bronx Lebanon Hospital Center										

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.	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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.c.i.5 - IA Monitoring	
Ins	structions :	
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		_



DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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.

Risk #1: Lack of patient and community awareness regarding the benefits of participation in home visitation programs.

Mitigation #1: Develop a screening tool for use in identifying who needs a home assessment. Utilize screen as an education tool to teach patients why home visit is useful.

Tool to be used in:

- · Emergency Room visit
- · In-patient units
- OPD Clinic

Risk #2: Patient non-compliance with home visitation services.

Mitigation #2:

- In addition to setting up telephone appointment CHW would show up at door if there is not telephone response
- Further education
- Involvement of other relevant CBOs, including child welfare, mental health agencies

Risk #3: Challenges in identifying and hiring a workforce that can appropriately address asthma issues in the community.

Mitigation #3:

- · Work with 1199 workforce training and development team to assist with identifying potential workforce
- · Work closely with PPS Workforce Committee

Risk #4: Lack of patient/family engagement in psycho-social interventions.

Mitigation #4: Train staff in Motivational Interviewing, an EBM intervention shown to effectively engage families.

Risk #5: Lack of availability of mental health and social service resources

Mitigation #5: Develop a resource manual and engage appropriate PPS Partners in addition to other CBOs to commit to providing services for their clients in the programs. Integrate the resource into PPS website and other electronic platforms.

Risk #6: Inadequate programs and/or financial capacity to address the Integrated Pest Management (IPM) needs of the patients identified

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Mitigation #6: Work with health home at risk and DOH Asthma program to provide additional support for clients unable to afford IPM interventions. Potentially, negotiate with IPM companies to secure subsidized cost of certain products. Work with Finance Committee to identify payment support options.

Risk #7: Inconsistent implementation of evidence based asthma guidelines across PPS providers.

Mitigation #7: Develop standardized processes and requirements for partners.

- Conduct an evaluation of community providers to assess their level of compliance with the guidelines thereby identifying those that need to be trained on implementation of the guidelines
- Develop mechanism to train providers to be compliant with Asthma Guidelines and monitor appropriate use

Risk #8: Difficulty with obtaining RHIO consent form/authorization for data sharing as well as the provision of other services by the PPS.

Mitigation #8: Address in close collaboration with IT Committee.

Risk #9: Challenge with the provision of asthma educational resources to community providers for patients/families.

Mitigation #9: Addressed in close collaboration with Finance Committee. Workforce Committee will be involved as it relates to the development of educational resources that are culturally and linguistically appropriate as well as developing community based forums for providers to refer patients on asthma and other co-morbidities.

Risk #10: Many providers do not have electronic platforms that are needed to coordinate care

Mitigation #10: Will work with IT and Steering Committee to develop inexpensive electronic alternative platforms for providers that do not have an EHR, such as a HIPAA compliant database such as an Excel spreadsheet to track.

Risk #11: Connectivity to care coordination does not occur.

Mitigation #11: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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 Speed	Actively Engaged Scale							
DY4,Q4	12,600							

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	3,780	7,560	10,080	12,600
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Amproved	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Bronx Lebanon Hospital Center (PPS ID:27)

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.	DY4 Q2	Project	N/A	Completed	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
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		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Create tools to identify & refer ED/OPD inpatient patients to the asthma project – select those patients who demonstrate asthma exacerbations/symptoms		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Develop home environmental screening for patients requiring intensive services – assess control over asthma		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Define levels of service based risk and create scoring tool regarding asthma triggers.		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
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	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create a staff training manual to educate staff on environmental triggers and appropriate interventions		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create patient education manual for interventions based on assessment algorithm to reduce home environment triggers and self-care/medication adherence		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Conduct gap analysis to identify where current guidelines are insufficient or not up-to-date of current asthma standards and best practice		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Review evidence based practice (existing step from implementation plan) to develop revised guidelines to enhance current asthma guidelines		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Draft new BHA asthma guidelines in collaboration with clinical leads and PPS partners		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Finalize updated asthma guidelines with review and vote by asthma workgroup leads and PPS partners		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create implementation plan for evidence based asthma protocols at various project sites to ensure uptake will be appropriate and seamless for each PPS partner		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop plan for comprehensive training on guidelines-based asthma services to additional members of the asthma team		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Collaborate with PPS Partners to set up evidence-based training for select asthma team members. Create a "train the trainer" program to ensure continuous training at participating partner sites.		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	07/01/2015	12/31/2016	07/01/2015	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
Develop a asthma guidelines quality assurance process to ensure evidence based guidelines are kept up-to-date with any new best practice or updated evidence recommended by the scientific and/or regulatory community										
Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Create schedule of trainings to educate DSRIP personnel, PCP, and CHW/community partners, on assessment, patient education, home environmental education, and all other aspects of program algorithms. Deliver directly to PCPs in addition to open training forums		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Emphasis for PPS members to create/operationalize asthma action plan and how to refer Medicaid patients (component of the patient education manual)		Project		Completed	07/01/2015	12/31/2016	07/01/2015	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
Task Create a plan to promote and educate PPS Partners to nominate and encourage their qualified staff, as appropriate, to consider certified asthma educator (AE-C) training and credentialing		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Leverage workgroup members on the Bronx RESPIRAR Regional Asthma Coalition for guidance pertaining to appropriate training in order to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY4 Q2	Project	N/A	Completed	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS has developed and conducted training of all providers, including social services and support.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		Completed	03/31/2017	12/31/2017	03/31/2017	12/31/2017	12/31/2017	DY3 Q3
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		Completed	03/31/2017	12/31/2017	03/31/2017	12/31/2017	12/31/2017	DY3 Q3
Task Create job description for Asthma Prevention Program Director, CHW's, RNs, etc.		Project		Completed	04/01/2015	07/12/2015	04/01/2015	07/12/2015	09/30/2015	DY1 Q2
Task Create RN job descriptions		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step A - Start: Training curriculum is built from EBM and/or individual questions used in the screening tool and home environmental assessment. It includes compliance training, health education, utilizing internal and external resources, assessment tools, and Motivational Interviewing. Some services will require extensive training (smoking cessation, assessment of living environment, implementing asthma action plan, legal services)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step B - Start: Coordinate with IT Committee to identify the		Project		Completed	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
elements that are necessary to track and report. Also, to automate reminders to contact patients for appointment and prescription refill adherence. Equip and train, PPS partners with appropriate IT software to carry out DSRIP project functions. Monitor uptake and compliance to developed interoperable systems.										
Task Step C - Start: PPS clearinghouse will assign patients a care coordinator to track patient navigation and to connect them to appropriate PCP and other members of the care team, and to activate asthma care plan. Strategies are being developed to implement intervention elements such as automated schedule appointments within 72hrs of hospital visits, send patient reminders, track prescription filling, send alerts when appointments aren't met or when prescriptions aren't filled, and creating educational interventions that address cultural and health literacy issues.		Project		Completed	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
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	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Map patient flow and compliance to ensure that they are receiving the most effective intervention. Patient's asthma status will be monitored per recommended guideline(s) by a care coordinator. Changes in status will result in a change in care plan and/or service to decrease/increase health care utilization based on patient (re-)assessment		Project		Completed	04/01/2015	03/31/2017	04/01/2015	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.	DY4 Q2	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	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		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop system to monitor patients' utilization of health care through their managed care organizationInsurance status -Inpatient admissions -ED utilization -OPD utilization -Prescriptions Share this information with care coordinator and health team to be used to modify care plan as needed.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Allow for access to RHIO and other managed care data to strengthen communication among the care team.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Generate reports for project managers that enable them to modify care plans		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create an exportable spread sheet to track patient care plan, to be used in the interim until a interoperable solution is adopted across the PPS		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Utilize automated calls, text reminders, and other IT reminders for patients to go to their appointments and prescriptions; also for care coordinators to remind them to follow up with assigned patients		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Allow for outpatient visit request orders to schedule follow-up appointment with the patient's PCP shortly after hospital visits		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create a report to identify patients with asthma admitted or evaluated in the E.D.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Current File Uploads

willestone Name Oser ID The Type The Name Description Opioad Date		Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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 & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.d.ii.5 - IA Monitoring	g		
Instructions :			



DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Project 3.f.i – Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

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

Instructions:

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

Risk: It is difficult to reach and engage high risk women because they are not often in care, they do not engage in those activities where there is outreach, such as health fairs, workshops etc, and they are often isolated demographically, racially and culturally. Mitigation: To address this challenge, the BLHC PPS plans to hire flexible CHWs with the ability to work evenings and weekends. In addition, the PPS will train the CHWs on how to outreach to high risk women.

Risk: The PPS does not know who the State approved CHW trainers are and if the CHWs can start seeing patients before they have been trained by a state approved trainer. Mitigation: The PPS will seek guidance from the state about this issue.

Risk: It is difficult to find CHW supervisors and CHWs with a maternal child health background because maternal child health was not a big focus until recently. Mitigation: The PPS will address this challenge by recruiting from community colleges and PPS partners who have similar programs, providing on-going training on Maternal and child health issues, and employing a Community Health Worker Coordinator with maternal and child health background.

Risk: That the project has goals that cannot be met within the required timeframe because of a delay in funds for implementation which resulted in a delay in hiring and deploying CHWs. Mitigation: The PPS plans to establish process for a timely deployment of CHWs. In addition, the PPs will work with the Workforce Committee to coordinate trainings and redeployment.

Risk: That it will be difficult to coordinate with managed care plans because there are no established linkages that connects their patients to the Maternal and Child Health program. Mitigation: To address this challenge, the PPS will develop a strategic plan to reach out to MCOs around a variety of issues including the Maternal and Child Health program.

Risk: That it will be difficult to track patients without an IT platform where patient information can be shared across providers. Mitigation: To address this challenge in the interim, this project will use paper intake assessment form to collect patient data, translate that information into a flat file, and submit to the Bronx RHIO to share across providers. In the future, the BLHC PPS will work with IT Committee to develop data fields that will capture the necessary patient information in a provider's EMR, and this information will be shared across providers using the Bronx RHIO.

Risk: That it will be a challenge to engage family in DY1 due to a slow hiring process. It will take at least 6 months to bring on and train staff, possibly affecting the number of index patients served within this period. Mitigation: The PPS plans to identify existing CHW staff and leverage existing programs with maternal and child health components to engage families until CHW staff can be hired.

Risk: Making sure appropriate referrals are made, information is shared, and progress reports are submitted on a timely basis. Mitigation: The PPS will address this by collaborating with the PPS' IT Committee to expand the current EMR to include referral feedback loops with community partners.

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Risk: Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.

Risk: Since both CHW and NFP serve low income pregnant woman, another challenge is differentiating the target population for CHW program versus the NFP program. Mitigation: The NFP program will serve primarily patients with highly complex medical conditions that could benefit from clinical support.

Risk: Ensuring a seamless collaboration between the CHW and the NFP providers. Mitigation: NFP nurses will be available to participate in joint CHW and NFP meetings in order to st



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Benchr	marks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	800

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	300	600	700	800
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunuad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

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

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Bronx Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.f.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 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high-risk mothers including high-risk first time mothers.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 1 subtask: Identify ways to better coordinate the VNSY's existing NFP program with the CHW program being developed by the PPS			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 1 subtask start: Determine the inclusion and exclusion criteira for a high risk referral to NFP program			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine potential intake points and referral sources			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a process to refer women into the NFP program			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	DY2 Q4	Model 1	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Service and quality outcome measures are reported to all stakeholders.			Project		Completed	10/01/2016	12/30/2016	10/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Task 1 subtask start: Identify OB/GYN and primary care providers interested in joining the oversight committee			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify PPS staff invovled in the quality imporvement process			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Idenfify other stakeholders that should be on the quality oversight committee			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify co chairs for the committee			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Select members from the above mentioned groups			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create a charter for the committee with goals and objectives			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Facilitate a kick off meeting			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop a schedule of ongoing meetinings			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 2 subtask start: Determine potential areas for improvement			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collect and analyze data			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Communicate results to stakeholders			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create a ongoing evaluation schedule to fuel quality improvement			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Task 3 subtask start: Determine potential areas for improvement			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Collect and analyze data			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Communicate results to stakeholders			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop protocols/policies/procedures to improve areas			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot protocols			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate pilot impacts			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Expand pilots with successful outcomes			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create an ongoing evaluation schedule to fuel quality improvement			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Task 4 subtask: Create a stakeholder communication plan on qualtiy outcome measuers			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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 Task 1 subtask start: Determine participating patient criteria			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged data collection specs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create patient tracking template to be used by providers			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Submit specs, tracking template, and protocols to IT			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor hard to reach patients that are impacting actively engaged counts			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	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 PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	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 PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.			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	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 #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	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 PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	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 PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Training has been completed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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 DY 3.	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 or other IT platforms, 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 or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non- 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 or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.			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
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	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 or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			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
Milestone #11 Use EHRs or other IT 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 PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Identify NYS DOH funded CHW training program			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine role of CHWs in relation to the rest of the care team			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop CHW curriculum based on existing MICHC program curriculum			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education											
Task Obtain funding from DOH for CHW training			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Contract with NYS DOH funded CHW training program to train CHWs			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Task 1 subtask: Determine education/work experience of CHW coordinator			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Determine administrative duties of CHW coordinator			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Determine program development duties of CHW coordinator			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Based on the above, develop a job desscription for CHW coordinator			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a timeline to hire and train CHW Coordinator			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Assign hired CHWS to CHW Coordinator for supervision			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria:			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1) Indigenous community resident of the targeted area;											
2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5) Ability to work flexible hours, including evening and											
weekend hours.											
Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria			Project		Completed	04/01/2015	12/01/2015	04/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Advertise/Recruit internally as well as externally (community colleges) for hiring CHWs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Screen potential candidates for comprehension, writing skills (using writing samples), computer skills, bilingual/multilingual abilities, and work hour flexibility			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Hire CHWs who meet requirements Milestone #15 Establish protocols for deployment of CHW.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed plans to develop operational program components of CHW.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify protocols that need to be completed for the CHW program			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify individuals assigned to work on protocols			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Determine when protocols can be completed											
Task Develop a timeline to complete protocols			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Combine protocols into a manual to distribute to CHWs Task			-		-						
Train CHWs on new protocols			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Conduct an evaluate to measure the effectiveness of the protocols			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Based on PDSA results, modify the protocols where necessary			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #16					+						
Coordinate with the Medicaid Managed Care organizations serving the target population.	DY2 Q4	Model 3	Project	N/A	Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify areas for opportunity to negotiate, revise, or renew contracts with MCOs to cover CHW services (e. g. bundled payments, covered providers)			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine participating patient criteria			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged patient data collection specs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 O3



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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
Create patient tracking template to be used by											
providers											
Task Submit specs, tracking template, and protocols to IT			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train org staff process on how to track patients			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Pilot tracking of patients			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate tracking process, modify where necessary			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Monitor hard to reach patients that are impacting actively engaged counts			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement an evidence-based home visitation model, such as the Nurse	
Family Partnership, for pregnant high- risk mothers including high-risk	
first time mothers.	
Develop a referral system for early identification of women who are or	
may be at high-risk.	
Establish a quality oversight committee of OB/GYN and primary care	
providers to monitor quality outcomes and implement new or change	
activities as appropriate.	
Use EHRs or other IT platforms to track all patients engaged in this	
project.	
Identify and engage a regional medical center with expertise in	
management of high-risk pregnancies and infants (must have Level 3	
NICU services or Regional Perinatal Center).	
Develop a multidisciplinary team of experts with clinical and social	
support expertise who will co-manage care of the high-risk mother and	



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Bronx Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
infant with local community obstetricians and pediatric providers.	
Develop service MOUs between multidisciplinary team and OB/GYN providers.	
Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	
Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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 DY 3. Ensure that EHR systems or other IT platforms used by participating	
safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	
Establish protocols for deployment of CHW.	
Coordinate with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	
Milestone #17	Pass & Complete	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

IPQR Module 3.f.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 End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

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

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

Instructions:

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

- 1. Not enough buy-in from community schools for program
- a. Develop relationships with school principals/staff
- b. Provide education on benefits of MEB screening and referral services to school administrators
- 2. Too few resources to start up and maintain the program
- a. Outline funding streams with HR and Finance committee
- 3. Challenges Integrating SMHC into school infrastructure
- a. Hire SMHC with previous school experience
- 4. Challenges retaining and maintaining new staff
- a. Retraining staff already in similar programs in the PPS
- 5. Inadequate referral network in place
- a. Maintain collaborative relationships through frequent in-person contact
- b. Develop clear guidelines for referral procedures
- c. Demonstrate to referral providers the benefits of receiving school referrals
- 6. Lack of buy in from parents, guardians, caregivers for services
- a. Educate students/parents/caregivers about new opportunities for school-based interventions
- b. Develop culturally-relevant interventions to reduce stigma
- 7. No focus on the broad intervention into the system including family dynamics
- a. Expand on SMHC capacity to screen/educate parents/caregivers of identified children
- b. Expand school sites to include community colleges
- 8. Stigma around mental illness
- a. Education and awareness through school assembly
- b. Bring discussion into global school conversation
- 9. Being unable to sustain care over medically appropriate period of time
- a. Develop appropriate referral streams to long-term care



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Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Organize and convene citywide MHSA Workgroup meetings	Completed	Organize and convene citywide MHSA Workgroup meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	Completed	Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PPS subject matter experts to join Work Group	Completed	Identify PPS subject matter experts to join Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	Completed	Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene Citywide MHSA Workgroup meetings under the standing structure	Completed	Convene Citywide MHSA Workgroup meetings under the standing structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Milestone Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	Completed	Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	Completed	Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup	Completed	Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Review existing programs and CBOs providing	Completed	Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	06/30/2015	03/31/2016	06/30/2015	03/31/2016	03/31/2016	DY1 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
MHSA services, as well as adaptations of CC based model.								
Task Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	Completed	Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	Completed	Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Incorporate findings into MHSA project concept document	Completed	Incorporate findings into MHSA project concept document	06/30/2015	03/31/2016	06/30/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	Completed	Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	Completed	Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	Completed	Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	06/30/2015	09/30/2015	06/30/2015	09/30/2015	09/30/2015	DY1 Q2
Task Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	Completed	Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data- collection and evaluation, staffing, training, and referral planning, as needed	Completed	Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize draft operational plan and budget; share	Completed	Finalize draft operational plan and budget; share with MHSA Collaborative PPS Governance body for approval	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
with MHSA Collaborative PPS Governance body for approval								
Milestone Implement Collaborative Care (CC) Adaptation in schools	Completed	Implement Collaborative Care (CC) Adaptation in schools	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools	Completed	Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Solicit DOE input on school selection methodology	Completed	Solicit DOE input on school selection methodology	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Identify target schools for implementation of CC adaptation	Completed	Identify target schools for implementation of CC adaptation	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training	Completed	Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Launch implementation of MHSA Project CC adaptation in schools	Completed	Launch implementation of MHSA Project CC adaptation in schools	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	Completed	Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identify target young adult groups, potentially including community college students	Completed	Identify target young adult groups, potentially including community college students	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Refine MHSA intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans	Completed	Refine MHSA intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans	06/30/2017	03/31/2018	06/30/2017	03/31/2018	03/31/2018	DY3 Q4
Task Launch young adult programs	Completed	Launch young adult programs	03/31/2018	03/31/2018	03/31/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

PPS Defined Milestones Current File Uploads

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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Organize and convene citywide MHSA Workgroup meetings	
Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	
Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	
Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	
Implement Collaborative Care (CC) Adaptation in schools	
Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 4.a.iii.3 - I	A Monitoring		
Instructions:			



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Bronx Lebanon Hospital Center (PPS ID:27)

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.

Major risk: Developing effective cultural competency across multiple regions and sub-groups. To mitigate the PPS will utilize expertise in various CBOs to ensure the quality of cultural competence strategies

Risk: Maintaining funding streams to support peer services beyond DSRIP. Mitigation: Multiple funding streams exist that provide support to many agencies utilizing this service. Sustainability planning will begin immediately upon implementation. Improved revenue from reduced no-shows will support the provision of services

Risk: Managing relapse and recidivism among peers. Mitigation: The PPS will train supervisors on how to recognize relapse and engage peers in support to reengage in recovery activities

Risk: Difficulty in successfully integrating peers into workplace. Mitigation: The PPS will offer training and support to sites who host peer navigators

Risk: Develop or adapt a curriculum that meets the needs of various partners within the PPS and for a culturally diverse target population.

Mitigation: Allow the curriculum the flexibility to adapt new challenges as they present themselves. There are several evidence-based curriculum that can be adapted to meet the needs of the multiple partners and a culturally diverse target population

Risk: Difficulty in engaging diverse groups through multiple media. Mitigation: The PPS will utilize the initial Community Needs Assessment to drive the development as well as ongoing community engagement to develop specific media campaigns. Community outreach will be conducted to develop an understanding of the most effective tools. The PPS will participate in a city-wide collaborative which will lend an added perspective and expertise to the campaign.

Risk: Disparate quality standards and outcomes. Mitigation: The PPS will develop a policy and procedure manual to standardize service delivery. A Quality Improvement plan will be developed to ensure providers perform. Low-performing providers will be offered technical assistance to meet PPS Quality standards

Risk: Maintain a level of participation from relevant CBOs while reaching out for their support and expertise. Mitigation: The larger committees within the PPS are working to continue to build on CBO partnerships. CBOs will maintain positions of leadership. The workgroup will commit to maintaining active communication with CBOs as the project develops

Risk: Lack of integration with other HIV projects that can create confusion and duplication of media outreach. Mitigation: The PPS will seek to develop collaborative relations with parallel organizations providing media outreach and maintain participation in all city-wide 4cii collaboratives



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Bronx Lebanon Hospital Center (PPS ID:27)

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

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 1: Establish a shared workplan and timeline for project implementation	Completed	Establish a shared workplan and timeline for project implementation	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	Completed	Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	Completed	Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.	Completed	Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	Completed	Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	Completed	Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task	Completed	Produce preliminary workplan and implementation schedule, considered a	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.		living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.						
Milestone Milestone 2: Develop agreed upon milestones for project implementation	Completed	Develop agreed upon milestones for project implementation	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Work in collaboration with 4cii PPS partners to confrim milestones and tasks to achieve project success	Completed	Work in collaboration with 4cii PPS partners to confrim milestones and tasks to achieve project success	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Present milestones and reach consensus with other PPS projet leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects	Completed	Present milestones and reach consensus with other PPS projet leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone Milestone 3: Participate in cross PPS joint planning committee	In Progress	Participate in cross PPS joint planning committee	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs	Completed	Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants.	Completed	Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program.	Completed	Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Collaborate with PPS Domain 4cii projects across New York City on local-level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to	Completed	Collaborate with PPS Domain 4cii projects across New York City on local- level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to patients on viral control.	04/01/2015	03/31/2017	04/01/2015	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
patients on viral control.								
Milestone Milestone 4: Reach agreement on shared resources	Completed	Reach agreement on shared resources	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House	Completed	Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Participate in bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities	Completed	Initiate bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Actively participate in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One co-lead also participates as a workgroup member.	Completed	Initiatie active participation in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One PPS 4cii co-lead also participates as a workgroup member.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify gaps in training by surveying 4cii partners on their current staffing levels/types	Completed	Identify gaps in training by surveying 4cii partners on their current staffing levels/types	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Actively participate in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys	Completed	Initiate active participation in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Actively participate in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys	Completed	Initiate active participation in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Hold individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects	Completed	Initiate individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources	Completed	Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Milestone 5. Plan for shared data platform	Completed	Plan for shared data platform	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Completed	Identify the data sources available to PPS through NYCDOHMH as well as	04/01/2015	03/31/2017	04/01/2015	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
Identify the data sources available to PPS through NYCDOHMH as well as partners in PPS itself		partners in PPS itself						
Task Development of key metrics and system for tracking key metrics for HIV/AIDS	Completed	Development of key metrics and system for tracking key metrics for HIV/AIDS	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH	Completed	Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Plan for engaging all providers in using the selected data platform	Completed	Plan for engaging all providers in using the selected data platform	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management	Completed	Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS.	Completed	Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessmenet	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Establish a shared workplan and timeline for project	
implementation	
Milestone 2: Develop agreed upon milestones for project	
implementation	
Milestone 3: Participate in cross PPS joint planning committee	



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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 4: Reach agreement on shared resources	
Milestone 5. Plan for shared data platform	
Mid-Point Assessmenet	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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



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Attestation

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

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

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

I here by attest, as the following initial subm	•	n Hospital Center', that all information pro	, ,	s true and accurate to the best of my knowledge, and that, nly to documented instructions or documented approval of
Primary Lead PPS Provider:	BRONX LEBANON HOSPITAL CENTER			
Secondary Lead PPS Provider:				
Lead Representative:	Victor G DeMarco		'	
Submission Date:	09/14/2018 10:11 AM			
		4		
Comments:				



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		Status Log		
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY4, Q1	Adjudicated	Victor G DeMarco	mrurak	09/28/2018 12:31 PM



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	Comments Log				
Status	Comments	User ID	Date Timestamp		
Adjudicated	The DY4Q1 Quarterly Report has been adjudicated.	mrurak	09/28/2018 12:31 PM		
Returned	The DY4Q1 Quarterly Report has been returned for Remediation.	mrurak	08/30/2018 11:10 AM		



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



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



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



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



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



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Section	Module Name / Milestone #	Review State	us
	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	(P)
Castian 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	(P)
	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	B
	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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Section	Module Name / Milestone #	Review	Status
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Complete	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Complete	
	Milestone #7 VBP Milestone: Aggregate, Compile, distribute Key VBP Materials.	Pass & Ongoing	
	Milestone #8 VBP Milestone: Create a Value Based Payment RFP to support Community Based Organizations	Pass & Complete	0
	Module 4.1 - Prescribed Milestones		
Section 04	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
Section 05	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
	Module 6.1 - Prescribed Milestones		
Section 06	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	6
	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	



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DSRIP Implementation Plan Project

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



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DSRIP Implementation Plan Project

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 & Complete
	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 & Complete
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 & Complete
	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.	Fail
	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.a.iii.2 - Patient Engagement Speed	Pass & Ongoing
	Module 2.a.iii.3 - Prescribed Milestones	
2.a.iii	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Complete
	Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Complete
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Complete



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Complete
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Complete
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Complete
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Complete
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Complete
	Module 2.b.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 2.b.i.3 - Prescribed Milestones	
	Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	Pass & Ongoing
	Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	Pass & Ongoing
	Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	Pass & Complete
	Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	Pass & Complete
2.b.i	Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	Pass & Complete
	Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Complete
	Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	Pass & Complete
	Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	Pass & Complete
	Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	Pass & Complete
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete
01.	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing
2.b.iv	Module 2.b.iv.3 - Prescribed Milestones	



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Complete
	Milestone #3 Ensure required social services participate in the project.	Pass & Complete
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Complete
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete
	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.a.i.3 - Prescribed Milestones	
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Complete
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & 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
	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 & Complete
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Complete
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Complete
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Complete
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Complete
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Complete



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.c.i.3 - Prescribed Milestones	
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Complete
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete
3.c.i	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Complete
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Complete
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Complete
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Complete
	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 & Complete
	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 & Complete
	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 & Complete
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Module 3.f.i.2 - Patient Engagement Speed	Pass & Ongoing
	Module 3.f.i.3 - Prescribed Milestones	
	Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high-risk mothers including high-risk first time mothers.	Pass & Complete
	Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Pass & Complete
	Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	Fail
	Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Complete
	Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	Pass & Ongoing
	Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	Pass & Ongoing
	Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	Pass & Ongoing
3.f.i	Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	Pass & Ongoing
	Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms 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 DY 3.	Pass & Ongoing
	Milestone #10 Ensure that EHR systems or other IT platforms 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 #11 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing
	Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	Pass & Complete
	Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	Pass & Complete
	Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	Pass & Complete
	Milestone #15 Establish protocols for deployment of CHW.	Pass & Complete
	Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	Pass & Complete
	Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Complete
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing
4.c.ii	Module 4.c.ii.2 - PPS Defined Milestones	Pass & Ongoing



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

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Bronx Lebanon Hospital Center (PPS ID:27)

Providers Participating in Projects

					5	Selected Projects	5				
	Project 2.a.i	Project 2.a.iii	Project 2.b.i	Project 2.b.iv	Project 3.a.i	Project 3.c.i	Project 3.d.ii	Project 3.f.i	Project 4.a.iii	Project 4.c.ii	Project
Provider Speed Commitments	DY4 Q4	DY4 Q2	DY4 Q4	DY3 Q4	DY4 Q4	DY4 Q4	DY4 Q2	DY2 Q4			

		Projec	t 2.a.i	Project	2.a.iii	Projec	ct 2.b.i	Projec	t 2.b.iv	Projec	t 3.a.i	Projec	ct 3.c.i	Projec	t 3.d.ii	Proje	ct 3.f.i	Projec	t 4.a.iii	Projec	t 4.c.ii	Pro	ject
Provider Categor	у	Select Comm		Select Comm			cted / nitted		cted / nitted	Selec Comn		Selec Comr	cted / nitted	Select Comm		Selec Comr		Selec Comm		Selec Comr	cted / nitted		cted / mitted
Practitioner - Primary Care	Total	616	388	432	211	344	-	331	271	386	177	390	157	299	142	361	-	0	-	322	-		
Provider (PCP)	Safety Net	341	190	238	103	192	106	176	132	218	66	215	78	167	70	203	114	0	-	179	-		
Practitioner - Non-Primary Care	Total	1,392	951	812	24	772	-	841	42	830	44	808	39	731	18	785	-	0	-	787	-		
Provider (PCP)	Safety Net	363	327	226	9	207	18	217	25	235	24	226	14	202	7	220	17	0	-	221	-		
Hospital	Total	4	3	1	-	1	-	1	1	1	-	1	-	1	-	1	-	0	-	1	-		
поѕрна	Safety Net	4	4	1	-	1	0	1	2	1	-	1	-	1	-	1	0	0	-	1	-		
Clinic	Total	33	27	6	3	5	-	5	-	8	6	7	4	3	1	4	-	0	-	5	-		
Cilric	Safety Net	27	25	6	5	5	2	4	-	7	9	7	5	3	2	4	1	0	-	5	-		
Case Management / Health	Total	25	19	7	6	3	-	5	4	6	-	5	5	4	3	5	-	0	-	7	-		
Home	Safety Net	24	10	7	4	3	1	5	2	6	-	5	2	4	1	5	1	0	-	7	-		
Mental Health	Total	338	179	152	9	148	-	139	-	155	16	152	10	126	-	138	-	0	-	151	-		
Mental Fleatin	Safety Net	113	92	46	6	42	7	39	-	48	12	46	6	35	-	40	-	0	-	42	-		
Cubatanas Abusa	Total	44	28	7	3	7	-	9	-	10	6	7	2	4	-	5	-	0	-	10	-		
Substance Abuse	Safety Net	39	30	5	3	5	2	7	-	8	6	5	2	2	-	3	-	0	-	6	-		
Nursing Home	Total	28	21	1	-	1	-	1	-	1	-	1	-	1	-	1	-	0	-	1	-		
Nursing Home	Safety Net	28	1	1	-	1	-	1	-	1	-	1	-	1	-	1	-	0	-	1	-		
Pharmacy	Total	40	3	1	0	1	-	3	-	1	-	1	0	1	0	1	-	0	-	1	-		
Pharmacy	Safety Net	23	2	1	0	1	0	2	-	1	-	1	0	1	0	1	-	0	-	1	-		
Hospice	Total	6	2	1	-	0	-	2	-	0	-	0	-	1	-	2	-	0	-	0	-		



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Bronx Lebanon Hospital Center (PPS ID:27)

		Projec	t 2.a.i	Project 2	2.a.iii	Projec	et 2.b.i	Project	t 2.b.iv	Projec	ct 3.a.i	Projec	ct 3.c.i	Projec	t 3.d.ii	Project	3.f.i	Projec	t 4.a.iii	Projec	t 4.c.ii	Projec	ct
Provider Categor	ту	Selec		Selecto Commi			cted / mitted	Selec Comn		Selec Comr		Selec Comr			cted / nitted	Selecte Commit		Selec Comr	cted / nitted	Selec Comm		Selecte Commi	
	Safety Net	4	0	1	-	0	-	2	-	0	-	0	-	1	-	2	0	0	-	0	-		
Community Based	Total	114	13	0	1	0	-	0	1	0	2	0	0	0	0	0	-	0	-	0	-		
Organizations	Safety Net	0	-	0		0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
All Other	Total	1,191	714	733	47	616	-	622	60	698	51	691	49	560	35	643	-	0	-	599	-		
All Other	Safety Net	624	356	372	7	308	15	302	18	359	12	348	10	278	5	330	18	0	-	296	-		
Uncategorized	Total	715	-	185	-	159	-	235	-	213	-	188	-	158	-	176	-	0	-	166	-		
Officategorized	Safety Net	211	-	29	-	21	-	46	-	44	-	27	-	22	-	25	-	0	-	24	-		
Additional Providers	Total	0	-	0		0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Additional Flovideis	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Home and Community Based	Total	13	-	1	-	1	-	3	-	2	-	1	-	3	-	1	-	0	-	4	-		
Services	Safety Net	13	-	1	-	1	-	3	-	2	-	1	-	3	-	1	-	0	-	4	-		

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
Expected Number of Ambulatory ICUs Established	2.b.i	0	2
Number of programs	3.f.i	0	6

	Participating in F	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Kusher Matthew Scott	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~		~	
Mukalla Srilakshmi	Practitioner - Primary Care Provider (PCP)	~	~	~	<	~	~	~	~		<	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Chilaka Chioma Onyemechi	Practitioner - Primary Care Provider (PCP)	<			<						
Fong Jane Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Patel Rajesh Manharbhai Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mcdonald Annmarie C Md	Practitioner - Primary Care Provider (PCP)	<									
Cruz Yvonne Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	<		<
Pilosov Daniel Robert Md	Practitioner - Primary Care Provider (PCP)										
Lando Sister Melinda	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	ζ	ζ	ζ		<
Carnevale Caroline	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lindsay Alvin Anu Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cancio Morales Nestor	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Sharaftkhah Martin Md	Practitioner - Primary Care Provider (PCP)	<									
Nunez Denise Joanna Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kim Forrester-Dumont	Practitioner - Primary Care Provider (PCP)										
Yepes Martha Paola	Practitioner - Primary Care Provider (PCP)	<									
Kin Lin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mohammad Sajjad	Practitioner - Primary Care Provider (PCP)	<	<								
Shehigian Aline Ann	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Hahn Erica Kyle	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Moberg Kenneth A	Practitioner - Primary Care Provider (PCP)	<			<						
Witkowska Renata A Md	Practitioner - Primary Care Provider (PCP)	<									
Uday Kalpana Appajappa Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jackson Mark H Md	Practitioner - Primary Care Provider (PCP)	<			<	<					
Bulsara Girish M Md	Practitioner - Primary Care Provider (PCP)	<									
Hernandez Marco T Pc Md	Practitioner - Primary Care Provider (PCP)	<									
Samuel Joice Md	Practitioner - Primary Care Provider (PCP)	<									
Aung Khun Zawhtet	Practitioner - Primary Care Provider (PCP)	<									
Daniel Vijai Joseph Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jordan Golubcow-Teglasi	Practitioner - Primary Care Provider (PCP)										
Penrose Sarah	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gauthier Angie R	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Vilabrera David Md	Practitioner - Primary Care Provider (PCP)	<			<	<					



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Chambers Jennifer Angella
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Kelly Paul James Md
				<				<	<	Practitioner - Primary Care Provider (PCP)	Burney Naghma Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lee Jee Md
									<	Practitioner - Primary Care Provider (PCP)	Absy-Jaghab Minou Md
									<	Practitioner - Primary Care Provider (PCP)	Ganti Sudha Rajaram Md
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Dubois Elizabeth Marie
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Larish Lyvia
<				<	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Bilenkin Leonid
							<	<	<	Practitioner - Primary Care Provider (PCP)	Reyes Juan D Md
		<				<			<	Practitioner - Primary Care Provider (PCP)	Abdelaal Hany Dr.
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Kanter Timothy Joseph Md
									<	Practitioner - Primary Care Provider (PCP)	Irwin Michael R Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Vazquez-Ayala Manuel
									<	Practitioner - Primary Care Provider (PCP)	Shur Irina N Md
									<	Practitioner - Primary Care Provider (PCP)	lqbal Pervaiz Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Balachandra Shirish Krishna
										Practitioner - Primary Care Provider (PCP)	Orton Sarah
									<	Practitioner - Primary Care Provider (PCP)	Sacco Joseph P Md
										Practitioner - Primary Care Provider (PCP)	Sabastin Suja Maria
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Regalado Erika Md
									<	Practitioner - Primary Care Provider (PCP)	Gutnik Igor Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Diaz-Fuentes Gilda Md
									<	Practitioner - Primary Care Provider (PCP)	Predrag Popovic Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Collins Inyanga
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Roque Jr. Cesar
										Practitioner - Primary Care Provider (PCP)	Grun Deborah J
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Rizvi Firdous Md
<				<	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Maggio Johanna Medodie
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Bolan Claire
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Weissman Matthew Aron Md
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Ahram Haya
	<	<	<	ζ.	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Olajide Grace
						<			<	Practitioner - Primary Care Provider (PCP)	Barclay Ruby
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lee Nancy
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Zayas Jacqueline Dana
		<		ζ.	<			<	<	Practitioner - Primary Care Provider (PCP)	Benjamin Taisha Lashon
										Practitioner - Primary Care Provider (PCP)	Samuel Lena Sylvia
										Practitioner - Primary Care Provider (PCP)	Howard Slomko
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mbayanga Musulu
	<			<	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Zeller Barbara C Md
							<	<	<	Practitioner - Primary Care Provider (PCP)	Szteinbok Maurice Md
									<	Practitioner - Primary Care Provider (PCP)	Mohammed Romeeda
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Zeana Cosmina Md
									<	Practitioner - Primary Care Provider (PCP)	Murayama-Greenbaum Robert Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mejia Christophe
									<	Practitioner - Primary Care Provider (PCP)	Gracia Philome Jean Herve Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Sawlani Deepak Jaikishan Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Perez Martha
									<	Practitioner - Primary Care Provider (PCP)	Mallapu Shravan K
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Ouadi Amar
									<	Practitioner - Primary Care Provider (PCP)	Domingo Melchor T Md Pc
1	~	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Adeniyi Ayoade O Md
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Lewis Cynthia Md
									<	Practitioner - Primary Care Provider (PCP)	Naveh Marcia Spiegel Md
1	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Quick Ashley J
										Practitioner - Primary Care Provider (PCP)	Karki Niraj
1	→	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Johnson Julius Iii
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Badipatla Shanthi
	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mahbubani Shalu
									<	Practitioner - Primary Care Provider (PCP)	Sarfaraz Nimra
							<	<	<	Practitioner - Primary Care Provider (PCP)	Perez Salvador Onesimo Md
	4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Name Provider Category	Provider Name
									cts	Participating in Projects	

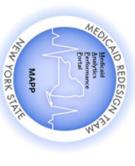


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	Participating in Projects	in Projects							_		
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Jacob Viju	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Maslavi Saul Fred Md	Practitioner - Primary Care Provider (PCP)	<	<								
Manheimer Eric D Md	Practitioner - Primary Care Provider (PCP)	<			<						
Kamat Sunil Gurudas	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ.	<	<	<		<
Kwankam Maureen	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ.	<	<	<		<
Napolitano Daniel Louis	Practitioner - Primary Care Provider (PCP)	<	ζ.			ζ.	<		<		
Etienne Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Go Teresita Alo Md	Practitioner - Primary Care Provider (PCP)	<	<								
Khaw Adrian	Practitioner - Primary Care Provider (PCP)										
Kerlegrand Pascale Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rodriguez Jose I Md	Practitioner - Primary Care Provider (PCP)	<									
Roman Jaime Francisco Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Vootla Vamshidhar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mihir Patel	Practitioner - Primary Care Provider (PCP)	<	<				<				
Mercredi Guerline	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Villa Tatiana	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Callender Kimberly	Practitioner - Primary Care Provider (PCP)	<			<						
Ally Shamiza Alima Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Genuady Jennifer	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zellan Jonathan D Md	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Knibbs Melida Stewart	Practitioner - Primary Care Provider (PCP)	<									
Bitterman Jacalyn S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ponieman Diego Andres Md	Practitioner - Primary Care Provider (PCP)	<	<								
Prishutova Anna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ali Amanda Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Amin Prina Pandya	Practitioner - Primary Care Provider (PCP)	<	ζ.			<	<		<		
Morrow Lisa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ponce Sara	Practitioner - Primary Care Provider (PCP)	<									
Serafin Dana J	Practitioner - Primary Care Provider (PCP)										
Hammer John T Md	Practitioner - Primary Care Provider (PCP)	<				<					
Bhalodkar Narendra C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

Product Name Provider Canagory 2.4		Participating in Projects	Projects									
Inspire (Right) Placetilisorer - Primacy Case Provider (PCP) X	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
A. A. Practitioner - Primary Care Provider (PCP) C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C	Tieng Arlene Tan	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	〈	<	ζ.	ζ.		<
A A Peacitioner - Primary Case Provider (PCP) C <td>Barcavage Shaun</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Barcavage Shaun	Practitioner - Primary Care Provider (PCP)	<									
Presidenter - Primary Case Provider (PCP)	John David H A	Practitioner - Primary Care Provider (PCP)	<	<			<	<		ζ.		
Authon Practitioner - Primary Case Provider (PCP) XX XX <th< td=""><td>Menon Anupama</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Menon Anupama	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Widjaja David	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.		<
Practitioner - Primary Care Provider (PCP)	Hiensch Karen Allison	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Md Practitioner - Primary Care Provider (PCP) CV CV<	Young-Geye Stephanie	Practitioner - Primary Care Provider (PCP)	<									
Md Practitioner - Primary Case Provider (PCP) X <td>Imam Asim</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Imam Asim	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Venkatram Sindhaghatta Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Adeyinka Adebayo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.		<
Practitioner - Primary Care Provider (PCP) X	Herwig Kenneth J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Practitioner - Primary Carle Provider (PCP) X <td>Balde Alseny Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Balde Alseny Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) X	Telzak Edward Elliot Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Timoney Maria Cnm	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
bena Md Practitioner - Primary Care Provider (PCP) C	Manik Arvind Chandulah	Practitioner - Primary Care Provider (PCP)	<									
bena Md Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the practitioner - Primary Care Provider (PCP) Image: Control of the primary Care Provider (PCP) Image: Control	Dubois Elizabeth T	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Nyamekye Absylom Kwabena Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Ballas Mayer Md Pc	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Owusu George E Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP) Practitioner - Pri	Demopoulos Byron P Md	Practitioner - Primary Care Provider (PCP)	<	<			~	<		<		
Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP) Practitioner - Pri	Tafreshi Saeid	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Md Practitioner - Primary Care Provider (PCP) Practitioner - Prim	Kant Sandipagu	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Wid Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V	Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Bermudez Rachel Irene Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Image: Control of the con	Kyei-Anti Afua	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
la A Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Image	Jankowska Izabela	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Ia A Practitioner - Primary Care Provider (PCP) V <th< td=""><td>Beruke Hanna</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Beruke Hanna	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V<	Charles-Gonsalves Shurla A	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Card Andrea Dione Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Primary Care Provider (PCP)	Jagarlamudi Padmavathi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.		<
	Abu Loveth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Jimenez Luis
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Verna Yves Georges Md
<	<	<	<	<	~	<	<	<	Practitioner - Primary Care Provider (PCP)	Braswell Jessica M
									Practitioner - Primary Care Provider (PCP)	Buckle Jody Ann
	<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Brutus Valerie
	<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Christophe Gladys
									Practitioner - Primary Care Provider (PCP)	Islam Mahbubul Md
					<			<	Practitioner - Primary Care Provider (PCP)	Gordon Barry Dr.
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Shuja Mohammad Tariq Md
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Arnstein Ellis Jay Md
						<	<	<	Practitioner - Primary Care Provider (PCP)	Moquete Ramon Andres Md
								<	Practitioner - Primary Care Provider (PCP)	Boyar Karyn Lee
	<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Okoye Safiyyah Maryam
								<	Practitioner - Primary Care Provider (PCP)	Dumrese Danielle Lee
									Practitioner - Primary Care Provider (PCP)	Eccleston-Hosein Veronica T Np
					<			<	Practitioner - Primary Care Provider (PCP)	Arceo Joy Victor Boado
								<	Practitioner - Primary Care Provider (PCP)	Patel Reena J
									Practitioner - Primary Care Provider (PCP)	Agarwal Reena
						<	<	<	Practitioner - Primary Care Provider (PCP)	Pedro Antonio Corzo
								<	Practitioner - Primary Care Provider (PCP)	Harris Joseph Md
			<				<	<	Practitioner - Primary Care Provider (PCP)	Timmireddy Arunakumari Md
								<	Practitioner - Primary Care Provider (PCP)	Calamia Vincent Md
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Mcleod Shenequa Alisha
									Practitioner - Primary Care Provider (PCP)	Medcareplus Plic
								<	Practitioner - Primary Care Provider (PCP)	Pehr Marcia Md
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Beach Paul W Jr Md
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Simon Laura E
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Saleh Ali
<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Goilav Beatrice
			<				<	<	Practitioner - Primary Care Provider (PCP)	Melamed Samuel L Md
	<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Blidnaya Lana
4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								ects	Participating in Projects	



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Muniz Elisa Iraida Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Narcisse Debra	Practitioner - Primary Care Provider (PCP)	<									
Duncan Neasha	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Mckinney Robin Cylinthia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mercedes Angela	Practitioner - Primary Care Provider (PCP)	<			<						
Garcia Gabriel Md	Practitioner - Primary Care Provider (PCP)	~									
Rendeiro Susanne	Practitioner - Primary Care Provider (PCP)	~									
Fagbemi Moronkeji Olapade Md	Practitioner - Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Revan Sharon Levina Md	Practitioner - Primary Care Provider (PCP)	~									
Makkala Venkateshwara R Md	Practitioner - Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Sudhakar Ayilam	Practitioner - Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Siddiqui Umair	Practitioner - Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Salder Rufus E Md	Practitioner - Primary Care Provider (PCP)	~	<				<				
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)	~									
Lopez Jose Antonio Md	Practitioner - Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Dickerson Robert F Md	Practitioner - Primary Care Provider (PCP)	~			<	<					
Baez Daysi Md	Practitioner - Primary Care Provider (PCP)	<	<								
Flattau Anna Md	Practitioner - Primary Care Provider (PCP)	~									
Demoz Abraham Md	Practitioner - Primary Care Provider (PCP)	~	~								
Chan Tricia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mevs Jean	Practitioner - Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Cellin Melissa Maria	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Nowakowski Joanna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Manzoor Sohail	Practitioner - Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Fresneda Caridad	Practitioner - Primary Care Provider (PCP)	<			<						
Lev Yair	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Das Ashutosh	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Joseph Gina Md	Practitioner - Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
St Hilaire Wilgyms	Practitioner - Primary Care Provider (PCP)	<			<						
Gasinu Eli	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Woods Kim Benjamin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Arias-Florez Elizabeth Cristina	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Arias-Florez Elizabeth Cristina				I							
J Liller NAL	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Benyaminova irina ivid	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Latika Prajna	Practitioner - Primary Care Provider (PCP)	ζ.	〈	ζ.	<	<	ζ.	ζ.	ζ		<
Sinha Ghazal	Practitioner - Primary Care Provider (PCP)	<	〈	ζ.	<	<	ζ.	ζ.	ζ.		<
Moss Kara L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Agarwala Ajay K Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Gazzara Paul C Md	Practitioner - Primary Care Provider (PCP)	<									
lda Joseph Richard	Practitioner - Primary Care Provider (PCP)	<									
Waseem Tariq Md	Practitioner - Primary Care Provider (PCP)	<			<						
Reyes Darcel	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Singh Manisha	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Manubolu Sindhura	Practitioner - Primary Care Provider (PCP)										
King Angela	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Staples Karen	Practitioner - Primary Care Provider (PCP)	<			<						
Perry Russell Joseph Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Akella Sai L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)	<									
Busse Jennifer Alison	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bussoletti Natalee Marie	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Nyarko Franklina	Practitioner - Primary Care Provider (PCP)										
Majeed Sohaib	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rafiq Amerha Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Asante Baah Md	Practitioner - Primary Care Provider (PCP)	<									
Bhagat Vinod Md	Practitioner - Primary Care Provider (PCP)	<	<				<				
Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Fievre Garnes Marie Ft Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Minarik Lawrence Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Jenkins Monique	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Singh Jagdeep	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zolfaghari Soodabeh	Practitioner - Primary Care Provider (PCP)	<									
Mochizuki Takahashi Miki Emilia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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							<	<	<	Practitioner - Primary Care Provider (PCP)	Torres Janette A Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Herbsman Neil Md
									<	Practitioner - Primary Care Provider (PCP)	Alexander Jane Lauren Np
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Jimenez-Morales Lucia O
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Edwards Teryn
<				<	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Lutas Elizabeth Mary Md
										Practitioner - Primary Care Provider (PCP)	Amenechi-Enahoro Susan
<		<	<	<	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Martin Luther King Hlth Ctr
									ζ.	Practitioner - Primary Care Provider (PCP)	Miller Hanan G Md
										Practitioner - Primary Care Provider (PCP)	Alarcon-Cardenas Deni G
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Smaldone Lauren
								<	<	Practitioner - Primary Care Provider (PCP)	Jean-Jacques Lamercie Mohane
		<		ζ.	<			<	ζ.	Practitioner - Primary Care Provider (PCP)	Balfour Jennifer
<		ζ.	<	ζ.	<	ζ.	<	ζ.	<	Practitioner - Primary Care Provider (PCP)	Kamath Aviva Michele
<				ζ.	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Joseph Myriam
									ζ.	Practitioner - Primary Care Provider (PCP)	West Denise
<		<	<	ζ.	<	<	<	<	ζ.	Practitioner - Primary Care Provider (PCP)	Aung Ye Kyaw Md
									<	Practitioner - Primary Care Provider (PCP)	Nawaz Jamil A Md
				<				<	<	Practitioner - Primary Care Provider (PCP)	Pyo Robert T
							<	<	<	Practitioner - Primary Care Provider (PCP)	Goyzueta Franz Esteban Md
										Practitioner - Primary Care Provider (PCP)	Mukherjee Sarmistha
									<	Practitioner - Primary Care Provider (PCP)	Costley-Hoke Karen M Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Reddi Vijaya Govinda Md
									<	Practitioner - Primary Care Provider (PCP)	Martin Monica A
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Epstein Micheline
									<	Practitioner - Primary Care Provider (PCP)	Dastain Jean Yves
									<	Practitioner - Primary Care Provider (PCP)	Mansouri Giti
								<	<	Practitioner - Primary Care Provider (PCP)	Costas-Katz Carmen Silvia Md
<				<	<		<	<	<	Practitioner - Primary Care Provider (PCP)	Hill Keran
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Gonzalez Efrain Md
		ζ.		ζ.	<			<	ζ.	Practitioner - Primary Care Provider (PCP)	Hall Tami L
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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	ranicipaning in Frojects	יכנט									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i 4	4.a.iii	4.c.ii
Amit Goel	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Nayudu Suresh Kumar S	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Anderson Kesha-Gaye	Practitioner - Primary Care Provider (PCP)										
Smith Ernst Pc Md	Practitioner - Primary Care Provider (PCP)	<									
Escher Jeffrey Ethan Md	Practitioner - Primary Care Provider (PCP)	<									
Balikcioglu Abdo Md	Practitioner - Primary Care Provider (PCP)	<									
Adair Robert	Practitioner - Primary Care Provider (PCP)	<	<								
Mendez Luis Rafael	Practitioner - Primary Care Provider (PCP)	<	<	<							
Summers Rebecca	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Yalla Rajya L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		✓
Michael James Mcnett	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mamtora Pankaj Kanji Md	Practitioner - Primary Care Provider (PCP)	<									
Ntiamoah Kwabena	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		~
Newport Sharon	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Salazar Edgard	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		✓
Lefevre Cluny P Do	Practitioner - Primary Care Provider (PCP)	<									
Pierre Louisdon Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Marder Jonathan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Denis Jean R Md	Practitioner - Primary Care Provider (PCP)	<									
Thomas Bindhu Kanjiravilayil Md	Practitioner - Primary Care Provider (PCP)	<									
Zapata Wendy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Brar Amandeep	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Biernacki Carolina	Practitioner - Primary Care Provider (PCP)	<			<				<		
Miller Laurence Robert	Practitioner - Primary Care Provider (PCP)										
Trevino Lara Elizabeth	Practitioner - Primary Care Provider (PCP)										
Guido Giancarlo R Md	Practitioner - Primary Care Provider (PCP)	<									
Maje Hafiz	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Merriweather Aisha Kimberly	Practitioner - Primary Care Provider (PCP)										
Patel Anilkumar Sureshchandra	Practitioner - Primary Care Provider (PCP)	<	<								
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)	<									
Cruz Juan R Md Pc	Practitioner - Primary Care Provider (PCP)	<	<				<				



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	Participating in Projects	ects							_		
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Benchekroune Ghizlane	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Punj Sonia X	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<		<	ζ.				ζ.
Adrish Muhammad	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ.	ζ	<		<
Serrano Ileana	Practitioner - Primary Care Provider (PCP)	<	ζ.			<	<		<		
Kumbum Kavitha Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ.	<		<
Yazdanbakhsh Khashayar	Practitioner - Primary Care Provider (PCP)	<									
Irigela Maheswara Reddy	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ.	ζ	<		ζ.
Nwosu Julius Rpa	Practitioner - Primary Care Provider (PCP)										
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)	<									
Ganti Valli Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Koizumi Christina Haru Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Seth Lalit Mohan Md	Practitioner - Primary Care Provider (PCP)	<									
Pagan Diane Elizabeth	Practitioner - Primary Care Provider (PCP)	<			<						
Miranda Jeanette	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Recabarren-Velarde Juana	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Avila-Rondon Miguel Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Chusid Boris Gregory Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Grubin Cindy C Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rudikoff Donald Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Fajardo Bienvenido Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Pelzman Fred Nathan Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Moteelall Meena Kumarie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Petros Jessica Theresa	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Maria Soledad Perea Barbosa	Practitioner - Primary Care Provider (PCP)	<	<								
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)	<									
Navarro Carlos Alberto	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Stibitz Lisa Marie	Practitioner - Primary Care Provider (PCP)	<			<						
Jakubowicz David Matthew Md	Practitioner - Primary Care Provider (PCP)	<									
Wilkins Robert Md	Practitioner - Primary Care Provider (PCP)	<									
Howard June	Practitioner - Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Arya Kapil	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Canagory 241 241 245 245 341		Participating in Projects	ojects									
Billia Practitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Primary Cane Provider (PCP) C Practitioner - Primary Cane Provider (PCP) R Md Practitioner - Primary Cane Provider (PCP) R Md Practitioner - Primary Cane Provider (PCP) R Md Practitioner - Primary Cane Provider (PCP) Practitioner - Primary Cane Provider (PCP)	Hampton Elisa Padilla	Practitioner - Primary Care Provider (PCP)	<	ζ.			<	<		<		
Pacilitione - Primary Care Provider (PCP)	Charnow Noemi	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Mod Practitioner - Primary Care Provider (PCP) CI	Lopez Taina	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
MM Medicilioner - Primary Care Provider (PCP) X <td>Gupta Sindhu Md Pc</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Gupta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)	<									
R Mdd Phacitioner- Primary Case Provider (PCP) Image:	Hinestroza Howard Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<	<	<		<
Add Practitioner - Primary Care Provider (PCP) ent Pactitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Dractitioner - Primary Care Provider (PCP) Practitioner -	Alerte Marc Antoine R Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.							
eart Preactioner - Primary Care Provider (PCP) V <td>Augustine Gerrad Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td>ζ.</td> <td>ζ.</td> <td><</td> <td>ζ.</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Augustine Gerrad Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<	<	<		<
ert Practitioner - Primary Case Provider (PCP) Descriptioner - Primary Case Provider (PCP) Practitioner - Primary Case Provider (PCP) Descriptioner - Primar	Copeland Ebony R	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Slezinger-Mejia Albert	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Cabral Laiheng	Practitioner - Primary Care Provider (PCP)	<									
And Pauline Mid Practitioner - Primary Care Provider (PCP) X	Cimt Karene	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
on Pauline Md Practitioner - Primary Care Provider (PCP) C	Chow Grace A Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Primary Care Provider (PCP)	Atherley-Ward Allison Pauline Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Flanagan Abiga	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Rivera Milagros Pa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	~		<
Practitioner - Primary Care Provider (PCP) X	Ihimoyan Ariyo A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
to Md Practitioner - Primary Care Provider (PCP) C<	Toedt-Pingel Iris	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ite Mod Practitioner - Primary Care Provider (PCP) V	Dianalan Johaira	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Sesto Md Practitioner - Primary Care Provider (PCP) C <th< td=""><td>Agopian Eliz Hazar</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Agopian Eliz Hazar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Md Practitioner - Primary Care Provider (PCP) V <td>Valerio Rubi Mosesto Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td>~</td> <td></td> <td><</td>	Valerio Rubi Mosesto Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	~		<
Jer Practitioner - Primary Care Provider (PCP) H Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) E Practitioner - Primary Care Provider (PCP) An Md Practitioner - Primary Care Provider (PCP) Practit	Machuca Jenny Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
H Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) E Practitioner - Primary Care Provider (PCP) Practitioner - Primar	Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)	<									
E Practitioner - Primary Care Provider (PCP) E Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) INDIA PRACTITIONER - PRIMARY CARE PROVIDER - PRIMA	Kalafatic William H	Practitioner - Primary Care Provider (PCP)	<									
E Practitioner - Primary Care Provider (PCP) rly A Practitioner - Primary Care Provider (PCP) nly A Practitioner - Primary Care Provider (PCP)	Djen Simon	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
rly A Practitioner - Primary Care Provider (PCP) ny A		Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
rly A Practitioner - Primary Care Provider (PCP) an Md Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP)	Singer Karyn	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
an Md Practitioner - Primary Care Provider (PCP) Md Practitioner - Primary Care Provider (PCP)	Fernandez Beverly A	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Md Practitioner - Primary Care Provider (PCP) V	Kanneganti Kalyan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Pajela Pedro R Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Villafana Juan H	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Nagapaga Madhavi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Name Provider Changoy 2.1 2		Participating in Projects	Projects									
Practitions - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Primary Care Provider (PCP)	Treyster Zoya	Practitioner - Primary Care Provider (PCP)	ζ.	<			<	ζ.		<		
Practitioner - Primary Care Provider (PCP)	Mastrianni Mary Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Case Provider (PCP)	Walsh John	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Beira Richard Joseph Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Rosenstock Paul R Md	Practitioner - Primary Care Provider (PCP)	〈			<						
Practitioner - Primary Care Provider (PCP)	Tan Jenny Yu	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Primary Care Provider (PCP)	Partos Nancy	Practitioner - Primary Care Provider (PCP)	〈	<	ζ.		<	ζ.				<
Mid Pacitioner - Primary Care Provider (PCP) X	De Guzman Paul Quinto	Practitioner - Primary Care Provider (PCP)										
Mid Practitioner - Primary Care Provider (PCP) X <td>Washington Deanna</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Washington Deanna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mid Practitioner - Primary Care Provider (PCP) X <td>Duncalf Richard Michael Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Duncalf Richard Michael Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
belt Anna Md Practitioner - Primary Care Provider (PCP) X	Waseem Muhammad Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
iiii Practitioner - Primary Care Provider (PCP) IX I	Skokowska-Lebelt Anna Md	Practitioner - Primary Care Provider (PCP)	<									
It Practitioner - Primary Care Provider (PCP)	Hagmann Stefan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Ay Lois J Practitioner - Primary Care Provider (PCP) C <t< td=""><td>Azubuike Abigail</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Azubuike Abigail	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
ay Lois J Practitioner - Primary Care Provider (PCP) V <t< td=""><td>Cole Davin R</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Cole Davin R	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
ay Lois J Practitioner - Primary Care Provider (PCP) X <t< td=""><td>Amoah Joyce</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Amoah Joyce	Practitioner - Primary Care Provider (PCP)										
A MAM Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Imag		Practitioner - Primary Care Provider (PCP)	<									
A Md Practitioner - Primary Care Provider (PCP) C </td <td>Toner Laura</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Toner Laura	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
A Mid Practitioner - Primary Care Provider (PCP) Idouard Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Maria Maria Practitioner - Primary Care Provider (PCP) Maria Maria	Dellatto Patricia	Practitioner - Primary Care Provider (PCP)	<									
Edouard Practitioner - Primary Care Provider (PCP) V	Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)	<									
Derrick J Md Practitioner - Primary Care Provider (PCP) C <	Parola Claude Edouard	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Derrick J Md Practitioner - Primary Care Provider (PCP) C	Casas Jacinto	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Maria Practitioner - Primary Care Provider (PCP) V <t< td=""><td>Tolbert-Walker Derrick J Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Tolbert-Walker Derrick J Md	Practitioner - Primary Care Provider (PCP)	<									
S Md Practitioner - Primary Care Provider (PCP) V </td <td>Warren Caleen Maria</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Warren Caleen Maria	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
e Md Practitioner - Primary Care Provider (PCP) a Practitioner - Primary Care Provider (PCP) omez Choima Practitioner - Primary Care Provider (PCP)	Wittenberg Ian S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
a Practitioner - Primary Care Provider (PCP) Omez Choima Practitioner - Primary Care Provider (PCP)	St Louis Yolaine Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
omez Choima Practitioner - Primary Care Provider (PCP) V	Miller Samantha	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Okafor-Mbah Gomez Choima	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Siciliano Donna	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Hasan Omar	Practitioner - Primary Care Provider (PCP)	<	<	<	<	~	<	<	<		<
	Szygiel George	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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<				<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Jean Ernst F Md
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Rolston Sandra A Md
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Hall-Ross Sandra M Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Purswani Murli Udharam Md
									<	Practitioner - Primary Care Provider (PCP)	Russell Robin O Md
										Practitioner - Primary Care Provider (PCP)	Khader Rawand Sudqi
								<	<	Practitioner - Primary Care Provider (PCP)	Santos Marissa T
		<		<	<			<	ζ.	Practitioner - Primary Care Provider (PCP)	Ferguson Sacha
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Mikheyev Vyacheslav
		<		<	<			<	ζ.	Practitioner - Primary Care Provider (PCP)	Timothy Beverly Antonia Rn
<		<	<	<	<	ζ.	<	<	<	Practitioner - Primary Care Provider (PCP)	Paulus Suresh Kumar Do
									<	Practitioner - Primary Care Provider (PCP)	Rimmer Linda Marie Gawronski
							<	<	<	Practitioner - Primary Care Provider (PCP)	Ortiz Jose Carlos Md
									<	Practitioner - Primary Care Provider (PCP)	Caesar Mimieux Vanetta
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Tavares Rosanabela Md
									<	Practitioner - Primary Care Provider (PCP)	Kavet Jay A Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Trossello Catherine
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Soni Mathew Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Luong Thanh-Ha Thia Md
										Practitioner - Primary Care Provider (PCP)	Ododo Chidiadi Juliet
									<	Practitioner - Primary Care Provider (PCP)	Batlle Jose E Md
		<		<	<			<	<	Practitioner - Primary Care Provider (PCP)	Gonzalez Katherne
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Fundo Fiona
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Etokhana Kenneth
					<	ζ.			<	Practitioner - Primary Care Provider (PCP)	Fedrick Joseph Anthony Md
									<	Practitioner - Primary Care Provider (PCP)	Mensah Samuel K Md
									<	Practitioner - Primary Care Provider (PCP)	Rabinowitz Michael Ray
										Practitioner - Primary Care Provider (PCP)	Guerin Yanick
									<	Practitioner - Primary Care Provider (PCP)	Thomas Johnny Md
<		<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Arthur Richard Wilfred
<		<	<	<	<	ζ.	<	<	<	Practitioner - Primary Care Provider (PCP)	Shunamon Nicole
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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Provider Name Provider Name Provider Catagory 2a 2a 2a 2b 2a 2a 2a 3a 3a 3a 3a 3a		Participating in Projects	ojects									
Pacialisons - Primary Cane Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Primary Care Provider (PCP)	Luna Betty Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	<		<
Practitioner - Primary Case Provider (PCP)	Macias Guadalupe	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Jakerin Ahmed K	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Iddal Practitioner - Primary Carle Provider (PCP) X	Khandavilli Prasanna	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	ζ.	<	<	ζ.		<
Ida L Practitioner - Primary Care Provider (PCP) CX	Tiburcio Jose Frank Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<	<	ζ.		<
Practitioner - Primary Cate Provider (PCP)	Mercado Depaz Disnilda L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Franco Bernadette	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Turner Latasha M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
lo J MMd Practitioner - Primary Care Provider (PCP) Image: Control of the Control of Type (PCP) Image: Control of Type (PCP)	Perugu Vijaya	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mid Practitioner - Primary Care Provider (PCP) V <td>Liriano Octavio Antonio Jr Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td>ζ.</td> <td>ζ.</td> <td><</td> <td>ζ.</td> <td><</td> <td></td> <td></td> <td></td> <td><</td>	Liriano Octavio Antonio Jr Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	<				<
Mid Practitioner - Primary Care Provider (PCP) X <td>Patel Pravin P Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Patel Pravin P Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP)	Greenidge Anthony A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Sherman Peter A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
silssa Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Friedman Ross Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Rodriguez-Ramos Melissa	Practitioner - Primary Care Provider (PCP)	<	<								
Practitioner - Primary Care Provider (PCP) C	Koshy George P Md	Practitioner - Primary Care Provider (PCP)	<									
Image: Practitioner - Primary Care Provider (PCP) Image:	Bailey Lloyd E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Internation of the practition of Pr	Izquierdo Richard Md	Practitioner - Primary Care Provider (PCP)	<	<								
Invanov Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)	<									
Ivanov Practitioner - Primary Care Provider (PCP) V </td <td>Skipski Dina</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td></td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td></td>	Skipski Dina	Practitioner - Primary Care Provider (PCP)	<	<				~				
Ivanov Practitioner - Primary Care Provider (PCP) V </td <td>Reihani Ghazal</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Reihani Ghazal	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Practitioner - Primary	Valeria V Loukanova-Ivanov	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Primary Care Provider (PCP)	Amanquah Lena A Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Primary Care Provider (PCP)	Napoli Michael J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Primary Care Provider (PCP) Image: Control of the	Chiaramonte Lawrence T	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Primary Care Provider (PCP)	Mcneil Apryl Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Etienne Viviane Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Primary Care Provider (PCP)	Carthen Dashima Md	Practitioner - Primary Care Provider (PCP)	<			<				<		
Ances Mary J Md Practitioner - Primary Care Provider (PCP)	Boyd Jeremy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (P	Chekuri Anita	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
	Immordino Frances Mary J Md	Practitioner - Primary Care Provider (PCP)										



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Provider Name Provider Cotagoyy 2a 2a 2a 2b 2a 2a 2a 2a		Participating in Projects	rojects									
Ball Practitioner - Primary Care Provider (PGP) In Practitioner - Primary Care Provide	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Beautitions - Primary Care Provider (PCP)	Salako Abayomi O Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<u> </u>	<
Practitioner - Primary Case Provider (PCP)	Dwarka Regev Ragbardial	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Cane Provider (PCP)	Farkas Daniel T Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pacitioner - Primary Case Provider (PCP)	Henry Michael W Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	ζ.	ζ.	<	ζ.		<
Practitioner - Primary Cane Provider (PCP)	Taylor-Kamara N'Gadie	Practitioner - Primary Care Provider (PCP)										
Initial	Mitchell Tunesia L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	ζ.	ζ.	<	ζ.		<
Practitioner - Primary Care Provider (PCP)	Sanders Lauren Jacqueline	Practitioner - Primary Care Provider (PCP)	<	<			ζ.	ζ.		ζ.		
Practitioner - Primary Case Provider (PCP)	Anderson Patricia Althea	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
MMd Practitioner - Primary Care Provider (PCP) X <td>Feygin Polina Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Feygin Polina Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Granieri Evelyn Carmela Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Daniel Myrta Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
d Practitioner - Primary Care Provider (PCP) X	Kim Mae Hee Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
aria Practitioner - Primary Care Provider (PCP) V </td <td>Pinto Rohit Ivor Agnel Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td><</td> <td></td> <td><</td>	Pinto Rohit Ivor Agnel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<		<
ania Practitioner - Primary Care Provider (PCP) Image: Company Ca	Agarwal Ruchi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
ariia Practitioner - Primary Care Provider (PCP) C<	Degraft-Johnson Ama	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) X	De La Huerta Rafaela Maria	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Gonzalez Patria Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Practitioner - Primary Care Provider (PCP) C	Liburd Jennifer D Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)<	Jones Kenneth Omri Md	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V </td <td>Framm Stuart R Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Framm Stuart R Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) V V V V V Practitioner - Primary Care Provider (PCP) V V V V V V Md Practitioner - Primary Care Provider (PCP) V V V V V V V Md Practitioner - Primary Care Provider (PCP) V V V V V V V Md Practitioner - Primary Care Provider (PCP) V V V V V V V V Id Practitioner - Primary Care Provider (PCP) V V V V V V V V V Id Practitioner - Primary Care Provider (PCP) V <td>Kadam Shivaji L Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Kadam Shivaji L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) V V V V V Practitioner - Primary Care Provider (PCP) V V V V V V Md Practitioner - Primary Care Provider (PCP) V V V V V V V Md Practitioner - Primary Care Provider (PCP) V V V V V V V V V Id Practitioner - Primary Care Provider (PCP) V	Auguste Jean K Md	Practitioner - Primary Care Provider (PCP)	<									
Md Practitioner - Primary Care Provider (PCP) V<	Joseph Cynthia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Md Practitioner - Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V <th< td=""><td>Cano Nefertiti</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td></td><td><</td></th<>	Cano Nefertiti	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	~	<		<
Md Practitioner - Primary Care Provider (PCP) V <td>Schachter Lisa</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Schachter Lisa	Practitioner - Primary Care Provider (PCP)	<									
Reactitioner - Primary Care Provider (PCP) Image: Care Provider (PCP	Ramis Carmen Maria Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<	_	
JI Md Practitioner - Primary Care Provider (PCP) V<	Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) ✓	Teich Marvin L Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP)	Madan Bhattia Paul Md	Practitioner - Primary Care Provider (PCP)	<	<								
Practitioner - Primary Care Provider (PCP)	Fano Michael	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
	Dheeraj Khurana Mbbs	Practitioner - Primary Care Provider (PCP)	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Nagvi Zeenat Md	Practitioner - Primary Care Provider (PCP)	<	〈	<	<	<	<	<	<		<
Quindor Rhealynne B	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Mckeon Shannon B	Practitioner - Primary Care Provider (PCP)	<	<	<	〈	<	<	<	〈		<
Patel Madanmohan R Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	ζ.		ζ.
Isaacs-Charles Karen Ann Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	ζ.		ζ.
Kramer Lawrence David Md	Practitioner - Primary Care Provider (PCP)	<	ζ.			〈	<		〈		
Ayeni Eniola Teju	Practitioner - Primary Care Provider (PCP)										
Quiban Ambrosio M Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	ζ.		ζ.
Romanoff Robert Dr.	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	ζ.		ζ.
Tayts Lev Do	Practitioner - Primary Care Provider (PCP)	<									
Patel Hemant Kanubhai Md	Practitioner - Primary Care Provider (PCP)	<	<				<				
Escourse Tamikque	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	<		<
Nancy Lynn Chez	Practitioner - Primary Care Provider (PCP)	<	<	<		<	~				<
Deloria John Edward	Practitioner - Primary Care Provider (PCP)	<			<						
Tanke Theodore	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Chamarthy Sri Lakshmi Annapurna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tam Tracy Sin-Yee	Practitioner - Primary Care Provider (PCP)										
Thomas Chavannes	Practitioner - Primary Care Provider (PCP)	<									
Aponte Maya	Practitioner - Primary Care Provider (PCP)										
Stephenson Karen Md	Practitioner - Primary Care Provider (PCP)	<	<	<		<	~				<
Deleon Samuel Anthony Md	Practitioner - Primary Care Provider (PCP)	<									
Rahman Mohammad M Md	Practitioner - Primary Care Provider (PCP)	<	<								
Kerolle Harold Fritz Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Gottesman Kenneth S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Roach Keith Md	Practitioner - Primary Care Provider (PCP)	<	<			<	~		<		
Lvovsky Dmitry	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Narula Anita	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kempton Patricia B	Practitioner - Primary Care Provider (PCP)	<									
Salcedo Osiris	Practitioner - Primary Care Provider (PCP)	<									
Kang Moonwha	Practitioner - Primary Care Provider (PCP)	<			<						
Outlaw Desiree	Practitioner - Primary Care Provider (PCP)										



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Ghael Priya	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Howard Tomasz	Practitioner - Primary Care Provider (PCP)										
Yee Lily Fong Cho Md	Practitioner - Primary Care Provider (PCP)	ζ.									
Migias Nikolaos A Md	Practitioner - Primary Care Provider (PCP)	<									
Patel Rasik Lal Md	Practitioner - Primary Care Provider (PCP)	<									
Dudek Mona	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Kim Sharon Hyun Joo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Muir Eulalee Elsada	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Addoh Jones A	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Prince Tresa Smitha	Practitioner - Primary Care Provider (PCP)										
Teffera Fassil Md	Practitioner - Primary Care Provider (PCP)	<									
Agarwal Surbhi Md	Practitioner - Primary Care Provider (PCP)	<									
Barakat Maged Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Remy Prospere Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shear Mitchell Barry Md	Practitioner - Primary Care Provider (PCP)	<									
Makhdomi Sabina	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Navarro Hector Rodriguez Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Rodriguez Edna V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Manwani Savita S Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ferris David Craig Md	Practitioner - Primary Care Provider (PCP)										
Anele Slezinger	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Taviloglu Gurkan Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Weeks Williams David	Practitioner - Primary Care Provider (PCP)	<				<					
Migrace Medical Practice Pc	Practitioner - Primary Care Provider (PCP)	<	<	<							
Watson Kimberly Charytina	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Wiesinger Katherine	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Dunner Ricardo Orlando Md	Practitioner - Primary Care Provider (PCP)	<									
Khatiwala Vijay V Md	Practitioner - Primary Care Provider (PCP)	<									
Neuendorf James Lee Md	Practitioner - Primary Care Provider (PCP)	<									
Henderson Cassandra E Md	Practitioner - Primary Care Provider (PCP)	<									
Nasr Rahib	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name		Participating in Projects	rojects									
Practitioner - Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Include Practitioner - Primary Care Provider (PCP)	Chan Wendy	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
Pacitioner - Primary Care Provider (PCP)	Bornacelly-Perez Michel	Practitioner - Primary Care Provider (PCP)	<	ζ.	〈	<	<	ζ	<	<		<
e e Productorer - Primary Care Provider (PCP) And Mad Practitioner - Primary Care Provider (PCP) And And Practitioner -	Gogineni Anil Kumar	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
sian Practitioner - Primary Case Provider (PCP) X </td <td>Forbus Lauren Anne</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Forbus Lauren Anne	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Paciticone - Primary Care Provider (PCP) V V V V V V V V V	Fletcher, Fnp Debbian	Practitioner - Primary Care Provider (PCP)										
Mid Practitioner - Primary Care Provider (PCP) V <td>Bogdanov Assen Petrov Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)	<									
bonds Md Practitioner - Primary Care Provider (PCP) C <th< td=""><td>Bansal Om Prakash Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td>ζ.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Bansal Om Prakash Md	Practitioner - Primary Care Provider (PCP)	<	ζ.								
abelith Practitioner - Primary Case Provider (PCP) X	Padmavathi Murakonda Md	Practitioner - Primary Care Provider (PCP)	<									
Add Practitioner - Primary Care Provider (PCP) Image: Control of the provider (PCP) <t< td=""><td>Downing Tricia Elizabeth</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Downing Tricia Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) X	Olson Arik Robert Md	Practitioner - Primary Care Provider (PCP)	<			<				<		
Practitioner - Primary Care Provider (PCP)	Perez Hector Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
Practitioner - Primary Care Provider (PCP)	Harnik lan G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
via Nastashia Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)	<									
## Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)	Alvarez-Barto Ivannia Nastashia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
An Mid Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Mid Practitioner - Primary Care Provider (PCP) Mid Practitioner - Primary Care Provider (PCP) Mid Practitioner - Primary Care Provider (PCP) Mid Practitioner - Primary Car	Guillen Rafael A Md	Practitioner - Primary Care Provider (PCP)	<	<								
h Md Practitioner - Primary Care Provider (PCP) Image: Control of the provider of the provider of the practitioner of the practitioner of primary Care Provider (PCP) Image: Control of the practitioner of the practitioner of the practitioner of primary Care Provider (PCP) Image: Control of the practitioner of the practitioner of the practitioner of the provider (PCP) Image: Control of the practitioner of the practit	Myint Win Md	Practitioner - Primary Care Provider (PCP)	<									
h Md Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) Image	Filipkowski Anna	Practitioner - Primary Care Provider (PCP)										
Inditioner - Primary Care Provider (PCP) Image: Care Provider (PCP) <td>Patel Chaula Paresh Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Patel Chaula Paresh Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) Practitioner - Primary	Waithe Kenrick Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary	Amparo M Ramirez Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) Practitioner - Primary	Gonzalez Pedro	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Primary Care Provider (PCP) C Practitioner - Primary Care Provider (PCP) Practitioner - Prima	Tyler Michele L	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) C Practitioner - Primary Care Provider (PCP)	Roedan Socrates	Practitioner - Primary Care Provider (PCP)	<	<	<							
C Practitioner - Primary Care Provider (PCP) V	Austin Katherine M	Practitioner - Primary Care Provider (PCP)										
Practitioner - Primary Care Provider (PCP) V V V V V Practitioner - Primary Care Provider (PCP) V V V V V V Dractitioner - Primary Care Provider (PCP) V <t< td=""><td>Mitchell Clemaine C</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td></td><td></td><td><</td><td><</td><td></td><td><</td><td></td><td></td></t<>	Mitchell Clemaine C	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Primary Care Provider (PCP) V<	Maw Myo Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) Descriptioner - Primar	Saeed Babra Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) V<	Pastor Charles Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Mclean Barbara Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Shah Nimesh Kesharichand Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
	Fattakhov Emma	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Paz Jennifer	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Strong Jennifer Elizabeth	Practitioner - Primary Care Provider (PCP)	<			<						
Escobar Diego Md	Practitioner - Primary Care Provider (PCP)	〈									
Reich John Douglas Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ramon Delmonte Md Pc	Practitioner - Primary Care Provider (PCP)	<	<	<							
Sinclair Paula Almalinda Md	Practitioner - Primary Care Provider (PCP)	<	<			ζ.	ζ.		<		
Giurleo Patricia	Practitioner - Primary Care Provider (PCP)	ζ.	<	<		ζ.	ζ.				ζ
Hafeez Saqib	Practitioner - Primary Care Provider (PCP)										
Chan York Sing	Practitioner - Primary Care Provider (PCP)	<									
Kadimcherla Pradeep	Practitioner - Primary Care Provider (PCP)										
Ho James Chung Md	Practitioner - Primary Care Provider (PCP)	<	<	<		<	<				<
Robinson Marcia Renee	Practitioner - Primary Care Provider (PCP)	<									
Bhate Priyadarshini A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Thuy-Tien Le Dam Md	Practitioner - Primary Care Provider (PCP)	<									
Rutherford Cynthia	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Peyman E Younesi Md	Practitioner - Primary Care Provider (PCP)	<									
Denny Martin	Practitioner - Primary Care Provider (PCP)	<									
Raveneau Banegas Gladys Yaneth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Emem Uche Okonkwo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gomez-Marquez Jose C	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Patel Mayank	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ernst Jerome A	Practitioner - Primary Care Provider (PCP)										
Yin Xiaoshuang Md	Practitioner - Primary Care Provider (PCP)	<									
Jaiswal Arti Chander Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Hilaire Marc Richard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<				<
Arthur Jude Kwame Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Abrar Syed Ali	Practitioner - Primary Care Provider (PCP)	<									
Gusic Blaze	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ariganjoye Rafiu O Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Yu Chin Hsien	Practitioner - Primary Care Provider (PCP)	<									
Katz Michael Dennis	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Basis Practitioner - Primary Claim Provider (PCP) AM AM <th< td=""><td>Onstanting and the second seco</td><td>Drankitioner Drimon, One Drawider (DOD)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Onstanting and the second seco	Drankitioner Drimon, One Drawider (DOD)										
Anchanna	Erickson Aimee	Practitioner - Primary Care Provider (PCP)	<									_
Comman Practitioner - Primary Care Provider (PCP) XX XX <th< td=""><td>Camargo Sandra</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Camargo Sandra	Practitioner - Primary Care Provider (PCP)										
An Andelmen Mold Practitioner - Primary Care Provider (PCP) An Anna Practitioner - Primary Care Provider (PCP) Anna Anna Practitioner - Primary Care Provider (PCP) Anna Anna Practitioner - Primary Care Provider (PCP) Anna Anna Anna Practitioner - Primary Care Provider (PCP) Anna Anna Anna Anna Practitioner - Primary Care Provider (PCP) Anna Ann	Kone Odiya Camara	Practitioner - Primary Care Provider (PCP)	<									
ab IN Mod Paralticoner - Primary Case Provider (PCP) W.	Mohammad Acklema Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cachanas Practitioner - Primary Care Provider (PCP) V <th< td=""><td>Menon Latha N Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td>〈</td><td><</td><td><</td><td>ζ.</td><td>ζ.</td><td><</td><td></td><td><</td></th<>	Menon Latha N Md	Practitioner - Primary Care Provider (PCP)	<	<	〈	<	<	ζ.	ζ.	<		<
Multio Ricardo Practitioner - Primary Care Provider (PCP) C C C C C C C C C	Chowlera Rachana	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	ζ.	ζ.	ζ.	<		<
Misagno	Quintanilla Julio Ricardo	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ.	ζ.	<		<
n Practitioner - Primary Care Provider (PCP) Image: Control of the co	Perryman Milagro	Practitioner - Primary Care Provider (PCP)	<			<						
stt MM Phd Practitioner - Primary Care Provider (PCP) X <	Robie Kristin	Practitioner - Primary Care Provider (PCP)	<									
ovanni Md Practitioner - Primary Care Provider (PCP) C <t< td=""><td>Walsh Robert Md Phd</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Walsh Robert Md Phd	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
David Mid Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP) <th< td=""><td>Franchin Giovanni Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Franchin Giovanni Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
David Md Practitioner - Primary Care Provider (PCP) IX <	Na Illsung	Practitioner - Primary Care Provider (PCP)	<									
acc Md Practitioner - Primary Care Provider (PCP) Image: Not of the provider (PCP) Image: Not of the practition of the	Rosen Paul David Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
anielle Mid Practitioner - Primary Care Provider (PCP) Image (PCP)	Dapkins Isaac Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shard Practitioner - Primary Care Provider (PCP) V<	Salomon Danielle Md	Practitioner - Primary Care Provider (PCP)	<									
mela Evelyn Practitioner - Primary Care Provider (PCP) C	Cindrich Richard	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Santana Md Practitioner - Primary Care Provider (PCP) Image: Company Care Provider (PCP) Image: Comp	Apolaya Pamela Evelyn	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
yakumar Practitioner - Primary Care Provider (PCP) W	Ida Louise Santana Md	Practitioner - Primary Care Provider (PCP)	<									
id A Md Practitioner - Primary Care Provider (PCP) C	Nair Nita Jayakumar	Practitioner - Primary Care Provider (PCP)										
rguerite Grace Md Practitioner - Primary Care Provider (PCP) Pra	Gomez David A Md	Practitioner - Primary Care Provider (PCP)	<	<	<							
ph Practitioner - Primary Care Provider (PCP) V <td>Bernard Marguerite Grace Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Bernard Marguerite Grace Md	Practitioner - Primary Care Provider (PCP)										
Dminick N Md Practitioner - Primary Care Provider (PCP) V	Henao Joseph	Practitioner - Primary Care Provider (PCP)	<									
Deminick N Md Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)	Novak Inna	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
i Practitioner - Primary Care Provider (PCP) i Practitioner - Prima	Piacente Dominick N Md	Practitioner - Primary Care Provider (PCP)	<									
Practitioner - Primary Care Provider (PCP) V	Martin Amy	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP) Than Lamar Practitioner - Primary Care Provider (PCP)	Rajbhandari Prabi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Kadiyala Sri	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Primary Care Provider (PCP)	Mcginnis Nathan Lamar	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
	Carl Lamour-Occean Carline	Practitioner - Primary Care Provider (PCP)	<			<						



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Kelly Roberta	Practitioner - Primary Care Provider (PCP)	<	<	<		ζ.	<				<
Traver Diane Md	Practitioner - Primary Care Provider (PCP)										
Mc Coy Wanda Nanette	Practitioner - Primary Care Provider (PCP)										
Tung Judy Md	Practitioner - Primary Care Provider (PCP)	<	<			<	<		<		
Wade Mark	Practitioner - Primary Care Provider (PCP)	<									
Reggev Avner Md	Practitioner - Primary Care Provider (PCP)	<									
Palomino Sara	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jasti Jyothi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Anglade Claudia	Practitioner - Primary Care Provider (PCP)	<	<			<	<		~		
Andrews Charlene Andrea Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Babb Frank C Md	Practitioner - Primary Care Provider (PCP)	<	<								
Tang lan Tsai-Leu Md	Practitioner - Primary Care Provider (PCP)	<									
Louis-Jacques Nadja Rn	Practitioner - Primary Care Provider (PCP)	<			<						
Ruiz Angel	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Meera Sohail Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Martin Michelle	Practitioner - Primary Care Provider (PCP)	<	<			<	<		~		
Dacosta Kerry-Ann	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Carr Schevaughn	Practitioner - Primary Care Provider (PCP)										
Grossman Joseph A Md	Practitioner - Primary Care Provider (PCP)	<									
Aggarwal Neena Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Pisipati Ramasita C Md	Practitioner - Primary Care Provider (PCP)	<									
Wang John Tsihsian Md	Practitioner - Primary Care Provider (PCP)	<									
Neuman Larry M Md	Practitioner - Primary Care Provider (PCP)	<	<								
Akwuba Uche Onyeabo li Do	Practitioner - Primary Care Provider (PCP)										
Campos Maria M	Practitioner - Non-Primary Care Provider (PCP)	<									<
Rivera Priscilla Marie	Practitioner - Non-Primary Care Provider (PCP)										
Green Cassie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rivera Iris	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Mejias Roberto	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mand Michael	Practitioner - Non-Primary Care Provider (PCP)	<									
Gumbs Cahlelah	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Gingrich Aaron	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	ζ.	<		<
Reyes-Rivera Loida	Practitioner - Non-Primary Care Provider (PCP)	<									
Mehmel Silvia	Practitioner - Non-Primary Care Provider (PCP)	<	〈	<	<	<	<	<	<		<
Feng Hui-Min	Practitioner - Non-Primary Care Provider (PCP)	<			ζ.						
Chilaka Chioma Onyemechi	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Hinson Raymond	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<		<
Alejandro Alonso, Hyg	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	ζ.	<	ζ.	<		ζ.
Sultanian Rachna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Fong Jane Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Patel Rajesh Manharbhai Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Margarita Lopera	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bien-Aime Jean L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Sklyar Eduard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cosentino Rosanne Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Nunberg Stacy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Limb Lawrence Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Parker Kathryn S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mclean Ellen Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Eli Shalenberg	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Mcshea Meghan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Carless Althea Nichola	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Nassiri Haleh	Practitioner - Non-Primary Care Provider (PCP)	<									
Pleitez Natalie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Perez Veronica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Beato Angelica Ms.	Practitioner - Non-Primary Care Provider (PCP)	<									
Patel Surendra R Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
Negron Albert	Practitioner - Non-Primary Care Provider (PCP)										
Sharaftkhah Martin Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Levine Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ralph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ythier Denise	Practitioner - Non-Primary Care Provider (PCP)	<									

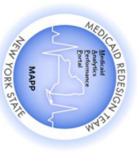


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Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
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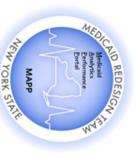


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	Failucipating in Frojects	ירוט ירוט									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Brito Mercedes A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rosenbaum Pearl S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zaidi Arshad A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<				<
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Emerson Maria M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Santiago Carmen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gasalberti Richard Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Borakove Larry Steven	Practitioner - Non-Primary Care Provider (PCP)	<									
Neal-Perry Genevieve S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Saraiya Rajendra Jayantkumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Han Yangsook Dds	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Reyes - Sanchez Jose	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jennifer Grove-Sobol	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Daniel Vijai Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Camillo Reginald Alivia Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Hinojosa Franz	Practitioner - Non-Primary Care Provider (PCP)	<									
Jamali-Kashani Majid	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tashorn Lewis	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Stovall Katherine	Practitioner - Non-Primary Care Provider (PCP)										
Shah Ketki S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Meis Alexandra Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Evdokas Andreas	Practitioner - Non-Primary Care Provider (PCP)										
Tam Jeannie Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dundy Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Roldan Michelle	Practitioner - Non-Primary Care Provider (PCP)	<									
Francois Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Woodson Latasha	Practitioner - Non-Primary Care Provider (PCP)	<									
Phelan Jane	Practitioner - Non-Primary Care Provider (PCP)	<									
Lau Andrew King-Kei	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Keshet Maayan	Practitioner - Non-Primary Care Provider (PCP)	<									
Maldonado Yajaira	Practitioner - Non-Primary Care Provider (PCP)	<									



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Lakdawala Viraj	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Garg Ridhima	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Simon Lyncy	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	ζ.	<	<	<		<
Gallagher Jillian	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Cruz Julio	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	ζ.	<	<	<		<
Herman Paul Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
White Myra P Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Lee-Kung Melissa K	Practitioner - Non-Primary Care Provider (PCP)	~	<	~	<	<	<	<	<		<
Norman Otsuka Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	>	<	<	<	<	<		<
Babu Ramesh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Kronfeld Gary David Md	Practitioner - Non-Primary Care Provider (PCP)										
Rizvi Firdous Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Boynton Hilary Nicole	Practitioner - Non-Primary Care Provider (PCP)	~									
Hoang Hwa	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Toshkoff Radoslav Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Byfield Lorraine C	Practitioner - Non-Primary Care Provider (PCP)										
Grun Deborah J	Practitioner - Non-Primary Care Provider (PCP)										
Herman Emily E	Practitioner - Non-Primary Care Provider (PCP)	~									
Roque Jr. Cesar	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Deborah Sabat	Practitioner - Non-Primary Care Provider (PCP)	~									
Xu Ruimin	Practitioner - Non-Primary Care Provider (PCP)	~			<						
Truong Diane	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ali Mohammed Hyder	Practitioner - Non-Primary Care Provider (PCP)										
Shookster Linda A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Jennings Marilena A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Escalona - Deolall Anna R	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Banez Ferdinand B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Inghilterra Karen	Practitioner - Non-Primary Care Provider (PCP)	~									
Fleiss David J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Rouse Jeffrey A Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Perlov Eugene	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Name Provider Category 2x1		Participating in Projects	ects									
Robin Practitioner - Non-Primary Case Provider (PCP) X <t< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.b.i</th><th>2.b.iv</th><th>3.a.i</th><th>3.c.i</th><th>3.d.ii</th><th>3.f.i</th><th>4.a.iii</th><th>4.c.ii</th></t<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Robin Peacitioner - Non-Primary Case Provider (PCP) X <th< td=""><td>Hernandez Hanny Mercedes</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Hernandez Hanny Mercedes	Practitioner - Non-Primary Care Provider (PCP)	<									
Prestitioner - Non-Primary Carle Provider (PCP)	Williams Terry Robin	Practitioner - Non-Primary Care Provider (PCP)										
Prestitioner - Non-Primary Care Provider (PCP)	Owens Jr Wiley	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Bruno Jaclyn	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Dobs Practitioner - Non-Primary Cane Provider (PCP) X <th< td=""><td>Win Han</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>ζ.</td><td><</td><td>ζ.</td><td><</td><td><</td><td>ζ.</td><td>ζ.</td><td><</td><td></td><td><</td></th<>	Win Han	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	ζ.	ζ.	<		<
Intrince Practitioner - Non-Primary Care Provider (PCP) V	Dow John Paul Dds	Practitioner - Non-Primary Care Provider (PCP)	ζ.									<
kip Practitioner - Non-Primary Case Provider (PCP) X	Khushbu Modh, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Pracitioner - Non-Primary Care Provider (PCP)	Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Glaba Practitioner - Non-Primary Case Provider (PCP) C <t< td=""><td>Joseph Merin S</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>ζ.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Joseph Merin S	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Mid Practitioner - Non-Primary Care Provider (PCP) V	Lee Gina	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Mid Practitioner - Non-Primary Care Provider (PCP) V	Guoping Zhou	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) ✓	Viviano Ann T Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
Mid Practitioner - Non-Primary Care Provider (PCP) V	Mehta Dinesh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Chm Practitioner - Non-Primary Care Provider (PCP) X	Kainzbauer William M Md	Practitioner - Non-Primary Care Provider (PCP)										
Comm Practitioner - Non-Primary Care Provider (PCP) C <th< td=""><td>Fellner Michael J Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td><</td><td><</td><td></td><td></td><td></td><td></td><td></td></th<>	Fellner Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Actitioner - Non-Primary Care Provider (PCP) C <td>Olivera Rosemarie R Cnm</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td></td> <td></td> <td><</td> <td><</td> <td></td> <td><</td> <td></td> <td></td>	Olivera Rosemarie R Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
aco Practitioner - Non-Primary Care Provider (PCP) V	Weiner Holly H	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
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ao Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control	Bilenkin Leonid	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
leng-Yao Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Saltzman Nancy Beth	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Chang Albert Heng-Yao	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Non	Choe Alice	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care P	Price Cathleen	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Practitioner - Non-Primary Care Provider (PCP) V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V Practitioner - Non-Primary Care Provider (PCP) Practitioner -	Kathryn Ryan	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Kwofie Stella	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Mohamad Erfani	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Ying Huiwen	Practitioner - Non-Primary Care Provider (PCP)	<			<						
r/ves-Antoine Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Omeh Better Ezenwanyi	Practitioner - Non-Primary Care Provider (PCP)	<									
Antoine Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Neyland Morgan Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Desrosiers Sergine Yves-Antoine	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
	Ganti Sudha Rajaram Md	Practitioner - Non-Primary Care Provider (PCP)	<									



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Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car		Participating in Projects	ects	3) 	э Г	3 F	3) 	3)) L ∷) h)	::
In T Mold Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.III	2.b.i	2.b.iv	3.a.i	3.C.I	3.d.II	3.1.1	4.a.III	4.C.II
and Mad Practitioner - Non-Primary Care Provider (PCP) X	Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)	<									
awd blad Practitioner - Non-Primary Cate Provider (PCP) X	Velinov Milen T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
beth MM Practitioner - Non-Primary Care Provider (PCP) X	Hakimian Navid Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Interest	Tillem Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
nn Pacatitioner - Non-Primary Care Provider (PCP) Image: Company	Rios Marisol	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<		<	<				<
lies Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Vega Evelyn</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><th><</th><td><</td><td><</td><td></td><td><</td><td><</td><td></td><td></td><td></td><td><</td></th<>	Vega Evelyn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Illie Reynolds	Levner Charles	Practitioner - Non-Primary Care Provider (PCP)	<									
ani Practitioner - Non-Primary Care Provider (PCP) Z	Terrilyn Jamille Reynolds	Practitioner - Non-Primary Care Provider (PCP)	<									<
bia Bush Practitioner - Non-Primary Care Provider (PCP) IX	Members Hani	Practitioner - Non-Primary Care Provider (PCP)	<									
Jakary Reza Practitioner - Non-Primary Care Provider (PCP) X	Logan Cynthia Bush	Practitioner - Non-Primary Care Provider (PCP)	<									
mma Practitioner - Non-Primary Care Provider (PCP) Ide Practitioner - Non-Primary Care Provider (PCP) MMd MMd MMd MMd MMd MMd MMd M	Taghavi-Ardakany Reza	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
hanthi Practitioner - Non-Primary Care Provider (PCP) X <	Sarfaraz Nimra	Practitioner - Non-Primary Care Provider (PCP)	<									
Ider Practitioner - Non-Primary Care Provider (PCP) Image: Company Care PCM Care	Badipatla Shanthi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
y Aleen Marie Practitioner - Non-Primary Care Provider (PCP) C	Muniz Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
IM Mid Practitioner - Non-Primary Care Provider (PCP) Image: Comparison of the practitioner of th	Boyd-Mckoy Aleen Marie	Practitioner - Non-Primary Care Provider (PCP)	<									
is Spiegel Md Practitioner - Non-Primary Care Provider (PCP) Practitioner -	Kato Shydu	Practitioner - Non-Primary Care Provider (PCP)										
Spiegel Md Practitioner - Non-Primary Care Provider (PCP) Image: Color of the provider of the practitioner - Non-Primary Care Provider of the provider of the practitioner - Non-Primary Care Provider of the provide	Fay Colleen M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
bia Spiegel Md Practitioner - Non-Primary Care Provider (PCP) Image: Content of the provider of the p	Vargas Luz	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Thomas Md Practitioner - Non-Primary Care Provider (PCP) Image: Content of the provider of the provider of the provider of the provider of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP) Image: Content of the practitioner - Non-Primary Care Provider (PCP)	Naveh Marcia Spiegel Md		<									
ver C Dds Practitioner - Non-Primary Care Provider (PCP) V	Kao Daniel Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Jirka M Practitioner - Non-Primary Care Provider (PCP) V V V V John M Md Practitioner - Non-Primary Care Provider (PCP) V V V V V Jes Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V Jes Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V Jes Mael M Phd Practitioner - Non-Primary Care Provider (PCP) V<	Sullivan Oliver C Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
ohn M Md Practitioner - Non-Primary Care Provider (PCP) V V V V rles Md Practitioner - Non-Primary Care Provider (PCP) V V V V rhael M Phd Practitioner - Non-Primary Care Provider (PCP) V V V V thaniel Practitioner - Non-Primary Care Provider (PCP) V V V V V Imador Eligado Practitioner - Non-Primary Care Provider (PCP) V V V V V V V Imador Eligado Practitioner - Non-Primary Care Provider (PCP) V <td>Ramirez Niurka M</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <th><</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Ramirez Niurka M	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Williams La		<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Eligado Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Sahley Practitioner - Non-Primary Care Provider (PCP)	Cosgrove John M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Sheley Practitioner - Non-Primary Care Provider (PCP)	Nordin Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
Eligado Practitioner - Non-Primary Care Provider (PCP) Shley Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Defalco Michael M Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Nataneli Nathaniel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Okoli Oscar	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Portugal Salvador Eligado	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Munro Manuel	Practitioner - Non-Primary Care Provider (PCP)	<									
	Depeau Danielle Ashley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<

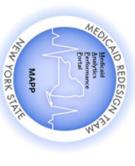


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Bronx Lebanon Hospital Center (PPS ID:27)

Positional Nivelination Provider Name Provider Canagogy 2.1 2.		Participating in Projects	jects									
abl Practitioner - Note-Primary Cane Provider (PCP) X <th< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.b.i</th><th>2.b.iv</th><th>3.a.i</th><th>3.c.i</th><th>3.d.ii</th><th>3.f.i</th><th>4.a.iii</th><th>4.c.ii</th></th<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Care Provider (PCP) Add Add Add Practitioner - Non-Primary Care Provider (PCP) Add Add Add Add Add Add Add Add Add Ad	Pearlman Shoshannah	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Peaclitioner - Non-Primary Case Provider (PCP)	Smith Lonzo Lloyd	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Jacobsberg Lawrence	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Ann MA Pc Practitioner - Non-Primary Care Provides (PCP) Ann MA Pc Practitioner - Non-Primary Care Provides (PCP) International Practitioner - Non-Primary Care Provides (PCP) Internat	Jenny S Stern Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ann Md Pc Practitioner - Non-Primary Cale Provider (PCP) Istilia KMd Practitioner - Non-Primary Cale Provider (PCP) Practitioner - Non-Primary Cale Provider (PCP) Istilia KMd Istilia KMd Istilia KMd Istilia KMd Istilia KMd	Noble David	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Olivier Wendy-Ann Md Pc	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	ζ.	<	<	<	ζ.		<
amm Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider (PCP) Image: Control of the practition of the provider (PCP) Image: PCP PCP PCP PCP PCP PCP PCP PCP PCP PC	Herman Craig	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<			<	ζ		ζ.		
amm Practitioner - Non-Primary Care Provider (PCP) C	Mohammed Romeeda	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Practitioner - Non-Primary Case Provider (PCP)	Hennings Miriam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Interest	Valentin Rene	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Williams Practitioner - Non-Primary Care Provider (PCP) X	Martinez Charles Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
istilia K Md Practitioner - Non-Primary Care Provider (PCP) V	Alecia Yvette Williams	Practitioner - Non-Primary Care Provider (PCP)	<									
an Matthew Md Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Persaud Yudhistira K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Radcliffe Nathan Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Hilfer Jane Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the co	Cintron Howard	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
cher Md Practitioner - Non-Primary Care Provider (PCP) Common Series Common Serie	Barclay Ruby	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Sher Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control	Olajide Grace	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
a Luz Practitioner - Non-Primary Care Provider (PCP) OI L Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) al Dds Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (Dixon Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
ol L Practitioner - Non-Primary Care Provider (PCP) C <th< td=""><td>Amaro-Quireza Luz</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Amaro-Quireza Luz	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Raphael Md Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP) ic D Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) al Dds Practitioner - Non-Primary Care Provider (PCP)	Torossian Carol L	Practitioner - Non-Primary Care Provider (PCP)	<									
Dds Practitioner - Non-Primary Care Provider (PCP) Common Primary Care Provider (PCP)	Novogrodsky Raphael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
ic D Md Practitioner - Non-Primary Care Provider (PCP)	Joseph Leslie Dds	Practitioner - Non-Primary Care Provider (PCP)										
Al Dds Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Manheimer Eric D Md	Practitioner - Non-Primary Care Provider (PCP)	<			<						
al Dds Practitioner - Non-Primary Care Provider (PCP)	Klatsky Peter	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Boisette Pascal Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
to Pc Md Practitioner - Non-Primary Care Provider (PCP)	Welton Vivian	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Depaula Roberto Pc Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Depaula Roberto Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V	Kilical Yasemin	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Katz Abigail	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
	Eke Felix O	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Hagan Allison	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
John Annamma	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Nifenecker Susan	Practitioner - Non-Primary Care Provider (PCP)	<									
Marville Jillian E Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Reddy Mamta S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shenoy R Roopalekha Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Aronova Yevgenia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gonzalez Luisa Sobeyda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kopolovich Harry	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Leibman A Jill Md	Practitioner - Non-Primary Care Provider (PCP)										
Dave Mahendraray B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Torres-Ortiz Gladys Ramona	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Straatmann Caroline Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Yan Michelle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
John Robert Delfs	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Mercredi Guerline	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Riehl James	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Garcia Yudelka	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Callender Kimberly	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Ferreira Parker Simone Dos Santos	Practitioner - Non-Primary Care Provider (PCP)										
Camacho Arturo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Levine Jeffrey Mark Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Berd-Vergier Elaina	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Jaghory Mohammad Zia Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Malik Sandeep Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Osipov Andrei	Practitioner - Non-Primary Care Provider (PCP)	<									
Webber Brian	Practitioner - Non-Primary Care Provider (PCP)										
Stern Julia Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Gibson Siyong O	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name Etienne Stephanie Diana L Malkin-Washeim Yarbrough Jesse Fromer Mark David Md	Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Etienne Stephanie Diana L Malkin-Washeim Yarbrough Jesse Fromer Mark David Md	Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.							
Parbrough Jesse Fromer Mark David Md	Practitioner - Non-Primary Care Provider (PCP)				<	<	<	<	<		<
Yarbrough Jesse Fromer Mark David Md	Practitioner - Non-Primany Care Provider (PCP)	<	<	<	<	<	<	〈	<		<
Fromer Mark David Md	i idomonio i voir i iiiidiy caro i iovidoi (i oi)										
7	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	<	<	<	<	<		<
Lehman Daniel Simon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Lugo Edgardo	Practitioner - Non-Primary Care Provider (PCP)	~									
Miao Katherine H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Montes Melba Lissette	Practitioner - Non-Primary Care Provider (PCP)	~			<						
Altman Nicholas Dodge	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Carlucci John	Practitioner - Non-Primary Care Provider (PCP)	~									
Kella Venkata	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Gonzalez Jose Jr	Practitioner - Non-Primary Care Provider (PCP)	~									
Krishna Srinivasan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Diaz Christian	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Small Jonathan M Phd	Practitioner - Non-Primary Care Provider (PCP)	~									
Magnan John P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Santiago Daisy	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Patel Rajeshkuma P	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	<	<	<	<	<		<
Stiller Luis F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	~	<	<	<	<		<
Shamalov Gennadiy	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP)	<									
Baker Malka	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Garfinkle Diane	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Robinson Emmett J'On	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Thompson Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pearsall Miller B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Richardson Sean M	Practitioner - Non-Primary Care Provider (PCP)										
Elliott Emily C	Practitioner - Non-Primary Care Provider (PCP)	~			<				<		
Tortorello Giselle	Practitioner - Non-Primary Care Provider (PCP)										
Timreck Eleanor Thayer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lipman Danielle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Maegan D. Ratliff, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<			ζ.	ζ.		<		
Monteverde Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)	<									
Cuebas Luisette Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Freed Benjamin	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bryskin Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Clare Lazar	Practitioner - Non-Primary Care Provider (PCP)	<									
Melissa A. Olson, Rd	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<			ζ.	ζ.		ζ.		
Henriquez-Bentine Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Bhalodkar Narendra C Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	ζ.	ζ.	ζ.	〈	<		<
Freeman Robert A	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Litvak Dmitriy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Brown Beverly	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pawel Hanulewicz	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gelman Benjamin Gabriel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Addo Evelyn	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Warren J Pires, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	<									
Amanda Ruth Mondesir	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gersman Michele Peri	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kahn Paul W	Practitioner - Non-Primary Care Provider (PCP)	<									
Munawar Ayisha	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Santos Xiomara Mercedes	Practitioner - Non-Primary Care Provider (PCP)										
Williams Hallie Aurelia Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kobeckis Elizabeth Carpio	Practitioner - Non-Primary Care Provider (PCP)	<									
Marlene Medley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Sundaresan Narayan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Oza Parind Manoj Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lombino Michae	Practitioner - Non-Primary Care Provider (PCP)										
Heath Desmond Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<									
Kwon Soon Mi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Fiterstein Gerald Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)	<									



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Taveras Jose Martin	Practitioner - Non-Primary Care Provider (PCP)	<									
Rodriguez-Medina Sol-Lisset	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Hiensch Karen Allison	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Carmelo Rivera	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	ζ.	<		ζ.
Imam Asim	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	ζ.	<		ζ.
Gloria Gaev	Practitioner - Non-Primary Care Provider (PCP)	<									
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### Provider Category Pr		Participating in Projects	cts									
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Provider Name		Participating in Projects	cts									
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Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Lee Fredric Osborne	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the pract	Popotte Joanne Vesta	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Adeniji Ademola</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Adeniji Ademola	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Hall Kristin K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Mcleod Shenequa Alisha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Daniella Shaw	Practitioner - Non-Primary Care Provider (PCP)	<									
	Reyes Maritza	Practitioner - Non-Primary Care Provider (PCP)										



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<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Tocco Michael Anthony
<	<	<	<	~	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Isaac Beverly A
								<	Practitioner - Non-Primary Care Provider (PCP)	Ciotti Andrew James
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Deepa Rao
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kokotek Blair H Md
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Arnstein Ellis Jay Md
								<	Practitioner - Non-Primary Care Provider (PCP)	Colon Mirtha Apolonia
								<	Practitioner - Non-Primary Care Provider (PCP)	Towner Robert A Md
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Manhattan Rhoderick James
					<			<	Practitioner - Non-Primary Care Provider (PCP)	Kim Su Haeng
									Practitioner - Non-Primary Care Provider (PCP)	Trencher Caroline
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Libovich Anastasia
									Practitioner - Non-Primary Care Provider (PCP)	Sanchez Yosara
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Jannatifar Azin
<			<	<		<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mccabe Patricia
									Practitioner - Non-Primary Care Provider (PCP)	Eccleston-Hosein Veronica T Np
								<	Practitioner - Non-Primary Care Provider (PCP)	Samaroo Parbhu Dyal
									Practitioner - Non-Primary Care Provider (PCP)	Coto Nicole
								<	Practitioner - Non-Primary Care Provider (PCP)	Bailey Judith
					<			<	Practitioner - Non-Primary Care Provider (PCP)	Arceo Joy Victor Boado
									Practitioner - Non-Primary Care Provider (PCP)	Abraham Janell Delicia
								<	Practitioner - Non-Primary Care Provider (PCP)	Belliard Esperanza D
								<	Practitioner - Non-Primary Care Provider (PCP)	Dunn Elizabeth Mary
								<	Practitioner - Non-Primary Care Provider (PCP)	Soddano Claudia Christina
									Practitioner - Non-Primary Care Provider (PCP)	Saunders Donna
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Chilimuri Sridhar S Md
									Practitioner - Non-Primary Care Provider (PCP)	Alerte Alexander Md
								<	Practitioner - Non-Primary Care Provider (PCP)	Ramos Julie J
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Adelfio Mary Ann Md
			<				<	<	Practitioner - Non-Primary Care Provider (PCP)	Adam Deutsch
			<				<	<	Practitioner - Non-Primary Care Provider (PCP)	Timmireddy Arunakumari Md
4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								cts	Participating in Projects	



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	Participating in Projects	jects				_					
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Shrivastava Abhishek	Practitioner - Non-Primary Care Provider (PCP)										
White Lisa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Farrell Jessica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Clarke Kimesha	Practitioner - Non-Primary Care Provider (PCP)	ζ.			<						
Mcpherson Christina	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.			<	<		ζ.		
Badhey Smita	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	<	<	ζ.		<
Billinsky Esther	Practitioner - Non-Primary Care Provider (PCP)										
Rodriguez Zulma	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Reilly Vanessa	Practitioner - Non-Primary Care Provider (PCP)										
Morin Monica A	Practitioner - Non-Primary Care Provider (PCP)										
Alvis Robert C Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Fener Ronald	Practitioner - Non-Primary Care Provider (PCP)	<									
Orjuela Hernando Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Gumbs Milton A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Swerdlow Elaine	Practitioner - Non-Primary Care Provider (PCP)										
Uehlinger Joan M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Carr Samuel Stephen Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
Kabra Nikki	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Patel Payal	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Georges Sharon Sandra	Practitioner - Non-Primary Care Provider (PCP)										
Salvador-Sison Joselyn Denise	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kaul Rashmi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tania Victoria Mariani	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bernales Eduardo D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Roxas Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Duncan Tamika Simone	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Pattamanuch Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kindo-Diouf Azetta	Practitioner - Non-Primary Care Provider (PCP)	<									
Cohen Jacob	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tigenoah Patrick	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<		<	<				<
Hodges Jason Leroy	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name Provider Name Provider Edelgoy 2a 2a 2a 2a 2a 2a 2a 2		Participating in Projects	jects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i		3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitionar - Non-Primary Case Provider (PCP)	Young Constance A Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<			<	<		<		
parallioner - Non-Primary Care Provider (PCP) C </td <td>Larkai Miriam</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Larkai Miriam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Cane Provider (PCP)	Garcha Sandeep Kaur Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Simons Monica J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Revan Sharon Levina Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP)	Nodarse George L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	〈	<		<
Practitioner - Non-Primary Case Provider (PCP)	Silberstein Laurie Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Kulkarni Aparna Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Zaza Walid Ismail Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Mayers Martin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Santiago Edwin Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Sanchez Lacay Jose Arturo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Walsh Christophe	Practitioner - Non-Primary Care Provider (PCP)	<									
gdalia Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Prim	Williams Caroline Borden	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Practitioner - Non-Primary Care Provider (PCP) C<	Trimmingham Andrea Magdalia	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Smellie Margaret	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Poolt Alexandra	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Erazo Marleny	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Continuous of the continuo	Madhu Meenakshi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Rivera Jhanine Louren	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Md Practitioner - Non-Primary Care Provider (PCP) X	Williams Ayesha Audene	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) J Practitioner - Non-Primary Care Provider (PCP) J Practitioner - Non-Primary Care Provider (PCP) In Md Practitioner - Non-Primary Care Provider (PCP) Howard Practitioner - Non-Primary Care Provider (PCP) Is Dpm Practitioner - Non-Primary Care Provider (PCP)	Weltman David I Md	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Leffler Steven Ira	Practitioner - Non-Primary Care Provider (PCP)										
howard Practitioner - Non-Primary Care Provider (PCP) Fractitioner - Non-Prim	Dickerson Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
In Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the contr	Gilchrist Brian F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Howard Practitioner - Non-Primary Care Provider (PCP)	Drooker Martin Allan Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Borenstein Steven Howard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Scotti Lorenzo Louis Dpm</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Gonzales Diana	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Weidenheim Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Weiss Adam J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Catagogy 24 24 24 25 25 34 34 4 34 4 34 4 34 4		Participating in Projects	cts									
Practitioner - Non-Primary Cane Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Care Provider (PCP)	Dawkins Manju	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Plansky Jason M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bladeth	Ayoub Joanna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Eleabeth Practitioner - Non-Primary Care Provider (PCP)	Fludd Tiffany S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Chougar Christina Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Green Kelli	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP) V V V V V V V V V	Wholley Preston	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Practitioner - Non-Primary Care Provider (PCP)	Bolanos Arlene	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Carle Provider (PCP)	Damaris Calderon	Practitioner - Non-Primary Care Provider (PCP)	<									
KMd Practitioner - Non-Primary Care Provider (PCP) X	Petitme Marie	Practitioner - Non-Primary Care Provider (PCP)	<									
logist Pillo Practitioner - Non-Primary Care Provider (PCP) X	Dasgupta Manash K Md	Practitioner - Non-Primary Care Provider (PCP)	<									
In a Name Practitioner - Non-Primary Care Provider (PCP) Image: Control of the contr	Pujan Gastroenterologist PIIc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
ndd Np Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) <th< td=""><td>Kahn Judith Eve</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)	<									
nMd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Mooney-Sumpter Linda Np	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Gurell Daniel Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) X<	Olivencia Nellia Z	Practitioner - Non-Primary Care Provider (PCP)	<									
Interest of the control of t	Tsang Gar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jette Practitioner - Non-Primary Care Provider (PCP) V	Mizan Narmin F	Practitioner - Non-Primary Care Provider (PCP)										
Jette Practitioner - Non-Primary Care Provider (PCP) V	Anusionwu Justina	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
lette Practitioner - Non-Primary Care Provider (PCP) Lette Practitioner - Non-Primary Care Provider (PCP) Dods Practitioner - Non-Primary Care Provider (PCP) Practitioner	Berger Ari	Practitioner - Non-Primary Care Provider (PCP)	<									
Jettle Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider of the provider of the practition of the provider (PCP) Image: Control of the practition of the practitio	Raiszadeh Farbod	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP)	Saint Hilaire Bernadette	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP)	Wilde Eric	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Dods Practitioner - Non-Primary Care Provider (PCP)	Rehkugler Kelley	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) IV	Jean-Pierre Gannel	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care P	Berman Monica A	Practitioner - Non-Primary Care Provider (PCP)	<									
J Dds Practitioner - Non-Primary Care Provider (PCP) Washai Md Practitioner - Non-Primary Care Provider (PCP)	Murray Victoria Anne	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V <	Shreck Elise H Md	Practitioner - Non-Primary Care Provider (PCP)										
bhai Md Practitioner - Non-Primary Care Provider (PCP)	Gochman Richard J Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Patel Anjana Buchubhai Md	Practitioner - Non-Primary Care Provider (PCP)										
	Afflack Phabillia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Niazi Masooma Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Vazquez Pedro	Practitioner - Non-Primary Care Provider (PCP)	<									
Lev Yair	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Kamalakkannan Gayathri	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Alice Chu	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
St Hilaire Wilgyms	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Warner Randall Mr.	Practitioner - Non-Primary Care Provider (PCP)	<									
Anusionwu Reagan	Practitioner - Non-Primary Care Provider (PCP)										
Thompson Sean	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	<	<	<		<
Peskin-Stolze Melissa Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lawson Anne	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		~
Perez Aniluz	Practitioner - Non-Primary Care Provider (PCP)										
Bandikatla Thejaswi	Practitioner - Non-Primary Care Provider (PCP)										
Assian Sarah E	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Brady Susan	Practitioner - Non-Primary Care Provider (PCP)	<	~	<		<	<				<
Sanchez Antonio Alberto Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Johnson Michael Norman Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		~
Martin Karen Leslie	Practitioner - Non-Primary Care Provider (PCP)	<									
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Ortiz Wanda Dmd	Practitioner - Non-Primary Care Provider (PCP)										
Jordan Malynda	Practitioner - Non-Primary Care Provider (PCP)	<									
Mandanas Victor J	Practitioner - Non-Primary Care Provider (PCP)										
Ritter Diane Md	Practitioner - Non-Primary Care Provider (PCP)	<	~				<				
Auricchio John Steven Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
Afshar Maryam Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Jalocha Paulina	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Karimi Sara Md	Practitioner - Non-Primary Care Provider (PCP)										
Katrina Pressley	Practitioner - Non-Primary Care Provider (PCP)	<									
Carleton Lindsay	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Chaney Robert	Practitioner - Non-Primary Care Provider (PCP)										
Boshakova Alina	Practitioner - Non-Primary Care Provider (PCP)	<			<						



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Agarwala Ajay K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<							
lda Joseph Richard	Practitioner - Non-Primary Care Provider (PCP)	<									
Creating Smiles Llc	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	ζ	ζ		<
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Loehrke-Sichhart Lisa Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<		<
Bikvan Svetlana Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Castillo Wilfredo A Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	ζ.	<		<
Dassa Gabriel L Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Mason Chilenbwe Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
Waseem Tariq Md	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Blatt Kyra	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Wiley Jose Maunel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jones Lauren Sue	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Weingart Caren	Practitioner - Non-Primary Care Provider (PCP)	<									
Greene Kamala	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cozort Marina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Peoples Annette	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Gitman Bonnie Sharon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Agunloye Natalie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rodriguez Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Manubolu Sindhura	Practitioner - Non-Primary Care Provider (PCP)										
Deutsch Sokol Robyn H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Buhrmester Luke	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kelly Jillian	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tamar Goldwaser	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kuc Hana	Practitioner - Non-Primary Care Provider (PCP)										
Fazio Kim Ms.	Practitioner - Non-Primary Care Provider (PCP)	<									
Holshouser Molly Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Anderson Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dabiri Tajudeen Oladele Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Villar Ofelia Tameta Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

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Sept Mid	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii		4.a.iii	4.c.ii
Paralitioner - Non-Primary Cane Provider (PCP)	Girishkumar Hanasoge T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
R Readitioner - Non-Primary Cane Provider (PCP) Practiconer - Non-Prima	Riess Andrzej J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ann Marchitoner - Non-Primary Clase Provider (PCP) Relatitioner - Non-Primary Clase Provider (PCP) Practitioner - Non-Primary Clase P	Salaverry Kristina R	Practitioner - Non-Primary Care Provider (PCP)	<									<
ne Practitioner - Non-Primary Care Provider (PCP) X	Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)	<									
nne Pactitioner - Non-Primary Care Provider (PCP) X	Krempasky Chance Nicholas	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Non-Primary Care Provider (PCP)	Browne Sherine Anne	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Pacitioner - Non-Primary Care Provider (PCP)	Gabriel Alex	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP) Image: Case Provider (P	Ronald Downs	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Cate Provider (PCP)	Romar Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V	Mary Zick	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Khan Sidrah	Practitioner - Non-Primary Care Provider (PCP)										
tham Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Scott David M	Practitioner - Non-Primary Care Provider (PCP)	<									
Pic Practitioner - Non-Primary Care Provider (PCP) V	Danesh Jobin Abraham	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Proc Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Image: Care PCP) Ima	Oraee Saeed Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jakhlal Practitioner - Non-Primary Care Provider (PCP) X	Afran Scott Ian Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Patel Ketan Hasmukhlal	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Agyd Practitioner - Non-Primary Care Provider (PCP) Marie Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non	Mohandas Kala Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Boyd Practitioner - Non-Primary Care Provider (PCP) Company Care Provider (PCP) Co	Orloff Eugene Od	Practitioner - Non-Primary Care Provider (PCP)	<									
bn Dds Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the provider (PCP) Image: Control of the practition of the pract	Johnson Brandon Boyd	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
oh Dds Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Image: Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Son Image: Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Marie Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-P	Christine Cruz	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Son Practitioner - Non-Primary Care Provider (PCP) Marrie Practitioner - Non-Primary Care Provider (PCP) Practitioner - No	Nawlo Moise Joseph Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
Alison Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Washington Sierra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Alison Alison	Gaston Tonya	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Alison Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Behin Daniel	Practitioner - Non-Primary Care Provider (PCP)										
uzanne Kohout Practitioner - Non-Primary Care Provider (PCP) IV IV <t< td=""><td>Busse Jennifer Alison</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Busse Jennifer Alison	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
olina Practitioner - Non-Primary Care Provider (PCP) IV IV <td>Eschenbach Suzanne Kohout</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Eschenbach Suzanne Kohout	Practitioner - Non-Primary Care Provider (PCP)	<									
llee Marie Practitioner - Non-Primary Care Provider (PCP)	Alejandro F. Molina	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Natalee Marie Practitioner - Non-Primary Care Provider (PCP) V </td <td>Byrne Thomas</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Byrne Thomas	Practitioner - Non-Primary Care Provider (PCP)	<									
Anklina Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Bussoletti Natalee Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Non-Primary Care Provider (PCP)	Nyarko Franklina	Practitioner - Non-Primary Care Provider (PCP)										
	Shah Amit	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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	Participating in Projects	rojects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Andino Julia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Egan Sarah Mcdavitt	Practitioner - Non-Primary Care Provider (PCP)	<									
Kirschenbaum Ira H Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Kurtz Marshall B Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Brown Marc D Dds	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	ζ.	<	ζ.		<
Umali Sofia	Practitioner - Non-Primary Care Provider (PCP)	<									
Norman Janet	Practitioner - Non-Primary Care Provider (PCP)	<									
Centonza Susan A	Practitioner - Non-Primary Care Provider (PCP)	<									
Shafran Jacob C Od	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Minarik Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Frischer Katya	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Akerele Evaristo Olanrewaju Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Krim Nassim R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Singh Jagdeep	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zolfaghari Soodabeh	Practitioner - Non-Primary Care Provider (PCP)	<									
Mishra Aruna Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Blace Nancy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Grinberg, Svetlana	Practitioner - Non-Primary Care Provider (PCP)	<									
De Jesus Amanda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Schor Kenneth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ketner Jr David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Hedayati Ahmad	Practitioner - Non-Primary Care Provider (PCP)	<									<
Nelson Demetria	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Deonarine Youbraj Mr.	Practitioner - Non-Primary Care Provider (PCP)	<									
Leah Kaufman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mota Milady	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Dwira Kobina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Abdelaziz Hoda H Fnp	Practitioner - Non-Primary Care Provider (PCP)	<									
Panthi Sujata	Practitioner - Non-Primary Care Provider (PCP)										
Jakobsen Kwan-long Lee	Practitioner - Non-Primary Care Provider (PCP)	<									
Mankoff Ruth Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Category 2.4		Participating in Projects	cts									
sis E Phasitischer - Nan-Primary Case Provider (PCP) C <t< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.b.i</th><th>2.b.iv</th><th>3.a.i</th><th>3.c.i</th><th>3.d.ii</th><th>3.f.i</th><th>4.a.iii</th><th>4.c.ii</th></t<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Care Provider (PCP)	Benjamin Thomas E	Practitioner - Non-Primary Care Provider (PCP)	ζ.	~	ζ.	<	<	ζ.	<	~		<
HMdd	Fiad Alfredo Manuel Md	Practitioner - Non-Primary Care Provider (PCP)										
H Mod Practitioner - Non-Primary Care Provider (PCP)	Miller Ricardo Anthony	Practitioner - Non-Primary Care Provider (PCP)	<									
A Pacillioner - Non-Primay Care Provider (PCP) Win Md Practitioner - Non-Primay Care Provider (PCP) Wysen Md Practitioner - Non-Primay Care Provider (PCP) V V V V V V V V V V V V V V V V V V V	Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Pacitioner- Non-Primary Care Provider (PCP)	Goldstein Jaime A	Practitioner - Non-Primary Care Provider (PCP)	<	~	ζ.	<	<	ζ.	<	~		<
with Mid Phatistioner - Non-Primary Case Provider (PCP) X	Rojas Ana Elisa	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	<	\	<	<		<
Uyeon Md Practitioner - Nun-Primary Care Provider (PCP) X	Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Debattioner - Non-Primary Care Provider (PCP) X </td <td>Choe Susanne Suyeon Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Choe Susanne Suyeon Md	Practitioner - Non-Primary Care Provider (PCP)	<									
co Hizon Mid Practitioner - Non-Primary Care Provider (PCP) Image: Continuous - Non-Primary Care Provider (PCP) <	Parellada Alejo	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP)	Santiago Francisco Hizon Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	ζ.	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) X	Li Allan	Practitioner - Non-Primary Care Provider (PCP)	<	>	<	<	<	<	<	>		<
Practitioner - Non-Primary Care Provider (PCP)	Colon Aida I	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) Isa Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Mnuluwa Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Mulusa Mulusa Practitioner - Non-Primary Care Provider (PCP) Mulusa Mulusa Mulusa Practitioner - Non-Primary Care Provider (PCP) Mulusa Mulu	Kilduff Arthur	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	~	<		<
isa Practitioner - Non-Primary Care Provider (PCP) X	Ubu Ngozi A Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
ass Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider of	Egbert Neha Maria	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V	Dastain Jean Yves	Practitioner - Non-Primary Care Provider (PCP)	<									
ren M Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the contro	Heyligers Bert R Md	Practitioner - Non-Primary Care Provider (PCP)										
nuoluwa Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image:	Costley-Hoke Karen M Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Inga Md Practitioner - Non-Primary Care Provider (PCP) Image: Continuous of the c	Ajayi Bamidele Anuoluwa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	~		<
Jirga Mid Practitioner - Non-Primary Care Provider (PCP) Image: Control of the cont	Pyo Robert T	Practitioner - Non-Primary Care Provider (PCP)	<	<				~				
Id Practitioner - Non-Primary Care Provider (PCP) V V V V V V Ia Luisa Practitioner - Non-Primary Care Provider (PCP) V V V V V V V Ia Luisa Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Ia Luisa Practitioner - Non-Primary Care Provider (PCP) V <	Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Ja Luisa Practitioner - Non-Primary Care Provider (PCP) Ana Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) V Practitioner - Non-Primary Care Provider (PCP)	Aung Ye Kyaw Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	~	<		<
pna Md Practitioner - Non-Primary Care Provider (PCP)	Brathwaite Brenda Luisa	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V<	Lindenbaum Yelena Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	~		<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Vega Roy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	~	<		<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Sardar Henry Do</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Sardar Henry Do	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Mascaro Hilda</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td>~</td><td><</td><td></td><td><</td></t<>	Mascaro Hilda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	~	<		<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Wynter Bridgette</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td></td><td><</td></t<>	Wynter Bridgette	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Torres Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Gittens Viola	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
	Miguel Gonzalez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<

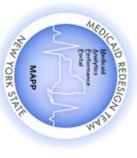


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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Harlow Megan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Toloza Maria Mrs.	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	〈		ζ.	<				<
Smaldone Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<			ζ.	<		<		
Isaacs Karla Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Smith Harriet	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Cole-Olsewski Christine Marie	Practitioner - Non-Primary Care Provider (PCP)										
Resnick Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Mallouk Suzanne Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shaw John Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Krystyna Annika	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Alexander Jane Lauren Np	Practitioner - Non-Primary Care Provider (PCP)	<									
Kapoor Kevin Randish	Practitioner - Non-Primary Care Provider (PCP)	<	~	~	<	<	<	<	<		<
Xu Wei Hong	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Herbsman Neil Md	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)	<									
Mailman Toby	Practitioner - Non-Primary Care Provider (PCP)	<									
Anderson Kesha-Gaye	Practitioner - Non-Primary Care Provider (PCP)										
Moss Shira	Practitioner - Non-Primary Care Provider (PCP)	<	~	~	<	<	<	<	<		<
Baumgarten Megan	Practitioner - Non-Primary Care Provider (PCP)	<									
Talamo Michele	Practitioner - Non-Primary Care Provider (PCP)	<									
Mathew Elizabeth Pulickel	Practitioner - Non-Primary Care Provider (PCP)	<									
Alfieri Donna Marie Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Wang Wei	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Bell Tresara Cyril	Practitioner - Non-Primary Care Provider (PCP)	<	~	~	<	<	<	<	<		<
Dooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)	<									
Sovanna Mey	Practitioner - Non-Primary Care Provider (PCP)	<									
Staci Bryson	Practitioner - Non-Primary Care Provider (PCP)	<									
Lucas-Perry Victoria M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Name Provider Cotago 2.1 2.		Participating in Projects	jects									
Practitioner - Non-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pacilitorar - Non-Primary Case Provider (PCP)	Guardiola Sandy	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Practitioner - Non-Primary Care Provider (PCP)	Foley Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pacilitioner - Non-Primary Care Provider (PCP)	Sauveur Esther	Practitioner - Non-Primary Care Provider (PCP)	<									
Pacitioner - Non-Primary Care Provider (PCP) X	Jimmy Rosario	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Case Provider (PCP)	Fuentes Patricio X	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	<		<
Bractitioner - Non-Primary Cane Provider (PCP) C<	Jimenez Yakdiel Dds	Practitioner - Non-Primary Care Provider (PCP)										
aubel Plactitioner - Non-Primary Care Provider (PCP) CM	Mattone Matthew Louis	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
abel Practitioner - Non-Primary Care Provider (PCP) IN <	Weiner Howard A Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
abel Practitioner - Non-Primary Care Provider (PCP) IX <	Jano Delia	Practitioner - Non-Primary Care Provider (PCP)	<									
Edward Mid	Merced Isabel	Practitioner - Non-Primary Care Provider (PCP)	<									
Ss Practitioner - Non-Primary Care Provider (PCP) X	Skaradinskiy Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Scott Zachary Phd Practitioner - Non-Primary Care Provider (PCP) X <td>Lopez Luis</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Lopez Luis	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Jark Md Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Bergman Scott Zachary Phd</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Bergman Scott Zachary Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
a M Md Practitioner - Non-Primary Care Provider (PCP) C <	Demont Mark Md	Practitioner - Non-Primary Care Provider (PCP)	<									
dd Cary Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) </td <td>Daley Lisa M Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Mirginia Md Practitioner - Non-Primary Care Provider (PCP) Image: Control of the co	Patton Todd Cary	Practitioner - Non-Primary Care Provider (PCP)	<									
mathan Md Practitioner - Non-Primary Care Provider (PCP) C C C C C amas J Practitioner - Non-Primary Care Provider (PCP) C	Contreras Virginia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Damas J Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the prac	Marder Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Resto Lillian Elisa Practitioner - Non-Primary Care Provider (PCP) IX	Billotti Thomas J	Practitioner - Non-Primary Care Provider (PCP)	<									
Tyrone Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care PCP) <th< td=""><td>Santana Resto Lillian Elisa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Santana Resto Lillian Elisa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
ninde Olabisi Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Johnson Tyrone</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Johnson Tyrone	Practitioner - Non-Primary Care Provider (PCP)										
arcia Practitioner - Non-Primary Care Provider (PCP) V	Idowu Kehinde Olabisi	Practitioner - Non-Primary Care Provider (PCP)	<									
Carolina Practitioner - Non-Primary Care Provider (PCP) Image: Carolina of the Control of the Cont	Garcia Marcia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
rence Robert Practitioner - Non-Primary Care Provider (PCP) Edward Md Practitioner - Non-Primary Care Provider (PCP) bott Md Practitioner - Non-Primary Care Provider (PCP) Morris Pc Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Pr	Biernacki Carolina	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Edward Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V </td <td>Miller Laurence Robert</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td></td>	Miller Laurence Robert	Practitioner - Non-Primary Care Provider (PCP)										
Dott Md Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Rubinchik Edward Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Rubinchik Edward Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Morris Pc Md Practitioner - Non-Primary Care Provider (PCP) IV	Hanan Scott Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Arbara Sue Md Practitioner - Non-Primary Care Provider (PCP) V </td <td>Westfried Morris Pc Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Westfried Morris Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V	Pell Brian	Practitioner - Non-Primary Care Provider (PCP)										
	Koppel Barbara Sue Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Merriweather Aisha Kimberly	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Wisdom Robert	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Tsao Francis	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	ζ.	<	〈	〈		<
Labarbera Jaclin Michele	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Hirschhorn Philip Lon Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Cooke Daniel	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	ζ.	ζ.	ζ.	ζ.		<
Gwonuk Lim	Practitioner - Non-Primary Care Provider (PCP)										
Isayas Tekie	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Coffey Alexandra	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<		<
Sandigursky Yelena	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Saint Paul Martene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lee Charles	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Toglia Morgana R	Practitioner - Non-Primary Care Provider (PCP)	<									
Medina Miguel	Practitioner - Non-Primary Care Provider (PCP)										
Carlos Gonzalez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tieng Nelson L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Palace Marcia Rashelle Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lee Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tarcatu Dana Liliana	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Benchekroune Ghizlane	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Daugialaite Laura	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Korik Simona	Practitioner - Non-Primary Care Provider (PCP)	<									
John Norka	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Wong Robert Daniel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Liz Defillo Vicente J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Yazdanbakhsh Khashayar	Practitioner - Non-Primary Care Provider (PCP)	<									
Hernandez, Angel (Lmhc)	Practitioner - Non-Primary Care Provider (PCP)	<									
Merrick Kareem	Practitioner - Non-Primary Care Provider (PCP)	<									
Friedman Danielle Miss	Practitioner - Non-Primary Care Provider (PCP)	<									
Adelson Mireilla	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	ζ.	<	<	<		<
Nwosu Julius Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Wilkins Robert Md	Practitioner - Non-Primary Care Provider (PCP)										



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Burack Joshua H Md Provider Name Practitioner - Non- Kupietz Samuel S Phd Practitioner - Non- Lichtenstein Ralph B Md Practitioner - Non- Garces Cesar Practitioner - Non- Vazquez Rosa Practitioner - Non- Fromer Susan D Md Pc Practitioner - Non- Abrams Nana Od Practitioner - Non- Rivera Adavelyn Practitioner - Non- Pacheco Christiane Magdi Practitioner - Non- Levine Amir Practitioner - Non- Bampoe Isaac G Md Practitioner - Non- Calderon Iris Practitioner - Non- Recabarren-Velarde Juana Practitioner - Non- Perez Nancy Practitioner - Non- Lindsay N Price Practitioner - Non- Schiff Duba Practitioner - Non- Herzog Gary Do Practitioner - Non- Practitioner - Non- Practitioner - Non- <th></th> <th>2</th> <th>3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3</th> <th></th> <th></th> <th> </th> <th>3 3</th> <th></th> <th>3.f.i 4.a.iii</th> <th></th> <th>3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 </th>		2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				3 3		3.f.i 4.a.iii		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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Chusid Boris Gregory Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	_	<	<	<		<
Esses Jacob Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Brevetti Teresa L Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<		<	<	<		<
Barbour Gilda Marina Dds Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	_	
Prasad Anisa Dpm Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<									<
Guillaume Carl Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)										<u> </u>
Kahn David I Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<									<u> </u>
Chaperon Volvic Lcsw Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)						_				<u> </u>
Etheridge-Otey Jennifer Mrs. Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)	<			_		$ \cdot $				
Callard Helana Lynn Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)				<						
Del Rio Marcela Md Practitioner - Non-	Practitioner - Non-Primary Care Provider (PCP)				<						



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Rudikoff Donald Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Balachandar Divya	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Odeyale Oluwafemi Sunday	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	ζ.	ζ.	<	<		<
Birnbaum Stuart C Dpm	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Greenberg Elaine Linda Dds	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	ζ.	ζ.	<	<		<
Jakubowicz David Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
lodice Gabriella	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Wickham Jasmine	Practitioner - Non-Primary Care Provider (PCP)										
Russell Barbara K Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Angelos Popi	Practitioner - Non-Primary Care Provider (PCP)	~									
Rios Gregory	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Mukherjee Koustav	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Bones Robert	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Todd Nancy	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Kim Taesoo Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Miranda Raquel A	Practitioner - Non-Primary Care Provider (PCP)										
Dang Angie	Practitioner - Non-Primary Care Provider (PCP)	~									
Espinal Luis	Practitioner - Non-Primary Care Provider (PCP)	~	<	<		<	<				<
Lopez Taina	Practitioner - Non-Primary Care Provider (PCP)	~	<			<	<		<		
Velli Laura	Practitioner - Non-Primary Care Provider (PCP)										
Sicile Dominique Margaret Acnp	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Torres Ricardo	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Lindy David C	Practitioner - Non-Primary Care Provider (PCP)	~			<				<		
Gonzalez Ruben E Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Chowlera Rilee N	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Mchale James	Practitioner - Non-Primary Care Provider (PCP)										
Dev Anil Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Ardito Diane A Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)	<									
Kemp-Prosterman Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Category 2.4 2.4 2.4 2.4 3.4 3.4 3.4 3.4 4.4 2.4 Consisted Disposit Notes Provider Category 2.4 2.4 2.4 2.4 3.4		Participating in Projects	jects									
leases Practitioner - Non-Primary Case Provider (PCP) X <	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pacilitioner - Non-Primary Cane Provider (PCP)	Robert Favelukes	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pacilitioner - Non-Primary Case Provider (PCP)	Christina Flores	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Preditioner - Non-Primary Care Provider (PCP)	Berenfeld Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Breite Practitioner - Non-Primary Care Provider (PCP) X <	Linda Giuliano	Practitioner - Non-Primary Care Provider (PCP)	<									
senses Practitioner - Non-Primary Carle Provider (PCP) C	Autry April	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dobs Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Hall Michele Renee</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Hall Michele Renee	Practitioner - Non-Primary Care Provider (PCP)	<			<						
bielle Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the provider (PCP) Image: Control of the practition of the pract	Lee Sur Bong Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Practitioner - Non-Primary Care Provider (PCP)	Dipalermo Danielle	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Koo Timothy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X X X X X X X X X	Chui Dennis W	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
usez Michelle Practitioner - Non-Primary Care Provider (PCP) X	Cheng Sue Ping	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Red Cdn Practitioner - Non-Primary Care Provider (PCP) C	Micheo Rodriguez Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Stacey Leung, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
lizabeth Practitioner - Non-Primary Care Provider (PCP) C	Pedro A Suarez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
and Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Penafranqui Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
o L Dds Practitioner - Non-Primary Care Provider (PCP) IX	Fruitman Edward	Practitioner - Non-Primary Care Provider (PCP)	<									
On Practitioner - Non-Primary Care Provider (PCP) C	Perez Herminio L Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Zaida Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP) Image: Compa	Pettinelli Damon	Practitioner - Non-Primary Care Provider (PCP)	<									
cca Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Beltran Maria Zaida	Practitioner - Non-Primary Care Provider (PCP)	<			<						
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Wii Yarteboye Practitioner - Non-Primary Care Provider (PCP) V / Ellen Practitioner - Non-Primary Care Provider (PCP) V Md Practitioner - Non-Primary Care Provider (PCP) V Md Practitioner - Non-Primary Care Provider (PCP) V T Practitioner - Non-Primary Care Provider (PCP) V Md Practitioner - Non-Primary Care Provider (PCP) V Md Practitioner - Non-Primary Care Provider (PCP) V Is Pa Practitioner - Non-Primary Care Provider (PCP) V V Is Pa Practitioner - Non-Primary Care Provider (PCP) V V V Is Pactitioner - Non-Primary Care Provider (PCP) V V V V Is Pactitioner - Non-Primary Care Provider (PCP) V V V V Is Pactitioner - Non-Primary Care Provider (PCP) V V V V Is Pactitioner - Non-Primary Care Provider (PCP) V V V V	Mushkin Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<									
Fellen Practitioner - Non-Primary Care Provider (PCP) C Md Practitioner - Non-Primary Care Provider (PCP) C T Practitioner - Non-Primary Care Provider (PCP) C T Practitioner - Non-Primary Care Provider (PCP) C Baran Md Practitioner - Non-Primary Care Provider (PCP) C Md Practitioner - Non-Primary Care Provider (PCP) C SPa Practitioner - Non-Primary Care Provider (PCP) C Practitioner - Non-Primary Care Provider (PCP) C C Practitioner - Non-Primary Care Provider (PCP) C C Practitioner - Non-Primary Care Provider (PCP) C C C Practitioner - Non-Primary Care Provider (PCP) C C C C	Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) T Practitioner - Non-Primary Care Provider (PCP) T Practitioner - Non-Primary Care Provider (PCP) T Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) S Pa Practitioner - Non-Primary Care Provider (PCP)	Schaefer Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V V	Valentin Kenia	Practitioner - Non-Primary Care Provider (PCP)	<									
T Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Jay E Selman Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
aran Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V V	Maling Alison T	Practitioner - Non-Primary Care Provider (PCP)										
Md Practitioner - Non-Primary Care Provider (PCP) V </td <td>Balar Nilesh Naran Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Balar Nilesh Naran Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Is Pa Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the pr	Chern Relly D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Rivera Milagros Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Yoon Jiyoung	Practitioner - Non-Primary Care Provider (PCP)	<									
	Numan Kenya	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Agrawal Vikas Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	<		<
Judy Jones	Practitioner - Non-Primary Care Provider (PCP)	<									
Edward Oduro-Kwakye	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Douglas Gregory	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Toedt-Pingel Iris	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
O'Boyle Meredith	Practitioner - Non-Primary Care Provider (PCP)	<									
Bunch Cherrisse	Practitioner - Non-Primary Care Provider (PCP)	<			ζ.						
Nagy Joseph	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Kintzel Timothy J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Schneider-Machin Lauren	Practitioner - Non-Primary Care Provider (PCP)										
Gadioma Roy V Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Bunyan Angela M	Practitioner - Non-Primary Care Provider (PCP)										
Gonzales Luis A Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Menegas Jeffrey G Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Nwokeji Kingsley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Alix E Fleury	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bobyr Boris	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Beards Ashley Harris Dmd	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Wun Selene Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Santos, Sonia (Nutritionist)	Practitioner - Non-Primary Care Provider (PCP)	<									
Curbelo Dolores E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Turner Claire	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tomohisa Hiroko J Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Kanneganti Kalyan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shil Liliya	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Kim Michael Jae Woo	Practitioner - Non-Primary Care Provider (PCP)										
Halliburton Leah Pepper	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lewiton Rachael Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Glockenberg Aaron Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	ζ.	<	<		<
Dudhia Bhupendra Vrajlal Md	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name Provider Cobago 2a 2a 2a 2b 2b 2a 3a 3a 3a 3a 3a 3a 3a		Participating in Projects	ects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Care Provider (PCP)	Prager Marc Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Guy Ali Eraj Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Preditioner - Non-Primary Care Provider (PCP)	Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Granson Marian A	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	ζ.	<	<	ζ.		<
Practitioner - Non-Primary Care Provider (PCP)	Tolentino Xiomara	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP)	Rodriguez Maria	Practitioner - Non-Primary Care Provider (PCP)	<									
Pacitioner - Non-Primary Care Provider (PCP)	Gall Sarah Md	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Practitioner - Non-Primary Carle Provider (PCP)	Tara Ciccone	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Plummer Robin	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Songco Anne Llamoso	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP)	Droz Marian	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Wd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Wd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Wd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Wd Wd Wd Practitioner - Non-Primary Care Provider (PCP) Wd	Sheryl Jaffe	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	Belsky Julianne Marie	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) C<	Rook Lani	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Polcaro Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X<	Dai Phie-Bee Dds	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Moradi Issac Eshagh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Feldman David S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V Practitioner - Non-Primary Care Provider (PCP) V <	Pichkadze Inna Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V Wd Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Md Practitioner - Non-Primary Care Provider (PCP) V <td>Guimaraes Tania Csw</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Guimaraes Tania Csw	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V Wd Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Wd Practitioner - Non-Primary Care Provider (PCP) V <td>Kaur Surinder Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td><</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Kaur Surinder Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Md Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Schreiber Zwi A Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Schreiber Zwi A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
t Anna Md Practitioner - Non-Primary Care Provider (PCP) t Anna Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Akanksha Practitioner - Non-Primary Care Provider (PCP) P	Waseem Muhammad Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
t Anna Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Akanksha Practitioner - Non-Primary Care Provider (PCP) Akanksha Practitioner - Non-Primary Care Provider (PCP)	Zhu-Tam Lily	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Akanksha Practitioner - Non-Primary Care Provider (PCP) V </td <td>Skokowska-Lebelt Anna Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Skokowska-Lebelt Anna Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Akanksha Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP)	Bishi Jubril	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Ramdeen Sean S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Loy Md Practitioner - Non-Primary Care Provider (PCP)	Manchanda-Gera Akanksha	Practitioner - Non-Primary Care Provider (PCP)	<	<			ζ.	<		<		
Practitioner - Non-Primary Care Provider (PCP)	Leung Vivien Loy Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Schulz Jacob	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Barbosa Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	〈	〈	〈	<	<	<		<
Christman Catherine	Practitioner - Non-Primary Care Provider (PCP)	<	<	〈	<	<	<	<	<		<
Hamilton Gabrielle	Practitioner - Non-Primary Care Provider (PCP)										
Vicencio Carmencita Concepcion	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Berlus Nickisha Naulie	Practitioner - Non-Primary Care Provider (PCP)										
Amoah Joyce	Practitioner - Non-Primary Care Provider (PCP)										
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Melissa Carty	Practitioner - Non-Primary Care Provider (PCP)	<									
Lew Hea Rean Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.			ζ.	ζ.					
Foster Paul F	Practitioner - Non-Primary Care Provider (PCP)										
Fox-Distefano Laura	Practitioner - Non-Primary Care Provider (PCP)	<									
Morgenstern Neil Y	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Robbins Rosemary A Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
Debra Fischer	Practitioner - Non-Primary Care Provider (PCP)	<									
Mark Beauregar	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Alabi Amos Ade	Practitioner - Non-Primary Care Provider (PCP)	<									
Faust Erika N Dds	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Miller Samantha	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Khan Munaza	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Hasan Omar	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Matuza Albert Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Robert Pecoraro	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gorseth Karin	Practitioner - Non-Primary Care Provider (PCP)	<									
Vohra Rishi	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Ogbonna Chidi	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<		<
Jones Benefita Floral	Practitioner - Non-Primary Care Provider (PCP)	<									
Yossefi Larissa	Practitioner - Non-Primary Care Provider (PCP)	<									
King Patrice	Practitioner - Non-Primary Care Provider (PCP)	<	~	<		<	<				<
Mahmood Tariq	Practitioner - Non-Primary Care Provider (PCP)	<									
Guerin Yanick	Practitioner - Non-Primary Care Provider (PCP)										
Benanti Michael J Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Worth Jaqueline Marshall Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	〈	<	〈	<	<		<
Forlenza Thomas Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)	<									
Stavropoulos Christos I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Swarttz Marc Eric	Practitioner - Non-Primary Care Provider (PCP)	<									
Lopez-Leon Manuel	Practitioner - Non-Primary Care Provider (PCP)	<									
Cruz-Robertson Charlene	Practitioner - Non-Primary Care Provider (PCP)										
Boller-Delaney Maureen Anne	Practitioner - Non-Primary Care Provider (PCP)	~			<				<		
Mccullough Gene P	Practitioner - Non-Primary Care Provider (PCP)	<									
Werblin Joshua Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		<	<				<
Lacher Jason Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Demma Anthony	Practitioner - Non-Primary Care Provider (PCP)	~									
Kirschtein Jorge Noberto Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Butler Toni C	Practitioner - Non-Primary Care Provider (PCP)	~			<						
Cho Minsoo Dds	Practitioner - Non-Primary Care Provider (PCP)	~									
Bermeo Carlos A	Practitioner - Non-Primary Care Provider (PCP)	~									
Dwyer Caitlin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Vasi Jankovich	Practitioner - Non-Primary Care Provider (PCP)	~									
Kolisetty Pramila Kumari Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Dragoman Monica V Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Rigor Virgilio U Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Radna Richard J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Bacchus Caslene Cornnie	Practitioner - Non-Primary Care Provider (PCP)	~									
Krajewski Raymond	Practitioner - Non-Primary Care Provider (PCP)										
Margaret L Meyer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Glied Allen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Li Feiya	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Luong Thanh-Ha Thia Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	<	<	<	<	<		<
Edith A Frank	Practitioner - Non-Primary Care Provider (PCP)	<									
Gavila Traci Leigh	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Brooke Shyvonne	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	ζ.				<



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Provider Name Provider Chargery 2x1		Participating in Projects	ects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Care Provider (PCP)	Horvath David	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Practitioner - Non-Primary Care Provider (PCP)	Minott Yvonne B	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)	<									
m m Padditioner - Non-Primary Case Provider (PCP)	Sheinberg Stephen H Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Driega Mid Practitioner - Non-Primary Care Provider (PCP) X	Butters Marva Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Practitioner - Non-Primary Care Provider (PCP)	Bella Jonathan Noriega Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Borg Lisa	Practitioner - Non-Primary Care Provider (PCP)	<									
Idd Practitioner - Non-Primary Care Provider (PCP) IX IX <t< td=""><td>Del Pilar Mariano</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Del Pilar Mariano	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
betria Mid Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Dieudonne Arry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Klugman Susan Debra Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Gary Butchen	Practitioner - Non-Primary Care Provider (PCP)	<									
Ces. Inc Practitioner - Non-Primary Care Provider (PCP) V	Singh Jewan Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X<	Allied Health Services, Inc	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) X<	Guzman Wendy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X<	Healy Maureen	Practitioner - Non-Primary Care Provider (PCP)										
g F Practitioner - Non-Primary Care Provider (PCP) C	Cintron Ana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Practitioner - Non-Primary Care Provider (PCP)	Carolyn Andrews	Practitioner - Non-Primary Care Provider (PCP)	<									
	Hopgood Brendon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Name Provider Changory Zai		Participating in Projects	ojects									
Practitioner - Non-Primary Care Provider (PGP) ✓	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Nan-Primary Care Provider (PCP)	Rebecca Rayanne Dinowitz	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitiones - Non-Primary Care Provider (PCP)	Smirna De Leon-Suarez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Case Provider (PCP)	Louissaint Carine	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	〈		<
Practitioner - Non-Primary Carle Provider (PCP)	Mussalli George Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	ζ.	ζ.		<
Practitioner - Non-Primary Care Provider (PCP)	Michalatos Kristal	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	ζ.	ζ.		<
Practitioner - Non-Primary Care Provider (PCP)	Borrero Jessica	Practitioner - Non-Primary Care Provider (PCP)	<			ζ.						
n	Zalinyan Heghine	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	ζ.	ζ.		<
n	Santos Josue	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Carle Provider (PCP)	Rowe Timothy Owen	Practitioner - Non-Primary Care Provider (PCP)	<				<					
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Accepted Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Simmons Deborah A Md	Practitioner - Non-Primary Care Provider (PCP)										
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puise Practitioner - Non-Primary Care Provider (PCP) Dds Practitioner - Non-Primary Care Provider (PCP) Melissa Practitioner - Non-Primary Care Provider (PCP)	Lisa Sciarani	Practitioner - Non-Primary Care Provider (PCP)	<									
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Practitioner - Non-Primary Care Provider (PCP)	Amsalem Yoram	Practitioner - Non-Primary Care Provider (PCP)	<									
	Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)	<				<					



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Provider NameToma Mirela MdPracYolette Loiseau, LmswPracDeborah Jill BohnenPracUszynski BoguslawaPracHinojosa LizettePracJohnson BenayPrac	Provider Category Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	C C C C a ii	₹ Za.iii	3 2 5 5	2.b.iv	<u> </u>	3.c.i	3.d.iii		4.a.iii	4.c.ii
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Latoya Thompson Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Buell Margaret Prac	Practitioner - Non-Primary Care Provider (PCP)										
Decamp Leronda Prac	Practitioner - Non-Primary Care Provider (PCP)										
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Zin Thant Md Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Ahluwalia Shilpi Dds Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Michael Kisalyn Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		~
Kahn Ann Mariam Cnm/Rn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Medvedovsky Boris Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Reihani Ghazal Prac	Practitioner - Non-Primary Care Provider (PCP)										
Charran Nalini Miss Prac	Practitioner - Non-Primary Care Provider (PCP)	<									
Herrera Mariela Del Carmen Prac	Practitioner - Non-Primary Care Provider (PCP)										
Maloney-Mcalmont Avril Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Verzosa Freddie Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Duan Jingyi Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Pisciotta Colleen Margaret Prac	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Thomas Cheryl A Phd Prac	Practitioner - Non-Primary Care Provider (PCP)	<									
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Practitioner - Non-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
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Practitioner - Non-Primary Carle Provider (PGP)	Mikhail Magdy Girgis S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Practitioner - Non-Primary Care Provider (PCP)	Delgado Luis R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Practitioner - Non-Primary Care Provider (PCP)	Lazala David	Practitioner - Non-Primary Care Provider (PCP)										
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Practitioner - Non-Primary Care Provider (PCP)	Mitchell Tunesia L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Practitioner - Non-Primary Case Provider (PCP)	Esther Nwabuoku	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
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Practitioner - Non-Primary Care Provider (PCP)	Lamb Ronald	Practitioner - Non-Primary Care Provider (PCP)										
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n H Do Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-	Henri Gerno Pierre	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Gottesfeld Steven H Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	~	<		<
Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP)	Tyler Douglas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Kim Diana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	~	<		<
Practitioner - Non-Primary Care Provider (PCP) V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V r Practitioner - Non-Primary Care Provider (PCP) V V V V V Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V	Brenda Behar	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP) r Practitioner - Non-Primary Care Provider (PCP)	Penaloza Juan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
r Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP)	Pascal Goldy L	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Md Practitioner - Non-Primary Care Provider (PCP) V	Stremmel Nancy	Practitioner - Non-Primary Care Provider (PCP)	<									
vMd Practitioner - Non-Primary Care Provider (PCP) V	Gunturu Sasidhar	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Cotto Sylvia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	~	<		<
	Kaplan Robert P	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Blair Angela	Practitioner - Non-Primary Care Provider (PCP)	<									
Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)	<									
Meftah Morteza	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<		<
Vanessa A Valentino	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Mckeon Shannon B	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	<	〈	<	<		<
Asad Syeda Shazia	Practitioner - Non-Primary Care Provider (PCP)										
George Ameeka Nerissa	Practitioner - Non-Primary Care Provider (PCP)										
Huang Janet	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ireh Ugo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Jacobs Betsy Silver	Practitioner - Non-Primary Care Provider (PCP)										
Patel Madanmohan R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Leone Andrea	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Dharni Poonam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Beckerman Karen Palmore Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Oppenheimer Joseph S Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Kramer Lawrence David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<			~	~		<		
Sydelle R Ross	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		~	~				<
Zelefsky Joseph R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Ayeni Eniola Teju	Practitioner - Non-Primary Care Provider (PCP)										
Williams Edith L	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Lady Martinez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Grant Patrice T	Practitioner - Non-Primary Care Provider (PCP)										
Throggs Neck Neurological D&T	Practitioner - Non-Primary Care Provider (PCP)	<									
Sands Brenda M	Practitioner - Non-Primary Care Provider (PCP)	<									
Mankad Bharat M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Smithey Lesliedds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Fornari Eric	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	~	<	<		<
Almonte Miguelina	Practitioner - Non-Primary Care Provider (PCP)	<									
Mitchell Michael	Practitioner - Non-Primary Care Provider (PCP)										
Kenney Deborah	Practitioner - Non-Primary Care Provider (PCP)										
Lee Cheong E	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name Provider Nam		Participating in Projects	jects									
Pacilitions - Non-Primary Cane Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pacilitioner - Non-Primary Case Provider (PCP)	Kattlene Amedee	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	<	ζ.		ζ.
Practitioner - Non-Primary Care Provider (PCP)	Cady Erin Michelle	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ	ζ	ζ.		ζ.
Ock Practitioner - Non-Primary Care Provider (PCP) XX XX <t< td=""><td>Jean-Michel Marjorie</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td>ζ.</td><td>ζ.</td><td>ζ</td><td></td><td>ζ.</td></t<>	Jean-Michel Marjorie	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ.	ζ		ζ.
Pacititioner - Non-Primary Care Provider (PCP) n Pacititioner - Non-Primary Care Provider (PCP) n Pacititioner - Non-Primary Care Provider (PCP) n Pacititioner - Non-Primary Care Provider (PCP) y Smith Provider - Non-Primary Care Provider - Non-Primary Care Provider - Non-Primary Care Provider - Non-Primary - Non-Primary - N	Nancy J Laifer Od	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ	ζ	ζ.		ζ.
Practitioner - Nun-Primary Care Provider (PCP)	Lind Leslie	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	<	ζ.		ζ.
n n Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Na Practitioner - Non-Primary Care Provider (PCP) Na Mills Practitioner - Non-Primary Care Provider (PCP) Na Mills Practitioner - Non-Primary Care Provider (PCP) Na Mills Practitioner - Non-Primary Care Provider (PCP) Norrie Md Practitioner - Non-Primary Care	Morgan Sheree	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner - Non-Primary Care Provider (PCP)	Maloney Susan	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	<	ζ.		ζ.
Practitioner - Non-Primary Care Provider (PCP)	Morgan Prince	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X<	Williams Keith	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Millard Eve	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) X<	Puzie Grant Ana	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Calderon Ruddy Smith	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Morgan Diane M	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Martinez Juliana Ms.	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Tsai Josephine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Jain Priti	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Hecht Robert Morris Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Campbell Bruce Gregory	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Estela Ogiste Md Phd Pc	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Davia Michael Onorato Md	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control	Kramer Marshall D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Moggio Linda Jane	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Bainbridge Ronald R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of	Pierre Paul Antoine Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Boudreaux Tyson	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Chalouh Edward Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Plantin Marie Ketteline	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Caruso Johanna	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V V	Salcedo Osiris	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Bermudez-Pouchard Elsie Yamile	Practitioner - Non-Primary Care Provider (PCP)										
	Galvin Seamus	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Kang Indexervahu Provider Name Provider Category 2.1 2.1 2.1 2.1 2.1 2.1 3.1 3.1 3.1 4.1		Participating in Projects	cts									
Pacilitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pacilisoner - Non-Primary Care Provider (PCP)	Kang Moonwha	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Pracelitioner - Non-Primary Care Provider (PCP)	Boyd Kaleen M	Practitioner - Non-Primary Care Provider (PCP)										
Paciliticoner - Nun-Primary Care Provider (PCP)	Racquel Jones	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
Practitioner - Nun-Primary Care Provider (PCP)	Outlaw Desiree	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Graves Juliana E	Practitioner - Non-Primary Care Provider (PCP)										
Pacitioner - Non-Primary Care Provider (PCP)	Schwartz Rachel	Practitioner - Non-Primary Care Provider (PCP)	<			<						
### Practitioner - Non-Primary Care Provider (PCP) ### Pr	Roman John	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Sign Practitioner - Non-Primary Care Provider (PCP) C <th< td=""><td>Salvato Scott</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td>~</td><td></td><td><</td></th<>	Salvato Scott	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) ✓	May W. Lemon, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Practitioner · Non-Primary Care Provider (PCP) X<	Deirdre Forbes	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Tran Phat T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Practitioner - Non-Primary Care Provider (PCP)	Birnbaum Israel	Practitioner - Non-Primary Care Provider (PCP)	<									
Dds Practitioner - Non-Primary Care Provider (PCP) X	Jan Dominique Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Dds Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Julius Andrea	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Fraenkel David Mark Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
d Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Imag	Notardonato Henry	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
And Md Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care	Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Connelly Alison N	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
nand Mid Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) I	Coll-Ruiz Hector	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) V IV V	Rameshwar Karamchand Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
y Pilic Practitioner - Non-Primary Care Provider (PCP) Practitioner - No	Keeler Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP)	Eastside Oral Surgery Pllc	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Lauer Simeon A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) V <td< td=""><td>Ngo Linda L</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Ngo Linda L	Practitioner - Non-Primary Care Provider (PCP)	<									
J Practitioner - Non-Primary Care Provider (PCP) ISI </td <td>Jenny M Frances Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td>~</td> <td></td> <td><</td>	Jenny M Frances Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Welch Steven</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Welch Steven	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>London Karyn J</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	London Karyn J	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Kwon Hye Eun Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V	Kaur Simerjit	Practitioner - Non-Primary Care Provider (PCP)	ζ.									<
Practitioner - Non-Primary Care Provider (PCP)	Odume Josephine Nkechi	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
	Addoh Jones A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name Provider Coasgory 2.1 2.11		Participating in Projects	jects									
No. Practitioner - Non-Primary Carle Provider (PCP) XI <	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
An Albay Practitioner - Non-Primary Cane Provider (PCP) C C C C C C C C C	Anderson John	Practitioner - Non-Primary Care Provider (PCP)	<									
n p P Padditioner Non-Pirmay Care Provider (PCP) Adamina Padditioner Non-Pirmay Care Provider (PCP) Adamina Padditioner Non-Pirmay Care Provider (PCP) In Miles Padditioner Non-Pirmay Care Provider (PCP) In Mas In Mas Padditioner Non-Pirmay Care Provider (PCP) In Mas In Mas In Mas Padditioner Non-Pirmay Care Provider (PCP) In Mas In	Doris Roman, Msw	Practitioner - Non-Primary Care Provider (PCP)	<									
as Kalyomanz Pacatitioner - Non-Primary Care Provider (PCP) IX	Nguyen Uyen P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Miles Peaclitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Marfatia Meher Kaiyomarz</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Marfatia Meher Kaiyomarz	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Miss Practitioner - Non-Primary Care Provider (PCP) X <th< td=""><td>Harry La-Toya Juanita</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Harry La-Toya Juanita	Practitioner - Non-Primary Care Provider (PCP)	<			<						
In In Mod	Abreu Laura Miss	Practitioner - Non-Primary Care Provider (PCP)										
fined Raco Md Practitioner - Non-Primary Care Provider (PCP) X	Gharib Shahin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Bhashyam Vinod Rao Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
bh Md Paciationer- Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Lazar John	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Mid Practitioner - Non-Primary Care Provider (PCP) X	Agarwal Surbhi Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Mid Practitioner - Non-Primary Care Provider (PCP) V	Achalla Kiranmayi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Belisario Practitioner - Non-Primary Carle Provider (PCP) X	Ami J Shah Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
bys M Dds Practitioner - Non-Primary Care Provider (PCP) X	Paz Vistoria Belisario	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Interest of the Brestof Practitioner - Non-Primary Care Provider (PCP) Image: Control of the CPC	Callahan Latoya M Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
enta Breslof Practitioner - Non-Primary Care Provider (PCP) C	Herman Goldstein	Practitioner - Non-Primary Care Provider (PCP)	<									
eri-Bustros Practitioner - Non-Primary Care Provider (PCP) C	Shafter Roberta Breslof	Practitioner - Non-Primary Care Provider (PCP)	<									
M Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of th	Elisa Bocchieri-Bustros	Practitioner - Non-Primary Care Provider (PCP)	<									
ha Practitioner - Non-Primary Care Provider (PCP) C	Guy Reuven M	Practitioner - Non-Primary Care Provider (PCP)	<									
divada Practitioner - Non-Primary Care Provider (PCP) C <	Chacko Sneha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
rd Practitioner - Non-Primary Care Provider (PCP) wind pagne Laurence Practitioner - Non-Primary Care Provider (PCP) sica Practitioner - Non-Primary Care Provider (PCP) practitioner - Non-Primary Care Provider (PCP) den Florendo Practitioner - Non-Primary Care Provider (PCP) scob Md Practitioner - Non-Primary Care Provider (PCP) practitioner - Non-Primary Ca	Shobha Nandivada	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Impagne Laurence Practitioner - Non-Primary Care Provider (PCP) Image: Company Care PCD (PCP) Image: Comp	Linda L Sicard	Practitioner - Non-Primary Care Provider (PCP)	<									
sica Practitioner - Non-Primary Care Provider (PCP) V V V V V V den Florendo Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V scob Md Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V Sare Optometry Pc Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Cloutier-Champagne Laurence</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td></td><td></td><td><</td><td><</td><td></td><td><</td><td></td><td></td></t<>	Cloutier-Champagne Laurence	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Iden Florendo Practitioner - Non-Primary Care Provider (PCP) Image: Non-Primary	Morales Jessica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
nn Florendo Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP) An Md Practitioner - Non-Primary Care Provider (PCP)	Kim Dongjin	Practitioner - Non-Primary Care Provider (PCP)										
b Md Practitioner - Non-Primary Care Provider (PCP) IV IV <th< td=""><td>Adversario Eden Florendo</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Adversario Eden Florendo	Practitioner - Non-Primary Care Provider (PCP)	<									
an Md Practitioner - Non-Primary Care Provider (PCP) IV IV <t< td=""><td>Finestone Jacob Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Finestone Jacob Md	Practitioner - Non-Primary Care Provider (PCP)	<									
re Optometry Pc Practitioner - Non-Primary Care Provider (PCP)	Taviloglu Gurkan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
R Dmd Practitioner - Non-Primary Care Provider (PCP) V	Family Eye Care Optometry Pc	Practitioner - Non-Primary Care Provider (PCP)	<									
nd Practitioner - Non-Primary Care Provider (PCP)	Bayuk Kevin M	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Tejeda Evelyn R Dmd	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Jones-Malik Mendis	Practitioner - Non-Primary Care Provider (PCP)	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Abraham Marthe Md	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Kropp Elin Sue	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Vaca Miller Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Rock Alexander	Practitioner - Non-Primary Care Provider (PCP)	<									<
Ideyi Steve Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Cox Keisha R	Practitioner - Non-Primary Care Provider (PCP)	<									
Guglielmi Marcello	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<		<
Yolanda Sanchez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Windisch-Shayer Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Taddeo Gregory Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Demieri Anthony	Practitioner - Non-Primary Care Provider (PCP)	<									
Riley Samantha M	Practitioner - Non-Primary Care Provider (PCP)	<									
Kratzer Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Freund Dvora	Practitioner - Non-Primary Care Provider (PCP)	<									
Quezada-York Ericka	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Yellin Eric Shane	Practitioner - Non-Primary Care Provider (PCP)										
Evdos Olga	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Munsayac Adele T Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Henderson Cassandra E Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Boguslaw Beth Ivy Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Ma Shushan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Nebolisa Felicia	Practitioner - Non-Primary Care Provider (PCP)	<									
Decrosta Inge	Practitioner - Non-Primary Care Provider (PCP)	<									
Burmester Susan B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dusenbury James	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Perez Coste Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Kcarin De La Cruz	Practitioner - Non-Primary Care Provider (PCP)	<									
Forbus Lauren Anne	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Alexandrov Pavel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Schulman Morgan	Practitioner - Non-Primary Care Provider (PCP)	<	<	~		<	<				<
Yoon Jing Ja Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Schwartz Scott C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Downing Tricia Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lepp Daniel J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Saccente Erica	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Kurpakov Ilona	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Weintraub Elizabeth C Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
Simon Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	ζ.	<		<
Angkustsiri Kasem Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Yesenia Rivera	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bach-Bachich Vjera Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gilman Stephen	Practitioner - Non-Primary Care Provider (PCP)	~									
Harnik lan G Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Alvarez-Barto Ivannia Nastashia	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Singh Narinder Pal Dds	Practitioner - Non-Primary Care Provider (PCP)	<									<
Baldik Yasemin	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Weille Jean Walker	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Benitez Marco Antonio	Practitioner - Non-Primary Care Provider (PCP)	~			<						
Estefan Bebsy C	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Evodie Severe, Rdh	Practitioner - Non-Primary Care Provider (PCP)	~	<			<	<		<		
Ellis Michelle Rachel	Practitioner - Non-Primary Care Provider (PCP)										
Winston Jonathan Allan Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Khadivi Ali	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Moussavian Hamid	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Hameedi Faiq Ali Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Pierre Carolyn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Reyes Frank E Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<	<	<	<	<		<
Wilson Clea V	Practitioner - Non-Primary Care Provider (PCP)	<									
Yu Bo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cecilia Land	Practitioner - Non-Primary Care Provider (PCP)	<									
Brian Fletcher Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<

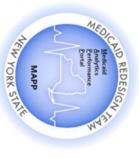


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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
De La Barca Reina	Practitioner - Non-Primary Care Provider (PCP)										
Austin Katherine M	Practitioner - Non-Primary Care Provider (PCP)										
Boateng Sharwon	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	<	<	ζ		ζ
Escobedo Liza	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Green Rodger Omar Andrae	Practitioner - Non-Primary Care Provider (PCP)										
Beyer Lori	Practitioner - Non-Primary Care Provider (PCP)	<									
Curras Ernesto B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	<	<	ζ.		ζ.
Otello Toni Anne	Practitioner - Non-Primary Care Provider (PCP)	<									
Stephens Hyram	Practitioner - Non-Primary Care Provider (PCP)	<									
Loraditch John C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mccurtis Henry Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Lassalle Adaiah	Practitioner - Non-Primary Care Provider (PCP)	<									
Walker Dara	Practitioner - Non-Primary Care Provider (PCP)	<									
Kanagala Madhusudhana Rao	Practitioner - Non-Primary Care Provider (PCP)	<									
Fattakhov Emma	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Lavy Tamar	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Panitz Shirley Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Emma L Suarez, Hyg	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Tavarez Rafaela	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Scussel Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Kolman Heidi	Practitioner - Non-Primary Care Provider (PCP)										
Greenberg Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)	<									
Renaud Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Hertz Jonathan Adam	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Joshua David Auerbach	Practitioner - Non-Primary Care Provider (PCP)	<									
Nadege Avin	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Ham Larry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Spencer Kate R	Practitioner - Non-Primary Care Provider (PCP)										
Finkelstein Mikal R	Practitioner - Non-Primary Care Provider (PCP)										
Korenis Panagiota	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<



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<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Haber Linda S
<	<	<	<	<	<	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Maryann Jonaitis
<	<	<	<	<	<	<	~	<	Practitioner - Non-Primary Care Provider (PCP)	Miller Daniel
								<	Practitioner - Non-Primary Care Provider (PCP)	Merlo Lourdes
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mehdizadeh Alireza
<	<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Cisternas Steven
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Mudd Gregory
								<	Practitioner - Non-Primary Care Provider (PCP)	Aristide Burducea
<	<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Thambirajah Gloria Patricia
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Levy Elan S
								<	Practitioner - Non-Primary Care Provider (PCP)	Binshteyn Galina Mrs.
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Torres Damaries
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Marciano Jennifer
								<	Practitioner - Non-Primary Care Provider (PCP)	Lippman Eric Scott Md
								<	Practitioner - Non-Primary Care Provider (PCP)	Hausman Michelle
								<	Practitioner - Non-Primary Care Provider (PCP)	Herivaux James Md
								<	Practitioner - Non-Primary Care Provider (PCP)	Chin Henry Thickbin Md
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Levin Erika
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Myers Michael G
									Practitioner - Non-Primary Care Provider (PCP)	Kadimcherla Pradeep
									Practitioner - Non-Primary Care Provider (PCP)	Mcpherson Nicketta Elaine
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Alagkiozidis Ioannis
								<	Practitioner - Non-Primary Care Provider (PCP)	Painson Jean Luther
	<		<	<			<	<	Practitioner - Non-Primary Care Provider (PCP)	Wendy Cheong, Rd
									Practitioner - Non-Primary Care Provider (PCP)	Hafeez Saqib
<	<	<	<	<	<	>	<	<	Practitioner - Non-Primary Care Provider (PCP)	Frederick Bianca
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Karla Giboyeaux
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Assimoglou Dimitra
<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Partridge Langley
								<	Practitioner - Non-Primary Care Provider (PCP)	Ziemba, Jessica C., Rpa-C
								<	Practitioner - Non-Primary Care Provider (PCP)	Simmons Sylvia
4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								cts	Participating in Projects	

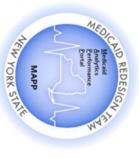


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Product Name Product Changery Zai		Participating in Projects	ects									
Practitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Practitioner - Non-Primary Case Provider (PCP)	Rodriguez Shantae Lynette	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	ζ.	ζ.	ζ.	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Terrelonge Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		_		<
Practitioner - Non-Primary Case Provider (PCP)	Sheila King	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Patel Reshma Bhupendra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	ζ.	ζ.	<	ζ.		<
### Practitioner - Non-Primary Care Provider (PCP) ### Pr	Chan Ravy	Practitioner - Non-Primary Care Provider (PCP)										
## Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care P	Brus Michael John	Practitioner - Non-Primary Care Provider (PCP)	<			<				<		
Practitioner - Non-Primary Care Provider (PCP)	Pearlman Charles Joseph	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	ζ.		_		<
Practitioner - Non-Primary Case Provider (PCP)	Andrea Calabrese	Practitioner - Non-Primary Care Provider (PCP)	<							_		
Mid Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Im	Douglas Gaveral Dania	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mid Practitioner - Non-Primary Care Provider (PCP) V	Patel Mayank	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
ce Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Ima	Polizzi Francesco Paolo Md	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Darwin Buschman Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<									
and Mid Practitioner - Non-Primary Care Provider (PCP) C	Young Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) X<	Guccione Michael Richard Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Orloff Elenora	Practitioner - Non-Primary Care Provider (PCP)	<									
Indicationer - Non-Primary Care Provider (PCP) Image: Continuous of the continuo	Ahmed Nasrine	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V V V V V V V V V V	Silletti Joseph Peter	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Id Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary	Gressin Jill Beth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Ehrlich Randall Victor Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) V V V Practitioner - Non-Primary Care Provider (PCP) V V V V Practitioner - Non-Primary Care Provider (PCP) V V V V V V Practitioner - Non-Primary Care Provider (PCP) V	Hilaire Marc Richard Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<				<
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)	Renvoize Guy A Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Practitioner - Non-Primary Care Provider (PCP)	Antoine T Christina Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Osei Tutu John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Md Practitioner - Non-Primary Care Provider (PCP) Md Practitioner - Non-Primary Care Provider (PCP)	Singh Ashuwinder K Np	Practitioner - Non-Primary Care Provider (PCP)	<									
Md Practitioner - Non-Primary Care Provider (PCP) V <	Dummitt Susan	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)	Furey Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Trubetskoy Alla M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
a Practitioner - Non-Primary Care Provider (PCP)	Megalla Sherry	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	Almonte Indhira	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Raphael Katia	Practitioner - Non-Primary Care Provider (PCP)	ζ.									
	Abrar Syed Ali	Practitioner - Non-Primary Care Provider (PCP)	<									



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Lackner Michael Joseph Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bahce-Altuntas Asena	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Santikul Marisa Kanjana	Practitioner - Non-Primary Care Provider (PCP)										
Mizrachi Adam	Practitioner - Non-Primary Care Provider (PCP)										
Carter Kelly E	Practitioner - Non-Primary Care Provider (PCP)										
Williams Toshia	Practitioner - Non-Primary Care Provider (PCP)										
Kelly E. Walker, Rd	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.			<	<		<		
Rosenberg Maxwell	Practitioner - Non-Primary Care Provider (PCP)										
Zhang David	Practitioner - Non-Primary Care Provider (PCP)	<									
Gonzalez Eulogio Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Limani Robert B Md	Practitioner - Non-Primary Care Provider (PCP)										
Brazzo Brian Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Katz Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Goldfarb Eric Mark Dds	Practitioner - Non-Primary Care Provider (PCP)	<									
Murray Christine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Carambia Stephanie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Nieves Rosado Sandra	Practitioner - Non-Primary Care Provider (PCP)	<									
Richardson Antonio	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Hill Carmilla	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Shah Ruchi Arpan	Practitioner - Non-Primary Care Provider (PCP)	<									
Camargo Sandra	Practitioner - Non-Primary Care Provider (PCP)										
Kone Odiya Camara	Practitioner - Non-Primary Care Provider (PCP)	<									
Mcdaniel Jamarcy L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Mohseni Hossain	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Damore Joseph F Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Hayes Darwin Kyle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Snyder Andrea Madeline Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Vaccariello Charles J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					
Damian Jeanne	Practitioner - Non-Primary Care Provider (PCP)	<									
Ruiz Jhon	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<	<		<
Sharon Desales Baoas	Practitioner - Non-Primary Care Provider (PCP)	<			<						



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Bronx Lebanon Hospital Center (PPS ID:27)

		ماموس									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i 3	3.c.i 3.	3.d.ii 3.	3.f.i 4.a.iii	a.iii 4.c.ii	ii
Perryman Milagro	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Patel Alkesh Navin	Practitioner - Non-Primary Care Provider (PCP)	<									
Lee Katherine	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Carter-Edwards Mildred G	Practitioner - Non-Primary Care Provider (PCP)	<									
Tabaddor Kamran Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Morales Alejandra	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	〈	< ·	<	~	
Scharoun Gina Magali Phd	Practitioner - Non-Primary Care Provider (PCP)	<									
Leung Oilim	Practitioner - Non-Primary Care Provider (PCP)										
Senior Sharon Dawn	Practitioner - Non-Primary Care Provider (PCP)										
Costello Maureen Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	< ·	< ·	<	<	
Nicu Marin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	
lda Louise Santana Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Ciro Dianne	Practitioner - Non-Primary Care Provider (PCP)										
Mickens Samuel R	Practitioner - Non-Primary Care Provider (PCP)	<									
Falzon Jean Marie	Practitioner - Non-Primary Care Provider (PCP)	<									
Cueva Edwin X	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	
Novak Inna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<		<	<	<	<	
Statter Mindy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	< ·	< ·	<	<	
Podd Daniel	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Daly Thomas	Practitioner - Non-Primary Care Provider (PCP)	<									
Franklin Velaquez	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<					<	
Chung Nancy D	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<					<	
Jones-Jacques Makeda Naomi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<					<	
Rajbhandari Prabi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	
Gohar James Ashraf	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<					<	
Roshee Tarethia Maitland	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	〈	<	<	<	<	
Abrams Jordan C	Practitioner - Non-Primary Care Provider (PCP)	<									
Ledwith Allison Patricia	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Teusink John Paul Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Elkin Rene Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	
Aleksandrovich Leon	Practitioner - Non-Primary Care Provider (PCP)	<			<	<					



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

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Provider Name Provider Changery 2a 2a 2a 2a 2a 2a 2a 2		Participating in Projects	ects									
Pacitions - Non-Finnary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pacilitioner - Non-Primary Case Provider (PCP) X	Friedman Lori A	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Case Provider (PCP)	Baron Martine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Pabon Eddie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)	<									
## Practitioner - Non-Primary Care Provider (PCP) ## Practitioner - Non-Primary Care Provider (P	Rajendram Gitanjali	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	ζ.	ζ.	<		<
sel Practitioner - Non-Primary Cane Provider (PCP) V	Colon Vivian	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	ζ.	ζ.	<		<
Practitioner - Non-Primary Case Provider (PCP)	Richman Oren Daniel	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Simela Ashley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
on Dbs Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP) Image: Comp	Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)	<									
ss Md Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Ganey James Hobson Dds</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Ganey James Hobson Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<		<
practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Craig Ronald Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
aurifie Practitioner - Non-Primary Care Provider (PCP) aurifie Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Rpa Practitioner - Non-Primary Care Provider (PCP) Rpa Practitioner - Non-Primary Care Provider (PCP) Ace Dianna Ace Dianna Practitioner - Non-Primary Care Provider (PCP) Ace Dianna Ace	Jacobs Jeffrey Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
aurile Practitioner - Non-Primary Care Provider (PCP) X <	Hakim Steven Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Rpactitioner - Non-Primary Care Provider (PCP) X<	Schwartz-Moser Laurie	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Diam Practitioner - Non-Primary Care Provider (PCP) C <th< td=""><td>Juan A Germosen</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td><</td><td><</td><td>~</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Juan A Germosen	Practitioner - Non-Primary Care Provider (PCP)	<	<	~	<	<	<	<	<		<
Daa Practitioner - Non-Primary Care Provider (PCP) COLOR COLOR<	Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Date Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Care P	Rivera Patricia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (P	Mandese Anthony Rpa	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) C<	Perez Janely	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Dianna Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pri	Asante Modesta	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Dianna Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pri	Denis Clarke	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Car	Hernandez Elaina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dianna Practitioner - Non-Primary Care Provider (PCP) Image: Control of the provider of the practition of the	Perez Teresita V	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP)	Hayes Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	<									
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control of	Sweeney Khandi-Kae Dianna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	George Vero	Practitioner - Non-Primary Care Provider (PCP)	<			<						
Practitioner - Non-Primary Care Provider (PCP) Interter Provider (PCP)	Sutton Allen D Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
oinette Practitioner - Non-Primary Care Provider (PCP) V	Khaneja Satish C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
kumar Md Practitioner - Non-Primary Care Provider (PCP) IV IV<	Dowrich Ingrid Antoinette	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Practitioner - Non-Primary Care Provider (PCP)	Sarwahi Vishal Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
	Ross Sudeesh Rajkumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<

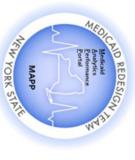


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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii ′	4.c.ii
Riefkohl Ricardo	Practitioner - Non-Primary Care Provider (PCP)	<	<	〈	<	<	<	<	<		<
Kewson Leyman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dubey Ashok	Practitioner - Non-Primary Care Provider (PCP)	<									
Swainson Raymond Edward	Practitioner - Non-Primary Care Provider (PCP)	<									<
Alexeenko Lada	Practitioner - Non-Primary Care Provider (PCP)	<									
Leonard Todd	Practitioner - Non-Primary Care Provider (PCP)	<									
Bretz Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Dacosta Kerry-Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Cabico Mary Lizette	Practitioner - Non-Primary Care Provider (PCP)	<									
Carternuto Alicia	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Dejesus David	Practitioner - Non-Primary Care Provider (PCP)										
Debora Kupersmid	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Ingrid Nunez	Practitioner - Non-Primary Care Provider (PCP)	<									
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)	<									
Yoles Ayelet C Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Balakhane Edmond Nejat	Practitioner - Non-Primary Care Provider (PCP)										
Weinstein Russell Scott	Practitioner - Non-Primary Care Provider (PCP)										
Iringan Aristole X	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Chavez Betty	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Gheorghiu Olimpia Tintea Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Alfonso Garcia Cesar Alberto	Practitioner - Non-Primary Care Provider (PCP)	<									
Hundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Porizkova Anna M	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<		<		
Messore Elisa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<				<
Neuman Larry M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<								
Pathay Fiona Allison Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Patel Dhvanit	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Center	Hospital	<	<	<	<	<	<	<	<		<
Calvary Hospital Inc	Hospital	<									
St Johns Riverside Hospital	Hospital	<									
Mount Sinai Hospital	Hospital	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Phoenix Houses Of New York Inc	Clinic	<									
Help/Project Samaritan Svcs Corp	Clinic	<	<	<		<	<				<
Urban Health Plan Inc	Clinic	ζ.	ζ.	ζ.	ζ.	〈	ζ.	ζ.	ζ.		<
Asian & Pacific I C Hiv/Aids	Clinic	ζ.									
Doj Dialysis Center Corp	Clinic	ζ.									
Medalliance Medical Hlth Svc	Clinic	<									
Kings Harbor Dialysis Ctr	Clinic	<									
All Med & Rehab Of New York	Clinic	<									
New York Renal Associates Inc	Clinic	<									
Michael Callen-Audre Lrde Chc	Clinic	<									
Project Samaritan HIth Svcs I	Clinic	<					<				
New York Neuro And Rehab Ctr	Clinic	<			<	<					
St Christophers Inn Inc	Clinic	<				<					
Lower West Side Household Svc	Clinic	<									
Greenwich House Inc Ai	Clinic	<									
Odyssey House Of New York	Clinic	<									
Ambulatory Surgery Ctr Of Gny	Clinic	<									
Jgb Rehabilitation Corp	Clinic	ζ.									
Community Healthcare Network	Clinic	ζ.	<			<	<		<		
Bronx Lebanon Hospital Center	Clinic	<	<	<	<	<	<	<	<		<
Terence Cardinal Cooke Hcc	Clinic	<									
Calvary Hospital Inc	Clinic	ζ.									
Lower Eastside Service Center	Clinic	<									
St Johns Riverside Hospital	Clinic	ζ.									
Narco Freedom Inc	Clinic	<									
Floating Hospital	Clinic	<									
Martin Luther King Hlth Ctr	Clinic	ζ.	<	<	<	<	ζ.	<	<		<
Mount Sinai Hospital	Clinic	ζ.									
Care For The Homeless	Clinic	ζ.									
Upper Room Aids Ministry Aadc	Clinic	<									
Newtown Dialysis Center Inc	Clinic	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Workmens Circle Dialysis Center Inc	Clinic	<									
Vocational Inst Proj Comm Svc	Clinic	<	<	<	<	<	<				<
Vnsny Community Health Services	Case Management / Health Home	<			<				<		
Bailey House Ai	Case Management / Health Home	<									
Asian & Pacific I C Hiv/Aids	Case Management / Health Home	<									
Psch Inc Mh	Case Management / Health Home	<									
Weston United Comm Renewal Mh	Case Management / Health Home	<									
University Consultation Ct Mh	Case Management / Health Home	<									
The Bridge Inc Mh	Case Management / Health Home	<									
Harlem United Com Aids Ctr Ai	Case Management / Health Home	<									
Help/Psi Aids Adhcp	Case Management / Health Home	<	<	<		<	<				<
Bronx Lebanon Hospital Scm	Case Management / Health Home	<	<	<	<	<	<	<	<		<
Astor Home For Children Fbt	Case Management / Health Home	<									
Lower West Side Household Svc	Case Management / Health Home	<									
Jewish Bd Fam/Child Svcs Mh	Case Management / Health Home	ζ.									
Gay Mens Hlth Crisis Aids Ai	Case Management / Health Home	ζ.									
Fed Empl & Gld Ser Mr Mh	Case Management / Health Home	<									
Argus Community Inc Ai	Case Management / Health Home	ζ.									<
Citizens Advice Bureau Ai	Case Management / Health Home	<			<			<			<
Bronx Aids Service Ai	Case Management / Health Home	<	<					<			<
Community Hlthcare Network Ai	Case Management / Health Home	<	<			<	<		<		
Bronx Lebanon Hospital Center	Case Management / Health Home	<	<	<	<	<	<	<	<		<
Omrdd/Allcare Provider Svc	Case Management / Health Home	ζ.									
National Association On Drug Abuse	Case Management / Health Home	<									
Salvation Army Ai	Case Management / Health Home	<				<					<
Queens Coordinated Care Partners LI	Case Management / Health Home	<	<			ζ.	<		<		
Community Care Management Partners	Case Management / Health Home	<	<		<						
Buyuk Erkan	Mental Health	<	<	<	<	<	<	<	<		<
Nwokeji Kingsley	Mental Health	ζ.	<	<	<	ζ.	<	<	<		<
Cox Keisha R	Mental Health	<									
United Odd Fellow/Rebekah Hm Lthhcp	Mental Health	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Idowu Kehinde Olabisi	Mental Health	<									
Vargas Luz	Mental Health	<	<	<	<	<	>	<	<		<
Help/Project Samaritan Svcs Corp	Mental Health	<	<	<		<	>				<
Walsh Christophe	Mental Health	<									
Vnsny Community Health Services	Mental Health	<			<				<		
Hertz Jonathan Adam	Mental Health	<			<				<		
Lassalle Adaiah	Mental Health	<									
Torres-Ortiz Gladys Ramona	Mental Health	<	<	<	<	<	~	<	<		<
Levine Amir	Mental Health	<	<	<	<	<	>	<	<		<
Turner Claire	Mental Health	~	<	<	<	<	<	~	~		<
Maling Alison T	Mental Health										
Nifenecker Susan	Mental Health	<									
Williams La	Mental Health	<	<	<	<	<	<	<	<		<
Medina Miguel	Mental Health										
Muniz Elisa Iraida Md	Mental Health	<	<	<	<	<	<	<	<		<
Miller Ricardo Anthony	Mental Health	~									
Terrelonge Robert	Mental Health	<	<	<	<	<	<				<
Schulman Morgan	Mental Health	<	<	<		<	<				<
Remson Karen M Np	Mental Health	~									
Mcknight James Md	Mental Health	<									
Bailey House Ai	Mental Health	~									
Andino Julia	Mental Health	~	<	<	<	<	<	~	~		<
New York Foundling Hospital, The	Mental Health	~									
Ogula Veronica	Mental Health	~	<	<		<	<				<
Reyes - Sanchez Jose	Mental Health	<	<	<	<	<	<	<	<		<
Garcia Marcia	Mental Health	<	<	<	<	<	<	<	<		<
Goodwill Industries Act Rc	Mental Health	<									
Center For Alt Sentencing Rc	Mental Health	~									
Postgraduate Ctr Mental Hith	Mental Health	<									
Fortune Society Inc, The	Mental Health	<									
Defalco Michael M Phd	Mental Health	<									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Sutton Allen D Np	Mental Health	<	<	<		<	<				<
Ewaskio Miriam A Md	Mental Health	<	ζ.	〈	ζ.	ζ.	<	<	<		<
Nodarse George L Md	Mental Health	<	ζ.	〈	<	<	<	<	<		<
Mallouk Suzanne Md	Mental Health	<	ζ.	〈	ζ.	ζ.	<	<	<		<
Cueva Edwin X	Mental Health	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Act	Mental Health	<	<	<	<	<	<	<	<		<
Norman Janet	Mental Health	<									
Banez Ferdinand B Md	Mental Health	<	<	<	<	<	<	<	<		<
Morales Alejandra	Mental Health	<	<	<	<	<	<	<	<		<
Guimaraes Tania Csw	Mental Health	<									
Ardito Diane A Phd	Mental Health	<									
Gries James Robert Phd	Mental Health	<									
Bronx Pc Act	Mental Health	<									
Achalla Kiranmayi	Mental Health	<	<	<		<	<				<
Cardillo Edward Paul Phd	Mental Health	<									
Evdos Olga	Mental Health	<	<	<	<	<	<	<	<		<
Umali Sofia	Mental Health	<									
Aronova Yevgenia Md	Mental Health	<	<	<	<	<	<	<	<		<
Contreras Virginia Md	Mental Health	<	<	<	<	<	<	<	<		<
Shah Ketki S Md	Mental Health	<	<	<	<	<	<	<	<		<
Vega Evelyn	Mental Health	<	<	<		<	<				<
Vazquez Pedro	Mental Health	<									
Vazquez Rosa	Mental Health	<	<	<	<	<	<	<	<		<
Chaperon Volvic Lcsw	Mental Health										
Valentin Rene	Mental Health	<	<	<	<	<	<	<	<		<
Gonzalez Ruben E Md	Mental Health	<	<	<	<	<	<	<	<		<
Barbosa Maria	Mental Health	<	<	<	<	<	<	<	<		<
Thomas Cheryl A Phd	Mental Health	<									
Penafranqui Elizabeth	Mental Health	<	<	<	<	<	<	<	<		<
Daly Thomas	Mental Health	<									
Byrne Thomas	Mental Health	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Name Provider Canagoy 2 Au		Participating in Projects	ects										
A AM MAY Membrith Health Marbal Hea	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Marital Health Marita	Jennings Marilena A Md	Mental Health	<	<	<	<	<	<	<	<		<	
gall Phd Mernal Health Z C	Hamilton Gabrielle	Mental Health											
Id Montal Health Z	Scharoun Gina Magali Phd	Mental Health	<										
ces En Inc Mercal Health Z	Troneci Lizica C Md	Mental Health	<	ζ.	〈	ζ.	<	<	<	ζ.		<	
COSE ENTINC Mortral Health X <td>Torres Ricardo</td> <td>Mental Health</td> <th><</th> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td> <td></td>	Torres Ricardo	Mental Health	<	<	<	<	<	<	<	<		<	
Mental Heath Ment	Jano Delia	Mental Health	<										
distle PhDd Mortial Health X <td>Health Ind Resources Ent Inc</td> <td>Mental Health</td> <th><</th> <td></td> <td></td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Health Ind Resources Ent Inc	Mental Health	<			<							
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Iduis Mental Health Image: Control of the Control of t	Mohammed Romeeda	Mental Health	<										
Louis Mental Health CV	Holt Kimberly J Phd	Mental Health	<										
Signate Mental Health Color	Baumann Steven Louis	Mental Health											
or FF Mental Health X	Reyes Frank E Md	Mental Health	<	<	<	<	<	<	<	<		<	
or F Mental Health X	Cotto Sylvia	Mental Health	<	<	<	<	<	<	<	<		<	
Mental Health Image: Color of the Color of	Leggett Christopher F	Mental Health	<	<	<	<	<	<	<	<		<	
in Md Mental Health Image: Control of the Control of t	Siewers Kevin Np	Mental Health	<										
tutrick Mental Health SS Inches of the second of the s	Nikiforov Konstantin Md	Mental Health	<										
ews Phd Mental Health Image: Control of the control of	Dooley Francis Patrick	Mental Health	<										
Vid Mental Health Image: Control of the Internation	Basso Alan Matthews Phd	Mental Health	<										
Md Mental Health C	Psch Inc Mh	Mental Health	<										
ation Ct Mh Mental Health Image: Company of the compan	Alerte Alexander Md	Mental Health											
N Mental Health Image: Control of the c	University Consultation Ct Mh	Mental Health	<										
lilie Mh Mental Health Image: Control of the control o	The Bridge Inc Mh	Mental Health	<										
Mental Health V <	St Christopher-Ottilie Mh	Mental Health	<										
yeon Md Mental Health C	Baez Joe A Md	Mental Health	<	<	<	<	<	<	<	<		<	
Mental Health V <	Choe Susanne Suyeon Md	Mental Health	<										
Mental Health	Herman Paul Phd	Mental Health	<										
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Mental Health	Harneja Braham Swaroop Md	Mental Health	<	<	<	<	<	<	<	<		<	
	Levine Jeffrey Mark Md	Mental Health	<	<	<	<	<	<	<	<		<	



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Name Provider Category 23.1		Participating in Projects	cts									
A Phel Marbal Mental Health C <th>Provider Name</th> <th>Provider Category</th> <th>2.a.i</th> <th>2.a.iii</th> <th>2.b.i</th> <th>2.b.iv</th> <th>3.a.i</th> <th>3.c.i</th> <th>3.d.ii</th> <th>3.f.i</th> <th>4.a.iii</th> <th>4.c.ii</th>	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Membri Health Membri Healt	Robbins Rosemary A Phd		<									
Mortal Health Mortal Healt	Bhatt Upendra Rajendraprasad	Mental Health	<	~	ζ.	<	<	<	<	<		<
Billine Mod Mortisk Health C.V.	Patel Rajesh Manharbhai Md	Mental Health	<	~	ζ.	<	<	<	<	<		<
Montal Heath Monta	Snyder Andrea Madeline Md	Mental Health	<									
Dot Mod Montal Health C	Coll-Ruiz Hector	Mental Health	<	<	ζ.	<	〈	<	<	〈		<
so Mid Montal Health CV	Akerele Evaristo Olanrewaju Md	Mental Health	<									
hd Mental Health X Image: Control of the path of the	Bhashyam Vinod Rao Md	Mental Health	<	<	ζ.	<	〈	<	<	〈		<
hbd Merital Health IX	Torossian Carol L	Mental Health	<									
a Md Mental Health C	Small Jonathan M Phd	Mental Health	<									
anette Mortral Health IX	Hundorfean Gabriela Md	Mental Health	<									
Mental Health	Gaschke Yvonne Nanette	Mental Health	<									
d Mertal Health X <	Herivaux James Md	Mental Health	<									
Mental Health Mental Healt	Hameedi Faiq Ali Md	Mental Health	<									
Mental Health	Michael Callen-Audre Lrde Chc	Mental Health	<									
Mental Health X <	Stephens Hyram	Mental Health	<									
ar Alberto Mental Health X	Gonzales Luis A Md	Mental Health	<									
ar Alberto Mental Health IX IX </td <td>Inghilterra Karen</td> <td>Mental Health</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Inghilterra Karen	Mental Health	<									
Md Mental Health C	Alfonso Garcia Cesar Alberto	Mental Health	<									
Vid Mental Health Image: Control of the Act of the Ac	Moussavian Hamid	Mental Health	<			<	<					
nary Phd Mental Health IX IX <td>Teusink John Paul Md</td> <td>Mental Health</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Teusink John Paul Md	Mental Health	<									
p Center Mental Health Image: Center of the content of	Bergman Scott Zachary Phd	Mental Health	<									
hd Mental Health Image: Control of the	Bronx Lebanon Hosp Center	Mental Health										
Amental Health C	Devine Jeanne M Phd	Mental Health	<									
Nand Md Mental Health V	Mejia Fernando Md	Mental Health	<	<	<	<	<	<	<	<		<
Md Mental Health Image: Control of the	Rameshwar Karamchand Md	Mental Health	<	<	<		<	<				<
Md Mental Health Image: Control of the	Fiad Alfredo Manuel Md	Mental Health										
Ctr Mental Health V	Villar Ofelia Tameta Md	Mental Health	<	<	<	<	<	<	<	<		<
Mental Health V <	Bronx Lebanon Hosp Ctr	Mental Health										
Mental Health Mental Health Mental Health Mental Health	Haber Linda S	Mental Health	<	<	<	<	<	<	<	<		<
Mental Health	Schwartz Scott C Md	Mental Health	<	<	<	<	<	<	<	<		<
	Billotti Thomas J	Mental Health	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Mendola Antony J Md	Mental Health	<									
Rowe Timothy Owen	Mental Health	<				<					
Go Eliseo A Md	Mental Health	<	<	<	<	<	<	<	<		<
Kirschtein Jorge Noberto Md	Mental Health	<	<	<	<	<	<	<	<		<
St Christophers Inn Inc	Mental Health	<				<					
Bampoe Isaac G Md	Mental Health										
Birnbaum Israel	Mental Health	<									
Bien-Aime Jean L Md	Mental Health	<	<			<	<		<		
Fruitman Edward	Mental Health	<									
Astor Home For Children Fbt	Mental Health	<									
Comunilife Mental Health CI	Mental Health	<			<						
Professional Svc Ctr Handicap	Mental Health	<									
Greenwich House Inc Ai	Mental Health	<									
Munsayac Adele T Md	Mental Health	<									
Areba Casriel Institute	Mental Health										
Darwin Buschman Md Pc	Mental Health	ζ.									
Abbott House Inc	Mental Health	<									
Sanchez Lacay Jose Arturo Md	Mental Health	ζ.	<	<	<	<	<	<	<		<
Weston United Comm Renewal	Mental Health	ζ.									
Geel Community Services, Inc.	Mental Health	<									
Professional Svc Ctr Handicap	Mental Health	ζ.									
Pibly Residential Programs	Mental Health	<									
Assoc Rehab Cm & Housing Inc	Mental Health	ζ.									
Concern For Mental Health Inc	Mental Health	ζ.									
Jewish Board Of Fmly&Child Sv	Mental Health	<									
Borakove Larry Steven	Mental Health	ζ									
TRICenter Inc	Mental Health	ζ									
Gheorghiu Olimpia Tintea Md	Mental Health	ζ.									
Freeman Robert A	Mental Health	<									
Jewish Guild For The Blind Dt	Mental Health	<									
Levner Charles	Mental Health	<									



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Argus Community,Inc	Mental Health	<									<
Gateways Counseling Ctr,Inc	Mental Health	<									
Paz Vistoria Belisario	Mental Health	<	<	ζ.	<	ζ.	<	ζ.	<		<
Nunes Filho Joao V Md	Mental Health										
Brito Mercedes A Md	Mental Health	<	<	<	<	ζ.	<	<	<		<
Krugley Richard A Md	Mental Health	<									
Persaud Vyas Durga Md	Mental Health	<									
Pierre Paul Antoine Md	Mental Health	<									
Viviano Ann T Phd	Mental Health	<									
Arnstein Ellis Jay Md	Mental Health	<	<	<	<	ζ.	<	<	<		<
Osei Tutu John Md	Mental Health	<	<	~	<	<	<	<	<		<
Heath Desmond Md Pc	Mental Health	<									
Jewish Asso For Svcs For The Aged	Mental Health	<									
Charles Joseph E Md	Mental Health	<									
Rtf Jewish Board Ittleson Ctr	Mental Health	<									
Jewish Board Family Child B	Mental Health	<									
Patel Ramanbhai C Md	Mental Health	<	<	<	<	<	<	<	<		<
Kairam Ramamohana R Md	Mental Health	<	<	~	<	<	<	<	<		<
Professional Svc Scannell Icf	Mental Health	<									
Community Healthcare Network	Mental Health	<	<			<	<		<		
Robotti Flavia Md	Mental Health	<	<			<	<		<		
Kaplan Mitchel A Md	Mental Health	<									
Bronx Lebanon Hospital Center	Mental Health	<	<	~	<	<	<	<	<		<
Kupietz Samuel S Phd	Mental Health	<									
Yared Thomas A Md	Mental Health	<									
Mccurtis Henry Lloyd Md	Mental Health	<									
Jay E Selman Md	Mental Health										
Federation Emplmt/Guid Svc	Mental Health	<									
Lower Eastside Service Center	Mental Health	<									
Narco Freedom Inc	Mental Health	<									
New York Psychot And Couns Ct	Mental Health	<									

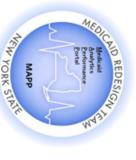


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Bronx Lebanon Hospital Center (PPS ID:27)

Addiction Research & Trimnt C Post Grad Cntr For Mental Hit Riverdale Mental Hith Cl Mount Sinai Hospital	Mental Health Mental Health Mental Health	<u> </u>	11.0.4	1.0.1	1.0.14	0.9.	0.0.	0.0.	:	12	1.6
Post Grad Cntr For Mental Hit Riverdale Mental HIth Cl Mount Sinai Hospital	Mental Health Mental Health	ζ.									
Riverdale Mental Hlth Cl Mount Sinai Hospital	Mental Health										
Mount Sinai Hospital		<									
	Mental Health	<									
Depaula Roberto Pc Md	Mental Health	<	<	<	<	<	<	<	<		<
Bryskin Lawrence Md	Mental Health	<									
Pluskalowski Sharon I	Mental Health										
Lopez-Leon Manuel	Mental Health	<									
Assimoglou Dimitra	Mental Health	<	<	<	<	<	<	<	<		<
Rios Marisol	Mental Health	<	<	<		<	<				<
Oommen Shobin Md	Mental Health	<									
Rutherford Cynthia	Mental Health	<	<	<	<	<	<	<	<		<
Almonte Miguelina	Mental Health	ζ.									
Ruiz Jhon	Mental Health	ζ.	<	ζ.	<	<	<	<	<		<
Espinal Jose	Mental Health	ζ.									
Walker Dara	Mental Health	ζ.									
Tolentino Xiomara	Mental Health	ζ.									
Vicencio Carmencita Concepcion	Mental Health	ζ.	<	ζ.	<	<	<	<	<		<
Mitchell Michael	Mental Health										
Schneider-Machin Lauren	Mental Health										
White Lisa	Mental Health	<	<	ζ.	<	<	<	<	<		<
Edith A Frank	Mental Health	ζ.									
Hausman Michelle	Mental Health	<									
Rebecca Rayanne Dinowitz	Mental Health	<									
Kolman Heidi	Mental Health										
Sanchez Antonio Alberto Md	Mental Health	ζ.									
Nagorny Andrei	Mental Health	<	<	<	<	<	<	<	<		<
Borg Lisa	Mental Health	ζ.									
Jacobsberg Lawrence	Mental Health	<			<				<		
De Jesus Amanda	Mental Health	ζ.	<	ζ.	<	<	<	<	<		<
Weille Jean Walker	Mental Health	ζ.	ζ.	ζ.	ζ	<	<	<	<		<

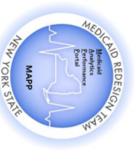


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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pabon Eddie	Mental Health	<	~	~	<	<	<	<	<		<
Woodson Latasha	Mental Health	<									
Taylor-Dunn Shirley	Mental Health	<	<	<	<	<	<	<	ζ.		<
Frischer Katya	Mental Health	<	<	ζ.	<	〈	<	<	ζ.		<
Kitchens Galina D	Mental Health	<									
Brown Beverly	Mental Health	<	<	<	<	<	<	<	<		<
Griffin Shirley	Mental Health	<	<	<	<	<	<	<	<		<
Cozort Marina	Mental Health	<	<	<	<	<	<	<	ζ.		<
Miller Samantha	Mental Health	<	<	<	<	<	<	<	<		<
Bautista Richard	Mental Health	<									
Priday Lauren	Mental Health	<									
Rivera Iris	Mental Health	<	<	~	<	<	<	<	<		<
Baron Martine	Mental Health	<	<	<	<	<	<	<	<		<
Rivera Adavelyn	Mental Health										
Vanessa A Valentino	Mental Health	<									
Bones Robert	Mental Health	<	~	~	<	<	<	<	<		<
Agunloye Natalie	Mental Health	<	<	<	<	<	<	<	<		<
Marciano Jennifer	Mental Health	ζ.	<	<	<	<	<	<	<		<
Garces Cesar	Mental Health	<	<	~	<	<	<	<	<		<
Litvak Dmitriy	Mental Health	<	<	<	<	<	<	<	<		<
Boller-Delaney Maureen Anne	Mental Health	ζ.			<				ζ.		
Agosto Myrna	Mental Health	<			<				<		
John Norka	Mental Health	<	<	~	<	<	<	<	<		<
Farrell Jessica	Mental Health	<	<	~	<	<	<	<	<		<
Bains Arvin	Mental Health	<	<	<	<	<	<	<	<		<
Eldefrawi Mohamed	Mental Health	<	<	<	<	<	<	<	<		<
Swerdlow Elaine	Mental Health										
Rodriguez-Medina Sol-Lisset	Mental Health	<	<	<	<	<	<	<	<		<
Almonte Indhira	Mental Health	<	<	<	<	<	<	<	<		<
Argus Community Inc	Mental Health	<									<
Cohen Rebecca	Mental Health	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

<				<	<		<	<	<	Mental Health	Mota Milady
									<	Mental Health	Phelan Jane
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									<	Mental Health	Poolt Alexandra
									<	Mental Health	Mailman Toby
									<	Mental Health	Perez Angela
									<	Mental Health	Young-Geye Stephanie
<				<	<		<	<	<	Mental Health	Perron Thomas
<		<	<	<	ζ.	<	<	<	<	Mental Health	Ajayi Bamidele Anuoluwa
									<	Mental Health	Danback Kristine F Phd
									<	Mental Health	Ciotti Andrew James
									<	Mental Health	Wilde Eric
									<	Mental Health	Maldonado Yajaira
									<	Mental Health	Dang Angie
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									<	Mental Health	Guardiola Sandy
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<		<	<	<	<	<	<	<	<	Mental Health	Perez Nancy
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<		<	<	<	<	ζ.	<	<	<	Mental Health	Gonzalez Luisa Sobeyda
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										Mental Health	Lamb Ronald
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<		<	<	<	<	ζ.	<	<	<	Mental Health	Murray Christine
									<	Mental Health	Psch Inc
<		<	<	<	<	ζ.	<	<	<	Mental Health	Hill Carmilla
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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									<	Mental Health	Hinojosa Franz
									<	Mental Health	Freund Dvora
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									<	Mental Health	Mushkin Rebecca
									<	Mental Health	Katz Abigail
										Mental Health	Pell Brian
									<	Mental Health	Reyes-Rivera Loida
		<				<			<	Mental Health	Williams Edith L
									<	Mental Health	Boudreaux Tyson
<		<	<	ζ.	<	<	<	<	<	Mental Health	Estefan Bebsy C
<		<	<	ζ.	<	<	<	<	<	Mental Health	Mascaro Hilda
									<	Mental Health	Alexeenko Lada
									<	Mental Health	Fedcap Rehabilitation Services Inc
<		<	<	<	<	<	<	<	<	Mental Health	Perez Coste Maria
<				<	<		<	<	<	Mental Health	Maloney-Mcalmont Avril
									<	Mental Health	Bailey Judith
								1	<	Mental Health	Valentin Kenia
<				<	<	1	<	<	<	Mental Health	Calderon Ruddy Smith
<				<	<	1	<	<	<	Mental Health	Messore Elisa
<		<	<	<	<	<	~	<	<	Mental Health	Dharni Poonam
<		<	<	<	<	<	<	<	<	Mental Health	Perez Janely
<								1	<	Mental Health	Argus Community Inc
<	1	<	<	<	<	<	<	<	<	Mental Health	Toma Mirela Md
<		<	<	<	<	<	<	<	<	Mental Health	Rojas Ana Elisa
								1	<	Mental Health	Upper Room Aids Ministry Aadc
<				<	<	1	<	<	<	Mental Health	Saccente Erica
								1	<	Mental Health	Abbott House Spt
									<	Mental Health	Hayes Jacqueline
									<	Mental Health	Mental Health Association Of Nyc In
<	1	<	<	<	<	<	<	<	<	Mental Health	Penaloza Juan
<		<	<	<	<	<	<	<	<	Mental Health	Liz Defillo Vicente J
.iii 4.c.ii	.i 4.a.iii	i 3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	ii 2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									rojects	Participating in Projects	



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		כנט									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Bretz Elizabeth	Mental Health										
Michael Kisalyn	Mental Health	<	<	<	<	<	<	<	<		<
O'Boyle Meredith	Mental Health	<									
Gorseth Karin	Mental Health	<									
Painson Jean Luther	Mental Health	<									
Anusionwu Reagan	Mental Health										
Bronx Lebanon Hospital Center	Mental Health	<	<	<	<	<	<	<	<		<
Jones-Jacques Makeda Naomi	Mental Health	<	<	<	<	<	<	<	<		<
Boyd Kaleen M	Mental Health										
Thambirajah Gloria Patricia	Mental Health	<	<	<	<	<	<	<	<		<
Boyd-Mckoy Aleen Marie	Mental Health	<									
Tigenoah Patrick	Mental Health	<	<	<		<	<				<
Olivencia Nellia Z	Mental Health	<									
Servodidio Alexa Ann	Mental Health	<									
Dwira Kobina	Mental Health	<	<	<	<	<	<	<	<		<
Wynter Bridgette	Mental Health	<	<	<	<	<	<	<	<		<
Nair Prathila Karunakaran	Mental Health	<	<	<	<	<	<	<	<		<
Dusenbury James	Mental Health	<	<	<	<	<	<	<	<		<
Biernacki Carolina	Mental Health	<			<				<		
Korenis Panagiota	Mental Health	<	<	<	<	<	<	<	<		<
Jordan Malynda	Mental Health	<									
Jewish Board Family Child A	Mental Health	<									
Horvath David	Mental Health	<									
Eschenbach Suzanne Kohout	Mental Health	<									
Lugo Edgardo	Mental Health	<									
Jones Benefita Floral	Mental Health	<									
Kilduff Arthur	Mental Health	<	<	<	<	<	<	<	<		<
Pearlman Shoshannah	Mental Health	<	<	<		<	<				<
Bronx Lebanon Hospital Center	Mental Health										
Catholic Charities Comm Svcs Arch	Mental Health	<									
Gumbs Cahlelah	Mental Health	<									

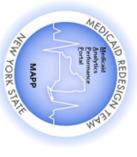


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Beyer Lori	Mental Health	<									
Shafter Roberta Breslof	Mental Health	<									
Ciro Dianne	Mental Health										
Khan Munaza	Mental Health	<	<	<	<	<	<	<	<		<
Munro Manuel	Mental Health	<									
Wholley Preston	Mental Health	<									
Brooke Shyvonne	Mental Health	<	<	<		<	<				<
Baldik Yasemin	Mental Health	<	<	<	<	<	<	<	<		<
Roman Daniel	Mental Health	<	<	<	<	<	<	<	<		<
Lavy Tamar	Mental Health	<	<	<	<	<	<	<	<		<
Hoang Hwa	Mental Health	<	<	<	<	<	<	<	<		<
Perez Aniluz	Mental Health										
Kahn Paul W	Mental Health										
Center For Alternative Sentencing A	Mental Health	<									
Mercader Carolina	Mental Health	<									
Taghavi-Ardakany Reza	Mental Health	<	<	<	<	<	<	<	<		<
Santos Josue	Mental Health										
Vocational Inst Proj Comm Svc	Mental Health	<	<	<	<	<	<				<
Osipov Andrei	Mental Health	<									
Werblin Joshua Paul	Mental Health										
Richardson Antonio	Mental Health	<	<	<	<	<	<	<	<		<
Mclaurin Frankie Lawrence	Mental Health										
Bronx Lebanon Hospital Center	Mental Health	<	<	<	<	<	<	<	<		<
Bronx- Lebanon Hospital Center	Mental Health										
Rook Lani	Mental Health	<	<	<		<	<				<
Perez Veronica	Mental Health	<	<	<	<	<	<	<	<		<
Phoenix Houses Of New York Inc	Substance Abuse	<									
Help/Project Samaritan Svcs Corp	Substance Abuse	<	<	<		<	<				<
Vnsny Community Health Services	Substance Abuse	<			<				<		
Bailey House Ai	Substance Abuse	<									
New York Foundling Hospital, The	Substance Abuse	<									



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Eac Inc	Substance Abuse	<									
Fortune Society Inc, The	Substance Abuse	<									
Argus Community Inc	Substance Abuse	<									~
Veritas Therapeutic Communit	Substance Abuse	<									
Greenhope Services For Women	Substance Abuse	<									
Counseling Services Of Ny Llc	Substance Abuse	<									
New York Service Network Inc	Substance Abuse	<									
Osborne Treatment Services	Substance Abuse	<									
The Bridge Inc Mh	Substance Abuse	<									
Success Counseling Svcs Inc	Substance Abuse	<									
Vida Family Services Inc	Substance Abuse	<									
Bronx Lebanon Hosp Center	Substance Abuse										
Bronx Lebanon Hosp Ctr	Substance Abuse										
St Christophers Inn Inc	Substance Abuse	<				<					
Professional Svc Ctr Handicap	Substance Abuse										
Greenwich House Inc Ai	Substance Abuse	<									
Bridge Back To Life Ctr Inc	Substance Abuse	<									
Conifer Park	Substance Abuse	<			<	<					
Arms Acres	Substance Abuse	<			<	<					
Areba Casriel Institute	Substance Abuse	<									
Odyssey House Of New York	Substance Abuse	<									
Camelot Of Staten Island, Inc	Substance Abuse	<									
TRICenter Inc	Substance Abuse	<									
Palladia Inc	Substance Abuse	<									
Jean Ernst F Md	Substance Abuse	<	<	<	<	<	<				<
Argus Community,Inc	Substance Abuse	<									<
Auguste Jean K Md	Substance Abuse	<									
Professional Svc Scannell Icf	Substance Abuse	<									
Bronx Lebanon Hospital Center	Substance Abuse	<	<	<	<	<	<	<	<		<
Lower Eastside Service Center	Substance Abuse	<									
St Johns Riverside Hospital	Substance Abuse	<									



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Narco Freedom Inc	Substance Abuse	<									
New York Psychot And Couns Ct	Substance Abuse										
Addiction Research & Trtmnt C	Substance Abuse	<									
Martin Luther King Hlth Ctr	Substance Abuse	<	<	ζ.	<	<	〈	ζ.	ζ		<
Riverdale Mental HIth CI	Substance Abuse	<									
Mount Sinai Hospital	Substance Abuse										
The Pac Program Of The Bronx Inc	Substance Abuse	<									
Psch Inc	Substance Abuse	<									
Mental Health Association Of Nyc In	Substance Abuse										
Upper Room Aids Ministry Aadc	Substance Abuse	<									
Argus Community Inc	Substance Abuse	<									<
Bronx Lebanon Hospital Center	Substance Abuse	<	<	<	<	<	<	<	<		<
Jewish Board Family Child A	Substance Abuse										
Bronx Lebanon Hospital Center	Substance Abuse	<	<	<	<	<	<	<	<		<
Vocational Inst Proj Comm Svc	Substance Abuse	<	<	<	<	<	<				<
Bronx Lebanon Hospital Center	Substance Abuse										
Bronx Center Rehab & Hith Car	Nursing Home	<									
Hebrew Hsp Hm Of Westchester	Nursing Home	<									
Casa Promesa Rhcf Inc Snf	Nursing Home	<									
St Vincent Depaul Res Adhc	Nursing Home	<									
Bronx Lebanon Spc	Nursing Home	<	<	<	<	<	<	<	<		<
Highbridge-Woodycrest Ctr.Inc	Nursing Home	<									
Manhattanville HIth Care Ctr	Nursing Home	<									
Grand Manor N & R Center	Nursing Home	<									
Regeis Care Center	Nursing Home	<									
Schervier Nursing Care Center	Nursing Home	<									
Methodist Church Home For The	Nursing Home	<									
Williamsbridge Manor Nh	Nursing Home	<									
University Nursing Home Snf	Nursing Home	<									
Morris Park Nursing Home	Nursing Home	<									
Beth Abraham Health Services	Nursing Home	<									



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	Participating	g in Projects									
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Split Rock Reh & Hlth Car Ctr	Nursing Home	~									
Concourse Rehab & Nc Inc	Nursing Home	~									
Hebrew H For Aged Riverdale	Nursing Home	>									
ings Harbor Multicare Center	Nursing Home	~									
forningside House Nursing Hom	Nursing Home	~									
ingsbridge Hghts Rehab & Cc	Nursing Home	~									
elham Pkwy Nrs Cr & Reh Ctr	Nursing Home	~									
ronx Park Rehab & Nrs Center	Nursing Home	~									
Rebekah Reh & Extended Care Center	Nursing Home	~									
Gold Crest Care Center	Nursing Home	~									
errace Health Care Center	Nursing Home	~									
ope Center Operations Llc	Nursing Home	~									
itadel Rehab & Nursing Center	Nursing Home	~									
olin Rx Inc	Pharmacy	~									
right Pharma Inc	Pharmacy	~									
09 Columbus Rx Corp	Pharmacy	~									
375 Lexington Avenue Corp Of New Y	Pharmacy	~									
355 2nd Ave Corp	Pharmacy	~									
ndenwood Rx Center Inc	Pharmacy	~									
ouis-Jacques Nadja Rn	Pharmacy	~			~						
ings Harbor Dialysis Ctr	Pharmacy										
eroy Pharmacy lii Llc	Pharmacy	~									
cc Pharmacy Corp	Pharmacy	~									
otal Care Pharmacy Bx Inc	Pharmacy	~									
aremark Srx Inc	Pharmacy	~									
otal Care Pharmacy Inc	Pharmacy	~									
and Pharmacy Inc	Pharmacy	~									
mn Pharmacy Corp	Pharmacy	~									
ew York Renal Associates Inc	Pharmacy	~									
ronx Lebanon Hospital Center	Pharmacy	~	~	~	~	~	~	~	~		~
mato Pharmacy Inc	Pharmacy	~									



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Martin Luther King Hlth Ctr	Pharmacy										
Mount Sinai Hospital	Pharmacy	~									
Specialty Care Pharmacy Inc	Pharmacy	~									
Medicine Center Rx Llc	Pharmacy	~									
Star Pharma Inc	Pharmacy	~									
27 Audubon Pharmacy Corp	Pharmacy	~									
Water Place Pharmacy Llc	Pharmacy	~									
Blondell Rx Inc	Pharmacy	~									
Ss Pharma Inc	Pharmacy	~									
Harbor Apothecary Inc	Pharmacy	~									
Boshakova Alina	Pharmacy	~			~						
Scriptrx Inc	Pharmacy	~									
Park Plaza Pharma Inc	Pharmacy	~									
Db Medical Supplies Inc	Pharmacy	~									
Sols 4 Pharmacy Inc	Pharmacy	~									
Jefferson Pharma Llc	Pharmacy	~									
Evers Rx Inc	Pharmacy	~									
Central Pharmacy Group Inc	Pharmacy	~									
Manhattan Rx Llc	Pharmacy	~									
Grant Pharma Inc	Pharmacy	~									
Medical Center Pharmacy Inc	Pharmacy	~									
Oz Pharma Inc	Pharmacy	~									
exington Pharma Inc	Pharmacy	~									
96th Street Rx Corp	Pharmacy	~									
/nsny Community Health Services	Hospice	~			~				~		
Calvary Hha & Hospice Care	Hospice	~									
Hospice Of New York Llc	Hospice	~									
Able Health Care Serv Inc	Hospice										
Elderserve Long Term Hlth Car	Hospice	~									
Hebrew Hm For Aged Non Occ	Hospice										
Dominican Sister Family Healt	Hospice	~	~		~			~	~		



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Calvary Hospital Inc	Hospice	~									
199 Seiu	Community Based Organizations	~									
A&S Limousine Service Corp	Community Based Organizations	~									
Advance Care Alliance	Community Based Organizations	~									
lexandra Dziedzic	Community Based Organizations	~									
Il City Corporate Trans, Inc. C/O Executive Charge, Inc.	Community Based Organizations	~									
II County Transportation D/B/A Deluxe	Community Based Organizations	~									
Iltown Limo Corp.	Community Based Organizations	~									
Allure Specialty Pharmacy	Community Based Organizations										
Atrey Kansara	Community Based Organizations	~									
Barukh Medical Transportation Inc	Community Based Organizations	~									
Bridger Program - Ittleson	Community Based Organizations	~									
Bronx (Pelham) Mst-Can	Community Based Organizations	~									
Bronx High Need Supported Housing Program	Community Based Organizations	~									
Bronx Lebanon Integrated Services System, Inc.	Community Based Organizations	~									
Bronx Ny / Ny lii	Community Based Organizations	~									
Bronx Pcls	Community Based Organizations	~									
Bronx Permanent Housing	Community Based Organizations	~									
ronx Real Graduate Apartment Program	Community Based Organizations	~									
Bronx Real Recovery Mica Self-Help Program	Community Based Organizations	~									
Bronx Real Supported Apartment Program	Community Based Organizations	~									
Bronx Regional Health Information Organization	Community Based Organizations	~									
ronx Sap - Kingsbridge	Community Based Organizations	~									
ronx Young Adult Apartment Program	Community Based Organizations	~									
urnside Residence	Community Based Organizations	~									
o-Op City Family Services - Non Secure Placement/Fft	Community Based Organizations	~									
o-Op/Pelham Family Services - Fftcw	Community Based Organizations	~									
ollaborative For Children And Families	Community Based Organizations										
Coop Car Care Inc.	Community Based Organizations	~									
Diane Car Service, Inc	Community Based Organizations	~									
Domestic Violence Supportive Outreach Service (Bdvp)	Community Based Organizations	~									



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Early Childhood Consultation Services	Community Based Organizations	~										
Early Recognition Coordination And Screening - Bronx	Community Based Organizations	~										
Epra	Community Based Organizations	~										
Family Youth Intervention	Community Based Organizations	~										
Fegs Home Attending Services, Inc.	Community Based Organizations	~										
Fisher, Jennifer (Np-Family)	Community Based Organizations	~										
Gaitskill,Kim	Community Based Organizations	~										
Genesis	Community Based Organizations	~										
George,Lisa C	Community Based Organizations	~										
Great Express Car & Limousine Service, Inc.	Community Based Organizations	~										
Hanadi Mosquera-Ankner	Community Based Organizations	~										
Health People	Community Based Organizations	~										
Heights Car & Limo Inc.	Community Based Organizations	~										
Hostos Community College ? Division Of Continuing Education & Workforce Development	Community Based Organizations	~										
lhealth	Community Based Organizations	~										
Ilana Kochen	Community Based Organizations	~										
Institute For Community Living (Aca Member Agency)	Community Based Organizations	~										
James Liggons	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bridger Program - Ittleson	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Care Management Legacy Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx High Need Supported Housing Program	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Ny / Ny Iii	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Pcls	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Permanent Housing	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Real Graduate Apartment Program	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Real Recovery Mica Self-Help Program	Community Based Organizations	~										



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* Safety Net Providers in Green												
	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Jewish Board Of Family And Children Services, Inc- Bronx Real Supported Apartment Program	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Sap - Kingsbridge	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Bronx Young Adult Apartment Program	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Burnside Residence	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Co-Op City Family Services - Non Secure Placement/Fft	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Co- Op/Pelham Family Services - Fftcw	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Domestic Violence Supportive Outreach Service (Bdvp)	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Early Childhood Consultation Services	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Early Recognition Coordination And Screening - Bronx	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Family Youth Intervention	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Genesis	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Kingsbridge Road Cr/Sro	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Pelham Family Services Promising Practice - Tst	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- Project Hope	Community Based Organizations	~										
Jewish Board Of Family And Children Services, Inc- White Plains Road Cr/Sro	Community Based Organizations	~										
Jocelyn Cadet	Community Based Organizations	~										
Kim,Paulina	Community Based Organizations	~										
Kingsbridge Road Cr/Sro	Community Based Organizations	~										
Kismet International Inc Dba Target Car Service	Community Based Organizations	~										
Kristen Sanderson	Community Based Organizations	~										
Madeline Maldonado	Community Based Organizations											
Maria Cardona-Lemanski	Community Based Organizations	~										



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Maria Graceffa	Community Based Organizations	~										
Marianne Carlo	Community Based Organizations	~										
Mario Abrego Iraheta	Community Based Organizations	~										
Marisa Lelia	Community Based Organizations	~										
Mencias,Michael Eric Marquez	Community Based Organizations	~										
/ilner,Lee Whitman	Community Based Organizations	~										
Moncia Dobson	Community Based Organizations	~										
lami-Nyc Metro	Community Based Organizations	~										
Network For Human Understanding	Community Based Organizations	~										
New Golden Horse Car & Limo Service Inc	Community Based Organizations	~										
lighat Saeed	Community Based Organizations	~										
lora Ferraldo	Community Based Organizations	~										
ly Minute Car Service Inc.	Community Based Organizations	~										
ly88 Express Corp.	Community Based Organizations	~										
Nyc Department Of Corrections, Rikers Island	Community Based Organizations	~										
Nyc Department Of Health & Mental Hygiene	Community Based Organizations	~										
Pace Car Service Express Corp.	Community Based Organizations	~										
Patrice King	Community Based Organizations											
auline Suwandhi	Community Based Organizations	~										
Pelham Family Services Promising Practice - Tst	Community Based Organizations	~										
Phipps Neighborhoods	Community Based Organizations	~										
Praxis Housing Initiatives, Inc.	Community Based Organizations	~										
Preferred Care Transportation Service, Inc.	Community Based Organizations	~										
rimary Care Development Corporation	Community Based Organizations	~										
Project Hope	Community Based Organizations	~										
&M Ambulette Express Inc.	Community Based Organizations	~										
aymond Garcia	Community Based Organizations	~										
odney Campos-Delerme	Community Based Organizations	~										
Seniorcare Emergency Medical Services Inc.	Community Based Organizations	~										
Seniorride Transportation, Llc	Community Based Organizations	~										
Skinner, Carly (Np-Family)	Community Based Organizations	~										



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Steven Lerner	Community Based Organizations	~									
Strive New York, Inc.	Community Based Organizations	<									
Sunlight Ambulette, Inc.	Community Based Organizations	<									
The Option Transportation Corp.	Community Based Organizations	<									
The □ Bronx Health & Housing Consortium	Community Based Organizations										
United Odd Fellow Housing Development Fund Company	Community Based Organizations	<									
Vetter, Maryjo	Community Based Organizations	<									
Vip Community Servicess	Community Based Organizations										
White Plains Road Cr/Sro	Community Based Organizations	<									
Wu, Henry	Community Based Organizations	~									
Yolanda Cruz-Martinez	Community Based Organizations	~									
Phoenix Houses Of New York Inc	All Other	~									
Louissaint Carine	All Other	~	<	<	<	<	<	<	<		<
Schwartz-Moser Laurie	All Other	~	~			<	<		<		
Buyuk Erkan	All Other	<	~	<	<	<	<	<	<		<
Paliou Maria	All Other	~			<	<					
Blace Nancy	All Other	~	<	<	<	<	<	<	<		<
Priority One Ambulance Inc	All Other	~									
United Odd Fellow/Rebekah Hm Lthhcp	All Other	<									
Fegs Home Attendat Ser Inc	All Other	<									
Klatsky Peter	All Other	~	<	<	<	<	<	<	<		<
Alliance Home Services	All Other	~									
Rain Home Attendant Ser	All Other	~			<						
Bronx Jewish Community Coun Hm	All Other	~									
Michael James Mcnett	All Other	<	<	<	<	<	<	<	<		<
Smith Harriet	All Other	<	<	<	<	<	<	<	<		<
Wickham Jasmine	All Other										
Mohseni Hossain	All Other	~	<	<	<	<	<	<	<		<
Goilav Beatrice	All Other	<	<	<	<	<	<	<	<		<
Collins Inyanga	All Other	~	<	<	<	<	<	<	<		<
Joseph Gina Md	All Other	<	<	<	<	<	<	<	<		<



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<		<	<	<	<	<	<	<	<	All Other	Shehigian Aline Ann
									<	All Other	Nifenecker Susan
<		<	<	<	<	<	<	<	<	All Other	Pastor Charles Md
									<	All Other	Allied Health Services Inc Tbi
		<		<	<			<	<	All Other	Serrano Ileana
<		<	<	<	<	<	<	<	<	All Other	Harnik lan G Md
<		<	<	<	<	<	<	<	<	All Other	Kanneganti Kalyan Md
<			<	<	<	<	<	<	<	All Other	Zelefsky Joseph R Md
										All Other	Mukherjee Sarmistha
<		<	<	<	<	<	<	<	<	All Other	Turner Claire
					<	<			<	All Other	Aleksandrovich Leon
<		<	<	<	<	<	<	<	<	All Other	Irizarry Danielle Marie Cnm
<		<	<	<	<	<	<	<	<	All Other	Amaro-Quireza Luz
<		<	<	<	<	<	<	<	<	All Other	Oza Parind Manoj Md
<			<	<	<	<	<	<	<	All Other	Cuevas Juana Lucia Md
<		<	<	<	<	<	<	<	<	All Other	Dabiri Tajudeen Oladele Md
										All Other	Nwosu Julius Rpa
									<	All Other	Citywide Mobile Response Corp
									<	All Other	Predrag Popovic Md
				<				<	<	All Other	Pyo Robert T
<				<	<	<	<	<	<	All Other	Nagvi Zeenat Md
<	1			<	<	<	<	<	<	All Other	Menon Anupama
<		<	<	<	<	<	<	<	<	All Other	Feng Jimmy Md
<	1			<	<	<	<	<	<	All Other	Meera Sohail Md
<			<	<	<	<	<	<	<	All Other	Newport Sharon
						<			<	All Other	Grazi Sol Jay
		<				<			<	All Other	Vnsny Community Health Services
									<	All Other	Raphael Katia
<		<	<	<	<	<	<	<	<	All Other	Vazquez-Ayala Manuel
									<	All Other	Yoon Jiyoung
<				<	<		<	<	<	All Other	Help/Project Samaritan Svcs Corp
iii 4.c.ii	i 4.a.iii	i 3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Radcliffe Nathan Matthew Md	All Other	<									
Elizabeth Seton Ped Ctr Lthhc	All Other	ζ.									
Tiburcio Jose Frank Md	All Other	<	<	<	<	<	<	ζ.	<		<
Dellatto Patricia	All Other	<									
Nicu Marin Md	All Other	ζ.	<	ζ.	<	ζ.	ζ.	ζ.	<		<
Barakat Maged Md	All Other	<	<	<	<	<	<	<	<		<
Perez Salvador Onesimo Md	All Other	<	<	<							
Tomohisa Hiroko J Rpa	All Other	<	<	<	<	<	<	<	<		<
Rodriguez Edna V Md	All Other	<	<	<	<	<	<	<	<		<
Fegs Home Attendant Ser Inc	All Other	<									
Lee Jee Md	All Other	<	<	<	~	<	<	<	<		<
Islam Mahbubul Md	All Other										
Miller Ricardo Anthony	All Other	<									
Sardar Henry Do	All Other	<									
Borenstein Steven Howard	All Other	<	<	<	<	<	<	<	<		<
Agrawal Vikas Kumar Md	All Other	<	<	<	~	<	<	<	<		<
Robinson Marcia Renee	All Other	<									
Nelson Dina S Md	All Other	<									
Mcknight James Md	All Other	<									
Levine Jonathan Md	All Other	<	<	<	<	<	<	<	<		<
Kolisetty Pramila Kumari Md	All Other	<	<	<	<	<	<	<	<		<
Pisipati Ramasita C Md	All Other	<									
Akella Sai L Md	All Other	<	<	<	~	<	<	<	<		<
Card Andrea Dione Md	All Other	<	<			<	<		<		
Ganti Valli Md	All Other	<	<	<	<	<	<	<	<		<
Integrated Medical Professionals PI	All Other	<									
Samuel Joice Md	All Other	<									
Afshar Maryam Md	All Other	<	<	<	~	<	<	<	<		<
Zhu-Tam Lily	All Other	ζ.	<	<	<	<	<	<	<		<
Khader Rawand Sudqi	All Other										
Goldstein Jaime A	All Other	<	<	<	<	<	<	<	<		<

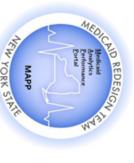


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Regalado Erika Md	All Other	〈	ζ.	<	<	<	<	<	<		<
Benyaminova Irina Md	All Other	<	ζ.	<	<	<	〈	<	〈		<
Jaiswal Arti Chander Md	All Other	<	ζ.			<	<		ζ.		
Gharib Shahin Md	All Other	<	ζ.	<	<	<	<	<	<		<
Polizzi Francesco Paolo Md	All Other										
Isaacs-Charles Karen Ann Md	All Other	<	ζ.	<	<	<	<	<	<		<
New York Foundling Hospital, The	All Other	<									
Persaud Yudhistira K Md	All Other	<	<	<	<	<	<	<	<		<
Carr Schevaughn	All Other										
Ireh Ugo	All Other	<	<	<	<	<	<	<	<		<
Makhdomi Sabina	All Other	<	<	<	<	<	<	<	<		<
Miranda Jeanette	All Other	~	<	<	<	<	<	<	<		~
Eac Inc	All Other	<									
Lehman Daniel Simon Md	All Other	~	<	<	<	<	<	<	<		<
Andrews Charlene Andrea Md	All Other	<	<	<	<	<	<	<	<		~
Urban Health Plan Inc	All Other	<	<	<	<	<	<	<	<		<
Antonios Vera Salim Md	All Other	~									
Flattau Anna Md	All Other	<									
Dragoman Monica V Md	All Other	<	<	<	<	<	<	<	<		<
Shree Jee Surgical Supply Inc	All Other	<	<				<				
Bernstein Robert Davis Md	All Other	~									
Tubman Gary Md	All Other	<									
Asian & Pacific I C Hiv/Aids	All Other	<									
Fortune Society Inc, The	All Other	<									
Bronx Lebanon Nephrology Plic	All Other	<	ζ.	<	<	<	<	<	<		<
Argus Community Inc	All Other	<									<
Kramer Janine M Rpa	All Other	<	<	<	<	<	<	<	<		<
Amenechi-Enahoro Susan	All Other										
Tavares Rosanabela Md	All Other	<	ζ.			<	<		<		
Pilosov Daniel Robert Md	All Other										
Farkas Daniel T Md	All Other	<	<	<	<	<	<	<	<		<



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		<		<	<			<	<	All Other	Sinclair Paula Almalinda Md
	<	<	<	<	<	<	<	<	<	All Other	Tieng Nelson L
	<	<	<	<	<	<	<	<	ζ.	All Other	Fleischer-Black Jessica Md
	<	<	<	<	<	<	<	<	<	All Other	Miao Katherine H Md
	<	<	<	<	<	<	<	<	<	All Other	Kuokkanen Satu Maarit Md
	<	<	<	<	<	<	<	<	<	All Other	Gonzalez Efrain Md
	<	<	<	<	<	<	<	<	<	All Other	Reide Nicole A
	<	<	<	<	<	<	<	<	<	All Other	Chowlera Rachana
						<			<	All Other	Louis-Jacques Nadja Rn
									<	All Other	Thomas Johnny Md
		<		<	<			<	<	All Other	Weissman Matthew Aron Md
									<	All Other	Doj Dialysis Center Corp
									<	All Other	Kim Sun Jin Md
	<	<	<	<	<	<	<	<	<	All Other	Saraiya Rajendra Jayantkumar Md
	<	<	<	<	<	<	<	<	<	All Other	Franchin Giovanni Md
	<	<	<	<	<	<	<	<	<	All Other	Meis Alexandra Md
	<			<	<		<	<	<	All Other	Punj Sonia X
1	<	<	<	<	<	<	<	<	<	All Other	Atherley-Ward Allison Pauline Md
									<	All Other	Guido Giancarlo R Md
										All Other	Kronfeld Gary David Md
									<	All Other	Birnbaum Stuart C Dpm
1	<	<	<	<	<	<	<	<	<	All Other	Patel Rajeshkuma P
									<	All Other	Veritas Therapeutic Communit
				<				<	<	All Other	Timmireddy Arunakumari Md
	<	<	<	<	<	<	ζ.	<	<	All Other	Reddi Vijaya Govinda Md
									<	All Other	All Metro Home Care Services Of New
										All Other	Eccleston-Hosein Veronica T Np
										All Other	Ortega Esteban Md
										All Other	Jones Kenneth Omri Md
								<	<	All Other	Adair Robert
1	<	<	<	<	<	<	<	<	<	All Other	Jan Dominique Md
	4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3. <u>a.i</u>	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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		ζ.		ζ.	ζ.			ζ.	ζ.	All Other	Rolston Sandra A Md
									<	All Other	Noble David
<	1	<	<	<	<	<	<	<	<	All Other	Afflack Phabillia Md
<		<	<	<	<	<	<	<	<	All Other	Hagmann Stefan Md
<	_	<	<	ζ.	<	<	<	<	<	All Other	Dapkins Isaac Md
<		<	<	<	<	<	<	<	<	All Other	Machuca Jenny Md
<		<	<	<	<	<	<	<	<	All Other	Lopez Jose Antonio Md
		<		<	<			<	<	All Other	Fievre Garnes Marie Ft Md
<		<	<	<	<	<	<	<	<	All Other	Emerson Maria M Md
									<	All Other	Medalliance Medical Hlth Svc
									<	All Other	Accentcare Of New York Inc
									<	All Other	Ideyi Steve Md
									<	All Other	Excellent Home Care Svs Llc
<		<	<	<	<	<	<	<	<	All Other	Chowlera Rilee N
								<	<	All Other	Guillen Rafael A Md
									<	All Other	Kings Bridge Optometric Eye
<				<	<		<	<	<	All Other	Ho James Chung Md
					<	<			<	All Other	Elaine William Paulin
<	1	<	<	<	<	<	<	<	<	All Other	Kulkarni Aparna Md
									<	All Other	Desrosiers Sergine Yves-Antoine
<	1	<	<	<	<	<	<	<	<	All Other	Resnick Melissa Ann
<		<	<	<	<	<	<	<	<	All Other	Shah Nimesh Kesharichand Md
									<	All Other	Witkowska Renata A Md
										All Other	Dummitt Susan
<	1	<	<	<	<	<	<	<	<	All Other	Krishna Srinivasan Md
					<	<			<	All Other	Morgenstern Neil Y
									<	All Other	Seniorcare Emergency Medical Servic
								<	<	All Other	Ponieman Diego Andres Md
									<	All Other	Counseling Services Of Ny Llc
									<	All Other	Greenhope Services For Women
<		<	<	<	<	<	<	<	<	All Other	Koizumi Christina Haru Md
4.c.ii	4.a.iii 4	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Kings Harbor Dialysis Ctr	All Other	<									
Tran Phat T Md	All Other	<	<	<		<	~				<
Zellan Jonathan D Md	All Other	<	<	<		<	~				<
Agarwal Reena	All Other										
Owusu George E Md	All Other	<									
Migias Nikolaos A Md	All Other	<									
Chow Grace A Md	All Other	<	~			<	<		<		
Stavropoulos Christos I Md	All Other	<	<	<	<	<	~	<	<		<
Djen Simon	All Other	<	>			<	<		<		
Quiban Ambrosio M Md	All Other	<	<	<	<	<	~	<	<		<
Lindsay Alvin Anu Md	All Other	<	<	<	<	<	~	<	<		<
Santiago Allan Realin Md	All Other	<									
Valerio Rubi Mosesto Md	All Other	<	<	<	<	<	<	<	<		<
Skokowska-Lebelt Anna Md	All Other	<									
Gries James Robert Phd	All Other	<									
Guccione Michael Richard Md	All Other	<									
Jakubowicz David Matthew Md	All Other	<									
Velinov Milen T Md	All Other	<	<	<	<	<	~	<	<		<
Eapen Jeena Viji Md	All Other	<									
Maslavi Saul Fred Md	All Other	<	<								
Agarwal Surbhi Md	All Other	<									
Mortazavi Shervin Md	All Other	<									
Tabari Rafael Dpm	All Other	<			<	<					
Prasad Anisa Dpm	All Other	<									
Gurell Daniel Steven Md	All Other	<									
Rahman Mohammad M Md	All Other	<	<								
Patel Anjana Buchubhai Md	All Other										
Evdos Olga	All Other	<	<	<	<	<	~	<	<		<
Institute For Community Lving	All Other	<									
Macias Guadalupe	All Other	<	<	ζ.	<	<	<	<	<		<
Iqbal Pervaiz Md	All Other	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

									<	All Other	Paul Arlette Mary
<	<								<	All Other	Casas Jacinto
<	<	< ·	<	<		'	<	<	<	All Other	Timoney Maria Cnm
<	<								<	All Other	Garcha Sandeep Kaur Dpm
<	<	<		<		< <			<	All Other	Sarwahi Vishal Md
<	<	<	<	<		<	<	<	<	All Other	Taviloglu Gurkan Md
			\						<	All Other	Maje Hafiz
<	<	<		<		< <	<		<	All Other	Mejia Christophe
<	<	<		<		<	<		<	All Other	Hernandez Kenneth
<	<								<	All Other	Palomino Sara
<	<	<	< .	<		<	<	<	<	All Other	King Angela
<	<	< .	<	<		<	<	<	<	All Other	Moradi Issac Eshagh Md
									<	All Other	Padmavathi Murakonda Md
								1	<	All Other	Zhang David
<	<	<	<	<		'	<	<	<	All Other	Kumbum Kavitha Md
	<		<	<				<	<	All Other	Taddeo Gregory Dds
									<	All Other	Rendeiro Susanne
	<		<	<					<	All Other	Timothy Beverly Antonia Rn
<	<	<	< .	<		< <	<	<	<	All Other	Win Han
<	<	<	<	<		\	<	<	<	All Other	Pujan Gastroenterologist PIIc
								1	<	All Other	Pettinelli Damon
									<	All Other	Bogdanov Assen Petrov Md
			<					<	<	All Other	Burney Naghma Md
<	<	<	<	<		\	'	<	<	All Other	Lee-Kung Melissa K
										All Other	Chaperon Volvic Lcsw
<	<	< ·	<	<		'	<	<	<	All Other	Cintron Ana
										All Other	Weinstein Russell Scott
<	<	<	<	<		'	<	<	<	All Other	Weiser Lori Gail Md
<									<	All Other	Jacob Viju
<	<	<	<	<	_	'	<	<	<	All Other	Contreras Virginia Md
									<	All Other	Umali Sofia
iii 4.c.ii	3.f.i 4.a.iii	3.d.ii 3.	3.c.i 3.	3.a.i 3.		b.i 2.b.iv	iii 2.b.i	i 2.a.iii	2.a.i	Provider Category	Provider Name
									Participating in Projects	Participatin	



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Venkatram Sindhaghatta Md	All Other 2	2.a.i	2.a.iii	2.b.i	2.b.iv	3. <u>a.</u>	3.c.i	3.d.ii	3.f.	4.a.iii	4.c.ii
Castillo Wilfredo A Md	All Other	ζ (<	<	< <	< <	< <	<	ζ (<
Koshy George P Md	All Other	<									
Shapiro Tara E Do	All Other	<	~	<	<	<	<	<	<		<
Neal-Perry Genevieve S Md	All Other	<	~	<	<	<	<	<	<		<
Miller Hanan G Md	All Other	<									
Ally Shamiza Alima Md	All Other	~	~	~	<	<	<	<	<		<
Weiner Holly H	All Other	~	~			<	<		<		
Lando Sister Melinda	All Other	<	~	~	<	<	<	<	<		<
Ralph Walter M Jr Md	All Other	~	<	~	<	<	<	<	<		<
Leffler Steven Ira	All Other										
Emergacare Ny Lic	All Other	<									
Toner Laura	All Other	~	<	~	<	<	<	<	<		<
Aung Ye Kyaw Md	All Other	<	<	<	<	<	<	<	<		<
Guoping Zhou	All Other	~									
Bikvan Svetlana Md	All Other	~	<	~	<	<	<	<	<		<
Brevetti Teresa L Md	All Other	<	<	~	<	<	<	<	<		<
Mandanas Victor J	All Other										
Beckerman Karen Palmore Md	All Other	~	<	~	<	<	<	<	<		<
Empire St Hm Care Ser Lthhcp	All Other	~									
Weeks Williams David	All Other	~				<					
Alexandrov Pavel Md	All Other	<	<	~	<	<	<	<	<		<
Asante Baah Md	All Other	~									
Worth Jaqueline Marshall Md	All Other	<	<	<	<	<	<	<	<		<
Amanquah Lena A Do	All Other	~	<	~	<	<	<	<	<		<
Warren Caleen Maria	All Other	~	<	~	<	<	<	<	<		<
Costello Maureen Cnm	All Other	<	<	~	<	<	<	<	<		<
West Denise	All Other	ζ.									
Lee Christopher J Md	All Other	<	<	<	<	<	<	ζ	<		<
Palace Marcia Rashelle Md	All Other	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Zapata Wendy Md	All Other	<	<	<	<	<	<	<	<		<
Salehimanesh Elham Cnm	All Other	<									
St Dominics Home Spv	All Other	<									
Cotto Sylvia	All Other	<	<	<	ζ.	<	\	\	ζ.		<
Leggett Christopher F	All Other	<	ζ.	<	ζ.	<	ζ.	ζ.	ζ.		<
Hilaire Marc Richard Md	All Other	<	<	<	ζ.	<	\				<
Tam Jeannie Md	All Other	<	<	<	<	<	<	<	<		<
New York Service Network Inc	All Other	<									
Mount Sinai Hospital	All Other	<									
Santiago Edwin Cnm	All Other	<	<	<	<	~	~	<	<		<
Abbott House Ira Spv	All Other	<									
Hodges Jason Leroy	All Other										
Pathay Fiona Allison Md	All Other	<									
Jones-Malik Mendis	All Other	<									
Minarik Lawrence Md	All Other	<	<	<	<	<	<	<	<		<
Porizkova Anna M	All Other	<	<			~	~		<		
Christophe Gladys	All Other	<	<			~	~		<		
Basavaraju Nerlige G	All Other	<									
Osborne Treatment Services	All Other	<									
Kanter Timothy Joseph Md	All Other	<	<	<	<	<	<	<	<		<
Rosen Paul David Md	All Other	<	<	<	<	<	<	<	<		<
Fano Michael	All Other	<	<	<		<	<				<
Family Eye Care Optometry Pc	All Other	<									
Ferris David Craig Md	All Other										
Waithe Kenrick Md	All Other	<	<	<	<	<	<	<	<		<
Zeana Cosmina Md	All Other	<	<	<	<	<	<	<	<		<
Chan Tricia Md	All Other	<	<	<	<	<	<	<	<		<
Simons Monica J	All Other	<	<	<	<	~	~	<	<		<
Tayts Lev Do	All Other	<									
The Bridge Inc Mh	All Other	<									
Stephenson Karen Md	All Other	<	<	<		<	<				<

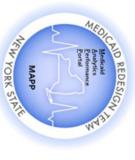


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<		<	<	<	<	<	<	<	<	All Other	Salako Abayomi O Md
<		<	<	<	<	<	<	<	<	All Other	Purswani Murli Udharam Md
<		<	<	<	<	<	<	<	<	All Other	Moteelall Meena Kumarie Md
										All Other	Ida Joseph Richard
<		<	<	<	<	<	<	<	<	All Other	Gressin Jill Beth Md
									<	All Other	All Med & Rehab Of New York
<		<	<	<	<	<	<	<	<	All Other	Malik Sandeep Kumar Md
<		<	<	<	<	<	<	<	<	All Other	Ham Larry Md
									ζ.	All Other	Orloff Elenora
									<	All Other	Brazzo Brian Gerald Md
									<	All Other	Orloff Eugene Od
<		<	<	<	<	<	<	<	<	All Other	Lindenbaum Yelena Md
<		<	<	<	<	<	<	<	<	All Other	Vythilingam Lakshmy M Md
										All Other	Merriweather Aisha Kimberly
		<		<	<			<	<	All Other	Roach Keith Md
									<	All Other	Mccullough Gene P
<		<	<	<	<	<	<	<	<	All Other	Sawlani Deepak Jaikishan Md
										All Other	Karimi Sara Md
		<		<	<			<	<	All Other	Abraham Marthe Md
<		<	<	<	<	<	<	<	<	All Other	Bella Jonathan Noriega Md
									<	All Other	Shur Irina N Md
<		<	<	<	<	<	<	<	<	All Other	Kirsch Abbe L Cnm
		<		<	<			<	<	All Other	Tung Judy Md
<		<	<	<	<	<	<	<	<	All Other	Manwani Savita S Md
<		<	<	<	<	<	<	<	<	All Other	Parola Claude Edouard
<		<	<	<	<	<	<	<	<	All Other	Parker Kathryn S Md
										All Other	Balakhane Edmond Nejat
									<	All Other	Hochster Howard James Md
									<	All Other	Estela Ogiste Md Phd Pc
									<	All Other	Adversario Eden Florendo
<		<	<	<	<	<	<	<	<	All Other	Chusid Boris Gregory Md
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									jects	Participating in Projects	



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Provider Name	Provider Category 2) a i	ວ ສ	2 h i	s F F	ນ <u>"</u>	بر 2	ა მ ≕	ی -	4 ≣	40
Mohammad Sajjad	All Other	<	<								
Kobeckis Elizabeth Carpio	All Other	<									
Mendez Luis Rafael	All Other	<	<	<							
Del Rio Marcela Md	All Other	<	<	<	<	<	<	<	<		<
Patel Rajesh Manharbhai Md	All Other	<	<	ζ.	ζ.	ζ.	<	<	ζ.		<
Augustine Gerrad Md	All Other	<	<	ζ.	ζ.	ζ.	<	<	ζ.		<
Fagbemi Moronkeji Olapade Md	All Other	<	<	<	<	<	<	<	<		<
Perry Russell Joseph Md	All Other	<	<	<	<	<	<	<	<		<
Success Counseling Svcs Inc	All Other	<									
Ma Shushan Md	All Other	<	<	<	<	<	<	<	<		<
Patel Rasik Lal Md	All Other	<									
Gonzalez Patria Md	All Other	<	<	<							
Kahn Ann Mariam Cnm/Rn	All Other	<	<	<	<	<	<	<	<		<
Sharaftkhah Martin Md	All Other	<									
Beira Richard Joseph Md	All Other	<									
Limani Robert B Md	All Other										
Kainzbauer William M Md	All Other										
Mankoff Ruth Cnm	All Other	<	<	<	<	<	<	<	<		<
Harris Joseph Md	All Other	<									
Calvary Hha & Hospice Care	All Other	<									
Alfieri Donna Marie Dpm	All Other										
Herman Craig	All Other	<	<			<	<		<		
Luna Betty Md	All Other	<	<	<	<	<	<	<	<		<
Bhashyam Vinod Rao Md	All Other	<	<	<	<	<	<	<	<		<
Fedrick Joseph Anthony Md	All Other	<			<	<					
Jacobs Betsy Silver	All Other										
Split Rock Nursing Hm Lthhcp	All Other	<									
Nyamekye Absylom Kwabena Md	All Other	<									
Balar Nilesh Naran Md	All Other	<	<	<	<	<	<	<	<		<
Dev Anil Kumar Md	All Other	<	<	<	<	<	<	<	<		<
Vida Family Services Inc	All Other	<									



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Provider Name	Provider Category 2	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
John Annamma	All Other	<									
Guillaume Carl Md	All Other										
Mcdonald Annmarie C Md	All Other	<									
Wittenberg lan S Md	All Other	<	<	ζ	<	<	<	〈	<		〈
Paulus Suresh Kumar Do	All Other	<	<	ζ.	<	<	<	<	<		<
Dunner Ricardo Orlando Md	All Other	<									
Walsh John	All Other										
Howard Tomasz	All Other										
Mc Coy Wanda Nanette	All Other										
Graziosa Albert Md	All Other	<	<	<	<	<	<	<	<		<
Kmn Pharmacy Corp	All Other	<									
Muir Eulalee Elsada	All Other	<	<	<	<	<	<	<	<		<
Mcneil Apryl Md	All Other	<									
Luong Thanh-Ha Thia Md	All Other	<	<	<	<	<	<	<	<		<
Herbsman Neil Md	All Other	<	<	<	<	<	<	<	<		<
Ododo Chidiadi Juliet	All Other										
Dunn Elizabeth Mary	All Other	<									
Pagan Diane Elizabeth	All Other	<			<						
Sands Brenda M	All Other	<									
Yang lan Yeng Md	All Other	<	<	<	<	<	<	<	<		<
Bronx Center Rehab & Hlth Car	All Other	<									
Silberstein Laurie Cnm	All Other										
Hameedi Faiq Ali Md	All Other	<									
Ariganjoye Rafiu O Md	All Other	<	<	<	<	<	<	<	<		<
Dassa Gabriel L Md	All Other	<									
Domingo Melchor T Md Pc	All Other	<									
Benanti Michael J Md	All Other										
Agarwala Ajay K Md	All Other	<	<	<							
Hebrew Hsp Hm Of Westchester	All Other	<									
Batlle Jose E Md	All Other	<									
Mussalli George Michael Md	All Other	<	<	<	<	<	<	<	<		<



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Lefevre Cluny P Do	All Other	ζ									
Bhate Priyadarshini A Md	All Other	<	<	<	<	<	<	<	<		<
Lew Hea Rean Md	All Other	<			<	<					
Monteverde Barbara Ann	All Other	<									
New York Renal Associates Inc	All Other	<									
Cosentino Rosanne Cnm	All Other	<	<	<	<	<	<	<	<		<
Mikhail Magdy Girgis S Md	All Other	<	<	<	<	<	<	<	<		<
Michael Callen-Audre Lrde Chc	All Other	<									
Kin Lin In Md	All Other	<	<	<	<	<	<	<	<		<
Callard Helana Lynn	All Other										
Stephens Hyram	All Other	<									
Polcaro Joseph Md	All Other	<	<	<	<	<	<	<	<		<
Anderson Patricia Althea	All Other	<	<	<	<	<	<	<	<		<
Gonzales Luis A Md	All Other	<									
Jimenez Luis	All Other	<	<	<	<	<	<	<	<		<
Costas-Katz Carmen Silvia Md	All Other	<	<								
Filipkowski Anna	All Other										
Moussavian Hamid	All Other	<			<	<					
Mevs Jean	All Other	<	<	<	<	<	<	<	<		<
Fromer Susan D Md Pc	All Other	<	<	ζ.	<	ζ	<	<	<		<
Ross Donald Md	All Other	<									
Adelfio Mary Ann Md	All Other	<	<	<	<	<	<	<	<		<
Lee Moon H Md	All Other	<	<	<	<	<	<	<	<		<
Cindrich Richard	All Other	<	<	<	<	<	<	<	<		<
Santos Marissa T	All Other	<	<								
Mchale James	All Other										
Waseem Muhammad Md	All Other	<	<	<	<	<	<	<	<		<
Tang lan Tsai-Leu Md	All Other	<									
Gruenberg Tammy R Md	All Other										
Weintraub Elizabeth C Dpm	All Other	<									
Framm Stuart R Md	All Other	<									



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Tourise Robert Name Provider Canagoyy Zail		Participating in Projects	cts									
MM All Others ALI OTHER ALI	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
March All Others All Othe	Towner Robert A Md	All Other	<									
bosy Center All Other CIC IN INTERMEDIATE ALL OTHER CIC IN INTERMEDIATE CIC IN INTERMEDI	Avila-Rondon Miguel Md	All Other	<	<	<							
Al Other All Oth	Bronx Lebanon Hosp Center	All Other	<	<	<	<	<	<	<	<		<
All Other All	Daley Lisa M Md	All Other	<									
Cer All Other C.	Rubinchik Edward Md	All Other	<									
All Other All Other Common All Other Com	Bronx-Lebanon Hosp Ctr	All Other	<	<	<	<	<	<	<	<		<
All Other All Ot	Mejia Fernando Md	All Other	<	<	<	<	<	<	<	<		<
All Other All	Yalla Rajya L Md	All Other	<	<	<	<	<	<	<	<		<
Comm All Other X <t< td=""><td>Cuebas Luisette Cnm</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Cuebas Luisette Cnm	All Other										
Mid All Other X <th< td=""><td>Olivera Rosemarie R Cnm</td><td>All Other</td><td><</td><td><</td><td></td><td></td><td><</td><td><</td><td></td><td><</td><td></td><td></td></th<>	Olivera Rosemarie R Cnm	All Other	<	<			<	<		<		
and Md All Other X	Cohen Aaron Howard Md	All Other	<									
All Other	Rameshwar Karamchand Md	All Other	<	<	<		<	<				<
All Other X X X X X X X X X X X X X X X X X X X X X X X X X X X <th< td=""><td>Bulsara Girish M Md</td><td>All Other</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Bulsara Girish M Md	All Other	<									
All Other ace Mid All Other	Patel Mayank	All Other	<	<	<	<	<	<	<	<		<
All Other All	Hakimian Navid Md	All Other	<									
losp Ctr All Other X	Bernard Marguerite Grace Md	All Other										
App All Other X <th< td=""><td>The Bronx Lebanon Hosp Ctr</td><td>All Other</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	The Bronx Lebanon Hosp Ctr	All Other	<	<	<	<	<	<	<	<		<
Add All Other S. C.	Pioneer Homecare Corp	All Other	ζ.									
Ony All Other All Other All Other All Other All Other All Other All Other All Other All Other Md All Other All Other All Other	Hecht Robert Morris Md	All Other	ζ.	<	<	<	<	<	<	<		<
All Other	Campbell Bruce Gregory	All Other										
All Other All Other X	Fletcher, Fnp Debbian	All Other										
Ctr All Other 3 3 4 <th< td=""><td>Rizvi Firdous Md</td><td>All Other</td><td>ζ.</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></th<>	Rizvi Firdous Md	All Other	ζ.	<	<	<	<	<	<	<		<
All Other 3 3 3 3 4	Bronx Lebanon Hosp Ctr	All Other	ζ.	<	<	<	<	<	<	<		<
Md All Other Md All Other Md All Other All Other C	Haber Linda S	All Other	<	<	<	<	<	<	<	<		<
Md All Other All Other 4ll Other All Other 3	Patel Chaula Paresh Md	All Other	<									
All Other	Craig Ronald Charles Md	All Other										
All Other I Grant of the control of the c	Adeniyi Ayoade O Md	All Other	ζ.	<	ζ.	<	<	<	<	<		<
All Other	Curbelo Dolores E	All Other	ζ.	<	<		<	<				<
All Other All Other All Other	Lewis Cynthia Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Liburd Jennifer D Md	All Other	<	<	<	<	<	<	<	<		<
	Siciliano Donna	All Other	<									



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Name Provider Category 2A 2A 2A 2A 2A 2A 2A 2		Participating in Projects	jects									
Medical Mall Ones: Middle All	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
MM MM All Other	Shenoy R Roopalekha Md	All Other	ζ.	〈	ζ.	<	ζ.	ζ.	<	ζ.		<
INM MAY AI Other IN	Arthur Jude Kwame Md	All Other	<	<	<	<	<	<	<	<		<
Marie Marie Mathematical Mat	Bach-Bachich Vjera Md	All Other	<	<	<	<	<	<	<	<		<
Modification All Others CV CV <td>Tolbert-Walker Derrick J Md</td> <td>All Other</td> <td><</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Tolbert-Walker Derrick J Md	All Other	<									
MMd Al Other Z L	Moquete Ramon Andres Md	All Other	<	<	ζ.							
All Other All	Lippman Eric Scott Md	All Other	<									
All Other All	Lipsitz Evan Coulson Md	All Other	<									
All Other	Demoz Abraham Md	All Other	<	<								
All Other	Cruz Yvonne Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Niazi Masooma Md	All Other	<	<	<	<	<	<	<	<		<
All Other X X X X X X X X X X X X X X X X X X X X X X X X X X X <th< td=""><td>Baez Daysi Md</td><td>All Other</td><td><</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Baez Daysi Md	All Other	<	<								
All Other	Weidenheim Karen	All Other	<	<	<	<	<	<	<	<		<
NSXCS1 All Other XX	Vega Roy	All Other	<	<	<	<	ζ.	<	<	<		<
Rehab Ctr All Other	Project Samaritan HIth Svcs I	All Other	<					<				
Rehab Ctr All Other X	Hinson Raymond	All Other	<	<	<	<	<	<	<	<		<
All Other X	New York Neuro And Rehab Ctr	All Other	<			<	<					
Mid All Other X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	Orjuela Hernando Md	All Other	<									
Md All Other X	Help/Psi Aids Adhcp	All Other	<	<	<		<	<				<
All Other	Pelzman Fred Nathan Md	All Other	<	<			<	<		<		
Ray All Other X <th< td=""><td>Mendola Antony J Md</td><td>All Other</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Mendola Antony J Md	All Other	<									
All Other I I Other I I I I I I I I I I I I I I I I I I I	Rabinowitz Michael Ray	All Other	<									
All Other All Other All Other All Other All Other All Other ra Md All Other All Other All Other	Dieudonne Arry Md	All Other	<	<	<	<	<	<	<	<		<
All Other All Other erto Md All Other All Other All Other ra Md All Other All Other All Other All Other All Other All Other All Other	Simon Robert M Md	All Other	<	<	<	<	<	<	<	<		<
All Other All Other 4	Carr Samuel Stephen Dpm	All Other	<									
erto Md All Other ra Md All Other ra Md All Other All Other All Other All Other All Other All Other All Other	Daniel Myrta Md	All Other	<	<	<	<	<	<	<	<		<
ra Md All Other All Other \$\frac{1}{3}\$ \$\frac{1}	Kirschtein Jorge Noberto Md	All Other	<	<	ζ.	<	ζ.	<	<	<		<
All Other All Other All Other All Other All Other All Other	Klugman Susan Debra Md	All Other	<	<	<	<	<	<	<	<		<
All Other All Other All Other All Other	Rafiq Amerha Md	All Other	<	<	<	<	<	<	<	<		<
All Other All Other	St Christophers Inn Inc	All Other	<				ζ.					
All Other	Bampoe Isaac G Md	All Other										
	Sherman Peter A Md	All Other	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Pedro Antonio Corzo	All Other	<	<	<							
Bermudez Rachel Irene Md	All Other	<	<	<	<	<	<	<	<		~
Murayama-Greenbaum Robert Md	All Other	<									
Gilchrist Brian F Md	All Other	<	<	<	ζ.	<	<	ζ.	<		<
Diaz-Fuentes Gilda Md	All Other	<	<	<	ζ.	<	<	ζ.	<		<
Verna Yves Georges Md	All Other	<	<	<	ζ.	<	<	<	<		<
Benoit Marcel M Md	All Other	<									
Torres Janette A Md	All Other	<	<	<							
Jackson Mark H Md	All Other	<			<	<					
Bien-Aime Jean L Md	All Other	<	<			<	<		<		
Bronx Lebanon Hospital Scm	All Other	<	<	<	<	<	<	<	<		<
Deleon Samuel Anthony Md	All Other	<									
Hall-Ross Sandra M Md	All Other	<	<			<	<		<		
Herzog Gary Do	All Other										
Fruitman Edward	All Other	<									
Selfhelp Special Fam Hc Inc	All Other	<			<						
FEGS	All Other	<									
Astor Home For Children Fbt	All Other	<									
Lower West Side Household Svc	All Other	<									
Zin Thant Md	All Other	<	<	<	<	<	<	<	<		<
Casa Promesa Rhcf Inc Snf	All Other	<									
Mclean Barbara Md	All Other	<	<	<	ζ.	<	<	<	<		<
Perez Hector Md	All Other	<	<	<							
Professional Svc 117th St Icf	All Other	<									
Teffera Fassil Md	All Other	<									
Comunilife Mental Health Cl	All Other	<			ζ.						
Riess Andrzej J Md	All Other	<	<	<	ζ.	<	<	<	<		<
Dixon Christopher Md	All Other	<	<	<	ζ.	<	<	<	<		<
Trans Care New York Inc	All Other	<									
Nawaz Jamil A Md	All Other	<									
White Myra P Md	All Other	<									



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name Provider Name Provider Caragory 23.1 23.1 25.1 25.1 25.1 25.1 25.1 25.1 25.1 25		Participating in Projects	jects									
All Others All Ot	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Mal Ones All On	Mishra Aruna Md	All Other	<	<	<	<	<	<	<	<		<
Al Oner	Weltman David I Md	All Other										
All Other	Menegas Jeffrey G Md	All Other	<			<	<					
All Other	Sanchez-Feliz Sonia Dds	All Other	<	<	<	<	<	<	<	<		<
All Other	Novogrodsky Raphael Md	All Other	ζ.	<	ζ.	ζ.	ζ.	<	ζ.	<		ζ.
All Other	Demopoulos Byron P Md	All Other	<	<			ζ.	<		<		
All Other	Karpel Barry M Do	All Other	ζ.	<	ζ.	ζ.	ζ.	<	ζ.	<		ζ.
All Other	Sacco Joseph P Md	All Other	<									
All Other	Babu Ramesh Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Feldman David S Md	All Other	<	<	<	<	<	<	ζ.	<		<
All Other	Etienne Viviane Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Mamtora Pankaj Kanji Md	All Other	<									
All Other	Goyzueta Franz Esteban Md	All Other	<	<	<							
All Other	Professional Svc Ctr Handicap	All Other	<									
All Other X. X	Russell Barbara K Md	All Other	<	<	<	<	<	<	<	<		<
All Other X	Leibman A Jill Md	All Other										
All Other All	Greenwich House Inc Ai	All Other	<									
All Other All Other X	St Vincent Depaul Res Adhc	All Other	<									
All Other	Yee Lily Fong Cho Md	All Other	<									
All Other 4	Marder Jonathan Md	All Other	<	<	<	<	<	<	<	<		<
All Other 3	Bridge Back To Life Ctr Inc	All Other	<									
All Other 3	Solomon Robert D Md	All Other	<	<	<	<	<	<	<	<		<
All Other X	Jaghory Mohammad Zia Md	All Other	<			<	<					
All Other All Other	Beach Paul W Jr Md	All Other	<	<	<	<	<	<	<	<		<
All Other \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ <td>Kerolle Harold Fritz Md</td> <td>All Other</td> <th><</th> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td><</td> <td></td> <td><</td>	Kerolle Harold Fritz Md	All Other	<	<	<	<	<	<	<	<		<
All Other \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ \$\frac{1}{3}\$ <td>Professional Svc 149th St Icf</td> <td>All Other</td> <th><</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Professional Svc 149th St Icf	All Other	<									
All Other All Other All Other All Other All Other All Other	Chilimuri Sridhar S Md	All Other	<	<	<	<	<	<	<	<		<
All Other All Other All Other All Other	Khatiwala Vijay V Md	All Other	<									
All Other All Other	Moran-Almonte Roberto A Md	All Other	<	<	<							
All Other <	Conifer Park	All Other	<			<	<					
	Arms Acres	All Other	ζ.			<	<					



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Bronx Lebanon Hospital Center (PPS ID:27)

Activation Colorinal National Provided National Activation (All Direct Coloring One) Activat		Participating in Projects	ects									
All Other All Ot	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
All Other	Areba Casriel Institute	All Other	ζ.									
All Other	Angkustsiri Kasem Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Shear Mitchell Barry Md	All Other	<									
All Other	Liriano Octavio Antonio Jr Md	All Other	<	<	<	<	<	<				<
All Other	Odyssey House Of New York	All Other	ζ.									
All Other	Mohandas Kala Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Fresneda Caridad	All Other	<			<						
Mil Other	Balikcioglu Abdo Md	All Other	<									
All Other	Salama Meir Md	All Other	ζ.									
All Other	Independence Res Park Ln Icf	All Other	<									
All Other	Remy Prospere Md	All Other	<	<	<	<	<	<	<	<		<
All Other	Maw Myo Md	All Other	<	<	<	<	<	<	<	<		<
All Other	John David H A	All Other	<	<			<	<		<		
All Other	Gazzara Paul C Md	All Other	<									
All Other All	Abbott House Inc	All Other	<									
All Other All	Johnson Michael Norman Md	All Other	<	<	<	<	<	<	<	<		<
Lose Arturo Md All Other X	Anderson Patrick	All Other	<	<	<	<	<	<	<	<		<
Elliot Md All Other III of Mer III of Me	Sanchez Lacay Jose Arturo Md	All Other	<	<	<	<	<	<	<	<		<
Sycs Vyse Ave All Other IXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Telzak Edward Elliot Md	All Other	ζ.	<	<	<	<	<	<	<		<
Care Mgt D&T Ct All Other V	Unique People Svcs Vyse Ave	All Other	<	<		<						
Spc All Other V <th< td=""><td>Comprehensive Care Mgt D&T Ct</td><td>All Other</td><th><</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Comprehensive Care Mgt D&T Ct	All Other	<									
le Md All Other All Other All Other en Island, Inc All Other All Other All Other All Other All Other 27th Ave Icf All Other a H Md All Other All Other All Other	Bronx Lebanon Spc	All Other	<	<	<	<	<	<	<	<		<
en Island,Inc All Other	Salomon Danielle Md	All Other	<									
Id,Inc All Other All Other All Other Ba Md All Other Be Icf All Other All Other All Other All Other All Other	Alabi Amos Ade	All Other	<									
and All Other e lcf All Other All Other All Other All Other All Other	Camelot Of Staten Island,Inc	All Other	<									
Ba Md All Other e lcf All Other All Other All Other	TRICenter Inc	All Other	ζ.									
ga Md All Other le lcf All Other le lcf All Other le lcf All Other	Palladia Inc	All Other	ζ.									
e Icf All Other All Other All Other I	Gheorghiu Olimpia Tintea Md	All Other	ζ.									
All Other All Other	Professional Svc 7th Ave Icf	All Other	<									
All Other	Kirschenbaum Ira H Md	All Other	<									
	Episc Mis Soc Morris Ave Icf	All Other	ζ.									



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									All Other	Shreck Elise H Md
<	<	<	<	<	<	<	<	<	All Other	Bailey Lloyd E Md
								<	All Other	Jewish Guild For The Blind Dt
<	<	<	<	<	<	<	<	<	All Other	Burack Joshua H Md
									All Other	Wilkins Robert Md
<	<	<	<	<	<	<	<	<	All Other	Kokotek Blair H Md
								<	All Other	Coombs Kenneth E Dpm
								ζ.	All Other	Rodriguez Jose I Md
<			<	<		<	<	ζ.	All Other	Lutas Elizabeth Mary Md
									All Other	Fay Colleen M
								<	All Other	Shookster Linda A Md
<	<	<	<	<	<	<	<	<	All Other	Gonzalez Eulogio Md
									All Other	Nicoleau Christine Md
								ζ.	All Other	Professional Svc Maspeth Icf
								ζ.	All Other	Morningside House Nh Lthhcp
								<	All Other	Elderserve Long Term Hlth Car
									All Other	Heyligers Bert R Md
					<			<	All Other	Premier Nursing Services
								<	All Other	Costley-Hoke Karen M Md
<	<	<	<	<	<	<	<	<	All Other	Moulton Thomas Md
<	<	<	<	<	<	<	<	<	All Other	Fromer Mark David Md
								<	All Other	Pehr Marcia Md
<	<	<	<	<	<	<	<	<	All Other	Afran Scott Ian Md Pc
<	<	<	<	<	<	<	<	<	All Other	Duncalf Richard Michael Md
								<	All Other	Professional Svc Bell Blvd
								<	All Other	Able Health Care Serv Inc
<	<	<	<	<	<	<	<	<	All Other	Uehlinger Joan M Md
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									All Other	Immordino Frances Mary J Md
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4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								ects	Participating in Projects	

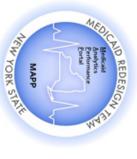


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Bronx Lebanon Hospital Center (PPS ID:27)

			<				<	<	All Other	Patel Hemant Kanubhai Md
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				<	<			<	All Other	Dickerson Robert F Md
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								<	All Other	Episc Mis Soc College Ave Icf
								<	All Other	Lichtenstein Ralph B Md
									All Other	Lee Fredric Osborne
								<	All Other	Jgb Rehabilitation Corp
								<	All Other	Bookhardt-Murray Lois J
<	<	<	<	<	<	<	<	<	All Other	Bitterman Jacalyn S Md
								<	All Other	Gupta Sindhu Md Pc
			<				<	<	All Other	Ritter Diane Md
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								<	All Other	Ambulatory Surgery Ctr Of Gny
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								<	All Other	Neuendorf James Lee Md
								<	All Other	Manhattanville HIth Care Ctr
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								<	All Other	Gasalberti Richard Anthony Md
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	<	<			<		<	<	All Other	Dominican Sisters Family Lthh
								<	All Other	Auricchio John Steven Dpm
								<	All Other	Professional Svc Butler St
4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								jects	Participating in Projects	



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Dee Kenneth R Md	All Other										
Morningside House Non Occ	All Other	<									
Butters Marva Dpm	All Other	<	<	<		<	<				<
Ny Eye Surgery Assoc Pc	All Other	<									
Woods Kim Benjamin Md	All Other	<	<	<	<	<	<	<	<		<
Hilfer Jane Md	All Other	<	<	<	<	<	<	<	<		<
Ramis Carmen Maria Md	All Other	<	<			<	<		<		
Blass Joel Mitchell Md	All Other	~									
Cooper Charles Md	All Other	<	<	<	<	<	<	<	<		<
Henderson Cassandra E Md	All Other	<									
Babb Frank C Md	All Other	~	<								
Sacolick Benzion Md	All Other	~									
Dundy Richard A Md	All Other	<			<				<		
Curras Ernesto B Md	All Other	<	<	<	<	<	<	<	<		<
Marville Jillian E Dpm	All Other										
Sundaresan Narayan Md	All Other	<	~	~	<	<	<	<	<		<
Bronx Jcc Home Attendant Srv	All Other	<									
Prager Marc Md	All Other	<									
Fegs Home Attendant Services	All Other	<									
Rain Home Attendant Ser Inc	All Other	<			<						
Shafran Jacob C Od	All Other	<	~	~	<	<	<	<	<		<
Seth Lalit Mohan Md	All Other	<									
Ortiz Jose Carlos Md	All Other	<	<	<							
Salder Rufus E Md	All Other	<	<				<				
Mohammad Acklema Md	All Other	<	<	<	<	<	<	<	<		<
Mensah Samuel K Md	All Other	<									
Escher Jeffrey Ethan Md	All Other	<									
Alvis Robert C Md	All Other	<									
Guy Ali Eraj Md	All Other	<									
Professional Svc Selinger Icf	All Other	<									
Vargas Jose T	All Other	<	<	<	<	<	<	<	<		<



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Little Flower Child Sv lcf#2	All Other	<									
Little Flower Child Sv lcf#1	All Other	<									
Renvoize Guy A Md	All Other	<			<	<					
Mayers Martin Md	All Other	<	~	ζ.	<	<	ζ.	ζ.	<		~
Stiller Luis F Md	All Other	<	~	<	<	<	<	<	<		~
Jewish Asso For Svcs For The Aged	All Other	<									
Lazar John	All Other	<	~	<		<	<				~
Calamia Vincent Md	All Other	<									
Hebrew Hospital Home Inc	All Other	<									
Kramer Lawrence David Md	All Other	<	~			<	<		<		
Wilkins Robert Md	All Other	<									
Winston Jonathan Allan Md	All Other	<									
Roman Jaime Francisco Md	All Other	<	~	<							
Damore Joseph F Md	All Other	<									
Traver Diane Md	All Other										
Bansal Om Prakash Md	All Other	<	<								
Kingsbridge Hghts Nh Lthhcp	All Other	<									
Patel Anilkumar Sureshchandra	All Other	<	<								
Nordin Charles Md	All Other										
Na Illsung	All Other	<									
Go Teresita Alo Md	All Other	<	<								
Wolfson Mitchell Md	All Other	<									
Jewish Board Family Child B	All Other	<									
Weissbart Clyde H Md	All Other	<									
Forlenza Thomas Joseph Md	All Other	<			<				<		
Pedro A Suarez	All Other	<	<	ζ.	ζ.	<	ζ.	ζ.	<		<
Ballas Mayer Md Pc	All Other	<									
Kramer Marshall D Md	All Other	<	<	<	<	<	<	<	<		<
Ruiz Armando Md	All Other	<			ζ.	<					
Kahn David I Md	All Other	<									
Scotti Lorenzo Louis Dpm	All Other	<									



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Amnelidi All Other C. C	Rudikoff Donald Md	All Other	<	~	~	<	<	<	<	<		<
All Other All	Professional Svc Scannell Icf	All Other	<									
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All Other	Patel Pravin P Md	All Other										
All Other	Napoli Michael J Md	All Other	<	~	<	<	<	<	<	<		<
All Other All	Esses Jacob Md	All Other	<			<	<					
All Other	Neuman Larry M Md	All Other	<	<								
All Other	Vilabrera David Md	All Other	<			<	<					
All Other	Menon Latha N Md	All Other	<	~	<	<	<	<	<	<		<
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All Other	Thomas Chavannes	All Other	<									
All Other	Finestone Jacob Md	All Other	<									
All Other All	Gottesman Kenneth S Md	All Other	<	~	<	<	<	<	<	<		<
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Ioigical D&T All Other Image: Control of the control o	St Dominics Home Units 1-4	All Other	<									
All Other	Throggs Neck Neurological D&T	All Other	<									
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Id Sv Brookl All Other All Other	Episc Mis Soc Metro N (1956)	All Other	ζ.									
All Other	Little Flower Child Sv Brookl	All Other	<									
	Yara Juan E Md	All Other	<	<	<	<	<	<	<	<		<



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	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Glockenberg Aaron Dpm	All Other	<	<	<	<	<	<	<	<		<
Herwig Kenneth J Md	All Other	<	<	<	<	<	<	<	<		<
Grand Manor N & R Center	All Other	<									
Edwin Gould Srv Chldrn Folkes	All Other	<									
A A B R 130 Water St Icf	All Other	<									
Terence Cardinal Cooke Hcc	All Other	<									
Young Michael C Md	All Other	<	<	<	<	<	<	<	<		<
Russell Robin O Md	All Other	<									
Jay E Selman Md	All Other	<	<	<	<	<	<	<	<		<
Dominican Sister Family Healt	All Other	<	<		<			<	<		
Midwood Amb And Oxy Svc Co	All Other	<									
Empress Ambulance Service Inc	All Other										
Rosenstock Paul R Md	All Other	<			<						
Regeis Care Center	All Other	<									
Schervier Nursing Care Center	All Other	<									
Methodist Church Home For The	All Other	<									
Williamsbridge Manor Nh	All Other	<									
University Nursing Home Snf	All Other	<									
Morris Park Nursing Home	All Other	<									
Beth Abraham Health Services	All Other	<									
Split Rock Reh & Hith Car Ctr	All Other	<									
Concourse Rehab & Nc Inc	All Other	<									
Hebrew H For Aged Riverdale	All Other	<									
Kings Harbor Multicare Center	All Other	<									
Morningside House Nursing Hom	All Other	<									
Kingsbridge Hghts Rehab & Cc	All Other	<									
Pelham Pkwy Nrs Cr & Reh Ctr	All Other	<									
Bronx Park Rehab & Nrs Center	All Other	<									
Rebekah Reh & Extended Care Center	All Other	<									
Gold Crest Care Center	All Other	<									
Terrace Health Care Center	All Other	<									

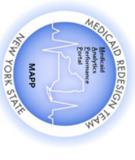


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Provider Name Provider Name Provider Category Zail		Participating in Projects	ects									
No. May All Other	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
SCMM AI OTHORY AI OTH	Weiner Howard A Dds	All Other	<	<	<	<	<	<	<	<		<
All Other	Bhalodkar Narendra C Md	All Other	<	<	<	<	<	<	<	<		<
All Other All	Denis Jean R Md	All Other	<									
Gold Sive All Other ZI	Calvary Hospital Inc	All Other	<									
MATHMING ALLOCHOR ALLOCHORY ALL	Federation EmpImt/Guid Svc	All Other	<									
MnH Md All Other CI	Saeed Babra Md	All Other	<									
Mode All Other C <t< td=""><td>Deutsch Sokol Robyn H Md</td><td>All Other</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td><</td><td></td><td><</td></t<>	Deutsch Sokol Robyn H Md	All Other	<	<	<	<	<	<	<	<		<
Mid All Other X I <th< td=""><td>Reggev Avner Md</td><td>All Other</td><td><</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Reggev Avner Md	All Other	<									
vice Centier All Other C	Westfried Morris Pc Md	All Other	<									
Hospital All Other All Other And Couns Ct All Other All	Lower Eastside Service Center	All Other	<									
And Counts Ct All Other INTERPRETATION COUNTS CT INTERPRETATION COUNTS CT All Other INTERPRETATION COUNTS CT INTERPRET	St Johns Riverside Hospital	All Other	<									
COUNTS CAL All Other X	Narco Freedom Inc	All Other	<									
All Other	New York Psychot And Couns Ct	All Other	<									
Intent C All Other All O	Floating Hospital	All Other	<									
All Other All	Addiction Research & Trtmnt C	All Other	<									
tal Hit All Other X	Martin Luther King Hlth Ctr	All Other	<	<	<	<	<	<	<	<		<
All Other All	Post Grad Cntr For Mental Hit	All Other	<									
All Other	Riverdale Mental Hith Cl	All Other	<									
All Other 3.3 3.4	Mount Sinai Hospital	All Other	<									
All Other X	Bernales Eduardo D Md	All Other	<	<	<	<	<	<	<	<		<
All Other I	Gomez David A Md	All Other	<	<	<							
All Other 3	Kalafatic William H	All Other	<									
All Other X	Mehta Dinesh Md	All Other	<	<	<	<	<	<	<	<		<
ck Md All Other V <	Madan Bhattia Paul Md	All Other	<	<								
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C Md All Other	Ernst Jerome A	All Other										
All Other	Zeller Barbara C Md	All Other	<	<	<		<	<				<
	Vaca Miller Md	All Other	<	<	<	<	<	<	<	<		<



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						ζ.			<	All Other	Kuzin Elena
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<				<	<		<	<	<	All Other	Nancy Lynn Chez
									<	All Other	Aristide Burducea
<		<	<	<	<	<	<	<	<	All Other	Nunez Denise Joanna Md
<				<	<	<	<	<	<	All Other	Beckford Leslie Dean Rpa
									<	All Other	Adeniji Ademola
<		<	<	<	<	<	<	<	<	All Other	Berenfeld Benjamin Md
										All Other	Howard Slomko
									<	All Other	Kempton Patricia B
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									<	All Other	Camillo Reginald Alivia Md
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									<	All Other	Grossman Joseph A Md
					<	<			<	All Other	Fellner Michael J Md
								<	<	All Other	Izquierdo Richard Md
<		<	<	<	<	<	<	<	<	All Other	Traykovski Alexander Md
									<	All Other	Teich Marvin L Md
<		<	<	<	<	<	<	<	<	All Other	Schreiber Zwi A Md
									<	All Other	Levy Jerome H Md
							<	<	<	All Other	Szteinbok Maurice Md
							<	<	<	All Other	Reyes Juan D Md
				<				<	<	All Other	Melamed Samuel L Md
<		<	<	<	<	<	<	<	<	All Other	Gurland Judith E Md
				<				<	<	All Other	Cruz Juan R Md Pc
									<	All Other	Smith Ernst Pc Md
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Ihimoyan Ariyo A Md	All Other	ζ.	〈	ζ.	<	<	<	<	<		<
Toshkoff Radoslav Do	All Other	<	<	<	<	<	<	<	<		<
Khandavilli Prasanna	All Other	<	<	<	<	<	<	<	<		<
Ruiz Jhon	All Other	<	<	<	<	<	<	<	<		<
Leung Vivien Loy Md	All Other	<	<	<	<	<	<	<	<		<
Balde Alseny Md	All Other	<									
Esther Nwabuoku	All Other	<	<	<	<	<	<	<	<		<
Saxena Amit K Md	All Other	<									
Jean-Michel Marjorie	All Other	<	<	<	<	<	<	<	<		<
Popotte Joanne Vesta	All Other	<	<	<	<	<	<	<	<		<
Knibbs Melida Stewart	All Other	<									
Webber Brian	All Other										
Szygiel George	All Other	<	<	<	<	<	<	<	<		<
Jasti Jyothi	All Other	<	<	<	<	<	<	<	<		<
Reyes Darcel	All Other	<	<	<		<	<				<
Chan Wendy	All Other	<	<	<	<	<	<	<	<		<
Deborah Jill Bohnen	All Other	<	<	<	<	<	<	<	<		<
Alpine Home Health Care Llc	All Other	<									
Rivera Milagros Pa	All Other	<	<	<	<	<	<	<	<		<
Dheeraj Khurana Mbbs	All Other	<									
Care For The Homeless	All Other	<									
Wiley Jose Maunel Md	All Other	<	<	<	<	<	<	<	<		<
Adam Deutsch	All Other	<	<				<				
Chambers Jennifer Angella	All Other	<	<	<	<	<	<	<	<		<
Berg Debra	All Other	<									
Ramon Delmonte Md Pc	All Other	<	<	<							
Alice Chu	All Other	<	<	<	<	<	<	<	<		<
Jordan Golubcow-Teglasi	All Other										
Institute For Community Living Day	All Other	ζ.									
Amparo M Ramirez Md	All Other	<	<	<	<	<	<	<	<		<
Flanagan Abiga	All Other	<									



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								<	<	All Other	Maria Soledad Perea Barbosa
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										All Other	Chang Albert Heng-Yao
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										All Other	Bell Tresara Cyril
									<	All Other	Shpitalnik Larisa
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<		<	<	<	<	<	<	<	<	All Other	Cozort Marina
<		<	<	<	<	<	<	<	<	All Other	Griffin Shirley
										All Other	Shrivastava Abhishek
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<		<	<	<	<	<	<	<	<	All Other	Silletti Joseph Peter
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										All Other	Akwuba Uche Onyeabo li Do
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									<	All Other	Keshet Maayan
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<		<	<	<	<	<	<	<	<	All Other	Hinestroza Howard Md
										All Other	Taylor-Kamara N'Gadie
									<	All Other	Distinguished Diagnostic Imaging
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		<		<	<			<	<	All Other	Benjamin Taisha Lashon
		<		<	<			<	<	All Other	Johnson Sharon
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ets	Participating in Projects	



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<	<	<	<	<	<	<	<	<	All Other	Douglas Gregory
			<				<	<	All Other	Skipski Dina
<	<	<	<	<	<	<	<	<	All Other	Carnevale Caroline
<	<	<	<	<	<	<	<	<	All Other	Bones Robert
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								<	All Other	Elisa Bocchieri-Bustros
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								<	All Other	Taveras Jose Martin
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								<	All Other	Caesar Mimieux Vanetta
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									All Other	Aponte Maya
 4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								Projects	Participating in Projects	



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Bronx Lebanon Hospital Center (PPS ID:27)

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										All Other	Kim Forrester-Dumont
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									<	All Other	Isayas Tekie
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										All Other	Cole-Olsewski Christine Marie
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	4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									Projects	Participating in Projects	



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Statter Mindy All Other	Tan Jenny Yu All Other	Bussoletti Natalee Marie All Other	Twomey Stephanie F All Other	Mochizuki Takahashi Miki Emilia All Other	Martin Michelle All Other	Notardonato Henry All Other	Gwonuk Lim All Other	Peyman E Younesi Md All Other	Queens Optometric Care Pllc All Other	Khaw Adrian All Other	Fundo Fiona All Other	Sydelle R Ross All Other	Nieves Rosado Sandra All Other	Christine Cruz All Other	Korik Simona All Other	Kelly Paul James Md All Other	Amsalem Yoram All Other	Ponce Sara All Other	Penrose Sarah All Other	Degraft-Johnson Ama All Other	Argus Community Inc All Other	Valeria V Loukanova-Ivanov All Other	Denny Martin All Other	Napolitano Daniel Louis All Other	Night And Day Medical Associates Pc All Other	Dudek Mona All Other	Latika Prajna All Other	Kaul Rashmi All Other	Recabarren-Velarde Juana All Other	Zalinyan Heghine All Other	Provider Name Provider Category 2.a.i	Participating in Projects
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																															4.a.iii	
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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Rajbhandari Prabi	All Other	<	<	<	ζ.	<	<	<	<		<
Mathew Elizabeth Pulickel	All Other	<									
Das Ashutosh	All Other	<	<	<	ζ.	<	<	<	<		<
Kwon Hye Eun Md	All Other	ζ.	〈	<	ζ.	ζ	ζ.	ζ.	<		<
Raveneau Banegas Gladys Yaneth	All Other	<	<	<	ζ.	ζ	ζ.	ζ.	<		〈
Walsh Ronald	All Other	<	<	<	<	<	<	<	<		<
Etienne Stephanie	All Other	<	<	<	ζ.	<	<	ζ	<		<
Price Cathleen	All Other	<			<				<		
Mccabe Patricia	All Other	<	<	<		<	<				<
Bhagat Vinod Md	All Other	<	<				<				
Jenkins Monique	All Other	<	<			<	<		<		
Balachandra Shirish Krishna	All Other	<	<	<	<	<	<	<	<		<
Giurleo Patricia	All Other	<	<	<		<	<				<
Sabastin Suja Maria	All Other										
Levy Elan S	All Other	<	<	<	<	<	<	<	<		<
Riefkohl Ricardo	All Other	<	<	<	<	<	<	<	<		<
Ciotti Andrew James	All Other	<									
Tocco Michael Anthony	All Other	<	<	<	<	<	<	<	<		<
Gomez-Marquez Jose C	All Other	<	<	<	<	<	<	<	<		<
Partridge Langley	All Other	<	<	<	<	<	<	<	<		<
Krim Nassim R	All Other	<	<	<	<	<	<	<	<		<
Ramos Julie J	All Other	<									
Mcpherson Christina	All Other	<	<			<	<		<		
Muniz Jennifer	All Other	<	<	<	<	<	<	<	<		<
Megalla Sherry	All Other	<	<	<	<	<	<	<	<		<
Gogineni Anil Kumar	All Other	<	<	<	<	<	<	<	<		<
Behin Daniel	All Other										
Perron Thomas	All Other	<	<	<		<	<				<
Cardinal Mccloskey School And Home	All Other	<									
Edwin Gould Services Day/Ch	All Other	<									
Lans Clones	All Other	<	<	<	<	<	<	<	<		<



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<		<	<	<	<	<	<	<	<	All Other	Slezinger-Mejia Albert
									<	All Other	Mental Health Association Of Nyc In
		<		<	<			<	<	All Other	Petros Jessica Theresa
<		<	<	<	<	<	<	<	<	All Other	Penaloza Juan
<		<	<	<	<	<	<	<	<	All Other	Kyei-Anti Afua
<		ζ.	<	<	<	ζ.	<	ζ.	ζ.	All Other	Moss Shira
<		ζ.	ζ.	<	<	ζ.	<	ζ.	ζ.	All Other	Carleton Lindsay
									<	All Other	Promise Home Care Agency Inc
									<	All Other	Mallapu Shravan K
<		<	<	<	<	<	<	<	<	All Other	Liz Defillo Vicente J
										All Other	Buckle Jody Ann
		<		<	<			<	<	All Other	Duncan Tamika Simone
				<				<	<	All Other	Hemant Patel Md Pc
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									<	All Other	Promise Home Care Agency Inc
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									<	All Other	Mailman Toby
<		<	<	<	<	<	<	<	<	All Other	Ogbonna Chidi
									<	All Other	Bruno Jaclyn
<		<	<	<	<	<	<	<	<	All Other	Dawkins Manju
<				<	<		<	<	<	All Other	Fernandez Beverly A
									<	All Other	Rodriguez Maria
										All Other	Lombino Michae
4.c.ii	4.a.iii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ects	Participating in Projects	



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		. 0,000									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Multi Medic Physician Services Pc	All Other	<									
Abbott House Spt	All Other	<									
Lindsay N Price	All Other	<	<			<	<		<		
Henri Gerno Pierre	All Other										
Amoah Joyce	All Other										
Abu Loveth	All Other	<	ζ.	<	<	<	<	ζ.	<		<
Lawson Anne	All Other	<	<	<	<	<	<	<	<		<
Kwankam Maureen	All Other	<	<	<	<	<	<	<	<		<
Saccente Erica	All Other	<	<	<		<	<				<
Kelly Roberta	All Other	<	<	<		<	<				<
Nataneli Nathaniel	All Other	<	<	<	<	<	<	<	<		<
Mizrachi Adam	All Other										
Jakerin Ahmed K	All Other	<	<	<	<	<	<	<	<		<
Upper Room Aids Ministry Aadc	All Other	<									
Tyler Michele L	All Other										
Ayoub Joanna	All Other	<	<	<	<	<	<	<	<		<
New York Foundling Hospital	All Other	<									
Narcisse Debra	All Other	<									
Cano Nefertiti	All Other	<	<	<	<	<	<	<	<		<
Argus Community Inc	All Other	<									<
Harlem Medical Group P C	All Other	<	<				<				
Plansky Jason M	All Other	<	<	<	<	<	<	<	<		<
Kim Diana	All Other	<	<	<	<	<	<	<	<		<
Sticco Charles Craig	All Other	<									
Carlucci John	All Other	<									
Peskin-Stolze Melissa Rebecca	All Other	<	<	<	<	<	<	<	<		<
Agopian Eliz Hazar	All Other	<	<	<	<	<	<	<	<		<
Calderon Ruddy Smith	All Other	<	<	<		<	<				<
lppili Rakhee	All Other	<	<	<	<	<	<	<	<		<
Wiesinger Katherine	All Other	ζ.	<			<	<		<		
Sanders Lauren Jacqueline	All Other	<	<			<	<		<		

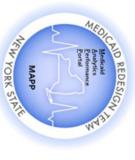


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Provider Name Provider Name Provider Casegoy Zali		Participating in Projects	ects									
All Other	Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Al Obres Al Obr	Majeed Sohaib	All Other	<	<	<	<	<	<	<	<		<
All Other	Gasinu Eli	All Other	<	<	<	<	<	<	<	<		<
All Other	Washington Sierra	All Other	<	<	<	<	<	<	<	<		<
All Other	Anglade Claudia	All Other	<	<			<	<		<		
All Other All	Staples Karen	All Other	<			<						
Majoring	Quindor Rhealynne B	All Other	ζ.	ζ.	ζ.		<	\				<
Cost Inc		All Other	ζ.									
All Other	Fedcap Rehabilitation Services Inc	All Other	<									
All Other All Ot	Merrick Kareem	All Other	ζ.									
All Other	Cohen Jacob	All Other	<	ζ.	ζ.	<	<	〈	<	<		<
All Other	Nagapaga Madhavi	All Other	<	<	<	<	<	~	<	<		<
All Other All Ot	Portugal Salvador Eligado	All Other	<	<	<	~	<	~	<	<		<
All Other	Schulz Jacob	All Other	<	<	<	<	<	~	<	<		<
All Other	Fornari Eric	All Other	<	<	<	<	<	~	<	<		<
All Other All	Singh Manisha	All Other	<	<	<	<	<	<	<	<		<
All Other All Other	Kim Taesoo Rpa	All Other	<									
All Other	Dumrese Danielle Lee	All Other	<									
All Other	De Guzman Paul Quinto	All Other										
All Other	Mizan Narmin F	All Other										
All Other	Pearlman Charles Joseph	All Other	<	<	<		<	~				<
All Other X	Watson Kimberly Charytina	All Other	<	<	<	<	<	~	<	<		<
All Other 4 Ill Other	Paz Jennifer	All Other	<	<	<	<	<	~	<	<		<
Somez Choima All Other X	Shunamon Nicole	All Other	<	<	<	<	<	~	<	<		<
All Other C	Okafor-Mbah Gomez Choima	All Other	<	<	<	<	<	~	<	<		<
yun Joo All Other lerine All Other hu Dyal All Other All Other All Other All Other All Other All Other All Other	Singer Karyn	All Other	<	<	<	<	<	<	<	<		<
Jerne All Other All Other Image: Control of the properties of	Kim Sharon Hyun Joo	All Other	<	<	<	<	<	~	<	<		<
All Other	Gonzalez Katherne	All Other	<	<			<	~		<		
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All Other All Other	Samaroo Parbhu Dyal	All Other	ζ.									
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	Harlow Megan	All Other	<	<	<	<	<	<	<	<		<



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Dastain Jean Yves	All Other	<									_
Jean-Jacques Lamercie Mohane	All Other	<	<								
Herman Emily E	All Other	<									_
Morgan Diane M	All Other	<									_
Okoye Safiyyah Maryam	All Other	<	<			<	<		<		_
Son Hwa	All Other	<	<	<	<	<	<	<	<		<
Mckinney Robin Cylinthia	All Other	<	<	<	<	<	<	<	<		<
Newtown Dialysis Center Inc	All Other	<									_
Straatmann Caroline Elizabeth	All Other	<	~	<	<	<	<	<	<		<
Kang Moonwha	All Other	<			<						_
Amanda Ruth Mondesir	All Other	<	~	<	<	<	<	<	<		<
Mercedes Angela	All Other	<			<						
Chui Dennis W	All Other	<	<	<	<	<	<	<	<		<
Nasr Rahib	All Other	<	~	<	<	<	<	<	<		<
Arthur Richard Wilfred	All Other	<	~	<	<	<	<	<	<		<
Lacher Jason Matthew	All Other	<	~	<	<	<	<	<	<		<
Kamath Aviva Michele	All Other										
Quickmed Medical Pc	All Other	<									
Wade Mark	All Other	<									
Gentes Meredith	All Other	<									
Chen Christine	All Other	<									
Three Graces Medical Practice Pllc	All Other	<									
Mcleod Shenequa Alisha	All Other	<	~	<	<	<	<	<	<		<
Anusionwu Reagan	All Other										
Levin Erika	All Other	<	<	<	<	<	<	<	<		<
Lepp Daniel J	All Other	<	<	<	<	<	<	<	<		<
Riley Diahann Latoya	All Other	<	<	<	<	<	<	<	<		<
Mehdizadeh Alireza	All Other	<	~	<	<	<	<	<	<		<
Altman Nicholas Dodge	All Other	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Center	All Other	<	<	<	<	<	<	<	<		<
Abdelaziz Hoda H Fnp	All Other	<									

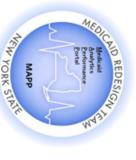


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								<	All Other	Lam Fung Yi
<	<	<	<	<	<	<	<	<	All Other	Mastrianni Mary Elizabeth
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								<	All Other	Schachter Lisa
	<		<	<			<	<	All Other	Krempasky Chance Nicholas
			<				<	<	All Other	Hemant Patel Physicians Pllc
								ζ.	All Other	Jewish Board Family Child A
								ζ.	All Other	Rodriguez-Jaquez Carlos R
	<				<			<	All Other	Biernacki Carolina
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<	<	<	<	<	<	<	<	<	All Other	Kamalakkannan Gayathri
<	<	<	<	<	<	<	<	ζ.	All Other	Ntiamoah Kwabena
<	<	<	<	<	<	<	<	ζ.	All Other	Tyler Douglas
<	<	<	<	<	<	<	<	ζ.	All Other	Perez Martha
					<			<	All Other	Carl Lamour-Occean Carline
~	<	<	<	<	<	<	<	<	All Other	Chekuri Anita
<	<	<	<	<	<	<	<	<	All Other	Dusenbury James
								<	All Other	Erickson Aimee
<	<	<	<	<	<	<	<	<	All Other	Pierre Carolyn
✓	<	<	<	<	<	<	<	<	All Other	Yu Bo
	<		<	<			<	<	All Other	Hampton Elisa Padilla
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~	<	<	<	<	<	<	<	<	All Other	Larish Lyvia
									All Other	Camacho Arturo
									All Other	Singh Jagdeep
									All Other	Boyd Kaleen M
	<		<	<			<	<	All Other	Mikheyev Vyacheslav
<	<	<	<	<	<	<	<	<	All Other	Douglas Gaveral Dania
4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
								cts	Participating in Projects	



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	Participating in Projects	ťs									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Isaac Beverly A	All Other	<	<	<	<	<	<	<	<		<
Morales Jessica	All Other	<	<	<	<	<	<	<	<		<
Halliburton Leah Pepper	All Other	<	<	<	<	<	<	<	<		<
Patton Todd Cary	All Other	<									
Gohar James Ashraf	All Other	<	<	<	<	<	<	<	<		<
Catholic Managed Long Term Inc	All Other	<									
Raiszadeh Farbod	All Other										
Nassiri Haleh	All Other	<									
Workmens Circle Dialysis Center Inc	All Other	<									
Quick Ashley J	All Other	<	<	<	<	<	<	<	<		<
Simon Laura E	All Other	<	<	<	<	<	<	<	<		<
Ramdeen Sean S	All Other	<	<	<	<	<	<	<	<		<
Plantin Marie Ketteline	All Other	<	<	<	<	<	<	<	<		<
Fuentes Patricio X	All Other	<	<	<	<	<	<	<	<		<
Saleh Ali	All Other	<	<	<	<	<	<	<	<		<
Rodriguez Shantae Lynette	All Other	<	<	<	<	<	<	<	<		<
Jain Priti	All Other	<									
Santiago Daisy	All Other	<	<	<	<	<	<	<	<		<
Alvarez-Barto Ivannia Nastashia	All Other	<	<	<	<	<	<	<	<		<
Pineros Sandra L	All Other	<	<	<	<	<	<	<	<		<
Eke Felix O	All Other	<	<	<	<	<	<	<	<		<
Turner Latasha M	All Other	<	<	<	<	<	<	<	<		<
Chan York Sing	All Other	<									
Timreck Eleanor Thayer	All Other	<	<	<	<	<	<	<	<		<
Kusher Matthew Scott	All Other	<	<	<	<	<	<	<	<		<
Sinha Ghazal	All Other	<	<	<	<	<	<	<	<		<
Libovich Anastasia	All Other	<	<	<	<	<	<	<	<		<
Barcavage Shaun	All Other	ζ.									
Meftah Morteza	All Other	<	<	<	<	<	<	<	<		<
Balachandar Divya	All Other	<	<	<	<	<	<	<	<		<
Inpatient Hospitalist Services Of N	All Other	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

	<	<	<	<	<	<	<	<	<	All Other	Wong Robert Daniel
	<	<	<	<	<	<	<	<	<	All Other	Adrish Muhammad
	<			<	<		<	<	<	All Other	Pearlman Shoshannah
									<	All Other	Qsac Inc
	<	<	<	<	<	<	<	<	<	All Other	Villafana Juan H
	<	<	<	<	<	<	<	<	<	All Other	Salvato Scott
						<			<	All Other	Deloria John Edward
				<				<	<	All Other	Mihir Patel
		<		<	<			<	<	All Other	Mitchell Clemaine C
		<		ζ.	<			<	<	All Other	Addo Evelyn
		<		ζ.	<			<	<	All Other	Ali Amanda Elizabeth
									<	All Other	Centerlight Certified Home Health A
						<			<	All Other	Clarke Kimesha
	<	<	<	<	<	<	<	<	<	All Other	Downing Tricia Elizabeth
		<		<	<			<	<	All Other	Cloutier-Champagne Laurence
						<			<	All Other	Wang Wei
						<			<	All Other	Garcia Yudelka
	<	<	<	<	<	<	<	<	<	All Other	Adelson Mireilla
	<	<	<	<	<	<	<	<	<	All Other	Miksic Erin
1	<	<	~	<	<	<	<	<	<	All Other	Cole Davin R
	<	<	<	<	<	<	<	<	<	All Other	Mercado Depaz Disnilda L
						<			<	All Other	Stibitz Lisa Marie
1	<	<	<	<	<	<	<	<	<	All Other	Manhattan Rhoderick James
1	<	<	<	<	<	<	<	<	<	All Other	Wagner Erika Zuleika
1	<	<	<	<	<	<	<	<	<	All Other	Fludd Tiffany S
_	<	<	<	<	<	<	<	<	<	All Other	Connelly Alison N
1	<	<	<	<	<	<	<	<	<	All Other	Gersman Michele Peri
										All Other	Erazo Marleny
1	<	<	~	<	<	<	<	<	<	All Other	Jimenez-Morales Lucia O
_	<	<	<	<	<	<	<	<	<	All Other	Franco Bernadette
										All Other	Cruz-Robertson Charlene
ij	4.a.iii 4.c.ii	3.f.i	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	Provider Category	Provider Name
									ets	Participating in Projects	

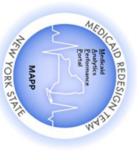


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Outlaw Desiree	All Other										
Dubois Elizabeth T	All Other	<	<	<	<	<	<	<	<		<
Diaz Christian	All Other	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Center	All Other	<	<	<	<	<	<	<	<		<
Addoh Jones A	All Other	<	<	<	<	<	<	<	ζ.		<
Rivera Jhanine Louren	All Other	<	<	<	<	<	<	<	<		<
Johnson Brandon Boyd	All Other	<	<	<	<	<	<	<	ζ.		<
Copeland Ebony R	All Other										
Quezada-York Ericka	All Other	<	<	<	<	<	<	<	<		<
Foley Rebecca	All Other	<	<	<	<	<	<	<	<		<
Strong Jennifer Elizabeth	All Other	<			<						
Nayudu Suresh Kumar S	All Other	<	<	<	<	<	<	<	<		<
Braswell Jessica M	All Other	<	<	<	<	<	<	<	<		<
Autry April	All Other	<	<	<	<	<	<	<	<		<
Gauthier Angie R	All Other	<	<			<	<		<		
Barclay Ruby	All Other	<			<						
Moss Kara L	All Other	<	<	<	<	<	<	<	<		<
Gonzalez Pedro	All Other	<	<			<	<		<		
Cimt Karene	All Other	ζ.	<			<	<		<		
Smaldone Lauren	All Other	<	<			<	<		<		
Treyster Zoya	All Other	<	<			<	<		<		
Numan Kenya	All Other	ζ.									
Ghael Priya	All Other	ζ.	<			<	<		<		
Simela Ashley	All Other	<	<	<	<	<	<	<	<		<
Lakdawala Viraj	All Other										
Baldik Yasemin	All Other	<	<	<	<	<	<	<	<		<
Escobedo Liza	All Other	<	<	<	<	<	<	<	<		<
Koo Timothy	All Other	<	<	<	<	<	<	<	<		<
Epstein Micheline Lataliza	All Other	ζ.	<	<	<	<	<	<	<		<
Kant Sandipagu	All Other	<	<	<	<	<	<	<	<		<
Kella Venkata	All Other	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Lee Nancy	All Other	<	<	<	<	<	<	<	<		<
Alagkiozidis Ioannis	All Other	<	<	ζ.	<	ζ.	ζ.	<	<		<
Ledwith Allison Patricia	All Other	<	<			<	<		<		
Manik Arvind Chandulah	All Other	<									
Odeyale Oluwafemi Sunday	All Other	<	<	<	<	<	<	<	<		<
Nowakowski Joanna	All Other	<	<	<	<	<	<	<	<		<
Ferguson Sacha	All Other	<	<			<	<		<		
Lopez Taina	All Other	<	<			<	<		<		
Partos Nancy	All Other	<	<	<		<	<				<
Sweeney Khandi-Kae Dianna	All Other	<	<	<	<	<	<	<	<		<
Kwofie Stella	All Other	<	<	<	<	<	<	<	<		<
Salcedo Osiris	All Other	<									
Blidnaya Lana	All Other	<	<			<	<		<		
Okoli Oscar	All Other	<									
Brutus Valerie	All Other	<	<			<	<		<		
Xu Wei Hong	All Other	<			<						
Harry La-Toya Juanita	All Other	<			<						
Callender Kimberly	All Other	<			<						
Maggio Johanna Medodie	All Other	<	<	<		<	<				<
Vocational Inst Proj Comm Svc	All Other	<	<	<	<	<	<				<
Medcareplus Pllc	All Other										
Mitchell Tunesia L	All Other	<	<	<	<	<	<	<	<		<
Danesh Jobin Abraham	All Other										
Odume Josephine Nkechi	All Other	<									
Bronx-Lebanon Hospital Center	All Other	<	<	<	<	<	<	<	<		<
Manubolu Sindhura	All Other										
Bahce-Altuntas Asena	All Other	<	<	<	<	<	<	<	<		<
Hall Kristin K	All Other	<	<	<	<	<	<	<	<		<
Etienne Elizabeth	All Other	<	<	<	<	<	<	<	<		<
Burmester Susan B	All Other										
North Point Medical Associates	All Other	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green												
	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Villa Tatiana	All Other											
Prince Tresa Smitha	All Other											
Citadel Rehab & Nursing Center	All Other	~										
Roedan Socrates	All Other	~	~	~								
Rodriguez-Ramos Melissa	All Other											
Reihani Ghazal	All Other											
Kadimcherla Pradeep	All Other											
Forbus Lauren Anne	All Other											
De La Huerta Rafaela Maria	All Other											
Trevino Lara Elizabeth	All Other											
Serafin Dana J	All Other											
Mahmood Tariq	All Other											
Orton Sarah	All Other											
Hayward Bradley John	All Other											
Richardson Sean M	All Other											
Billinsky Esther	All Other											
Chougar Christina Elizabeth	All Other											
Ahram Haya	All Other	~	~	~	~	~	~	~	~		~	
Scussel Amanda Marie	All Other	~	~	~	~	~	~	~	~		~	
Smith Lonzo Lloyd	All Other											
Samuel Lena Sylvia	All Other											
Alarcon-Cardenas Deni G	All Other											
Egbert Neha Maria	All Other											
Bandikatla Thejaswi	All Other											
Beato Angelica	All Other											
Munawar Ayisha	All Other											
Beth Abraham Health Services	All Other											
Terrace Healthcare Center, Inc.	All Other											
Help/Project Samaritan Svcs Corp	Uncategorized	~	~	~		~	~				~	
Db Medical Supplies Inc	Uncategorized	~										
Blondell Rx Inc	Uncategorized	~										



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Citadel Rehab & Nursing Center	Uncategorized	<									
Lichtschein Sima	Uncategorized										
Vanessa Genova	Uncategorized	ζ.	〈	<	〈	ζ.	ζ.	ζ.	〈		〈
Quickmed Medical Pc	Uncategorized	ζ.									
Calvary Hospital Inc	Uncategorized	ζ.									
Empress Ambulance Service, Inc	Uncategorized	<									
Candace Warrick	Uncategorized	<	<	<	<	ζ.	<	〈	<		<
Workmen'S Circle Multicare Center	Uncategorized	ζ.									
Bronx Park Rehab & Nrs Center	Uncategorized	ζ.									
Hospice Of New York Llc	Uncategorized	<									
Esther Transportation, Inc	Uncategorized	<									
Little Flower Child Sv lcf#1	Uncategorized	<									
Care For The Homeless	Uncategorized	<									
Seeromanie Baboolall	Uncategorized	<	~	~	<	<	<	<	<		<
Mental Health Association Of Nyc In	Uncategorized	<									
Bronx Lebanon Hospital?	Uncategorized	<	~	~	<	<	<	<	<		<
Astor Services For Children And Families	Uncategorized	<									
Mount Sinai Hospital	Uncategorized	<									
Odyssey House Of New York	Uncategorized	<									
Lifeline Systems	Uncategorized	<									
Catholic Charities Comm Svcs Arch	Uncategorized	<									
Conifer Park	Uncategorized	<			<	<					
United Jewish Council, Home Attendant Services Corp.	Uncategorized	<									
909 Columbus Rx Corp	Uncategorized	<									
Peta-Gaye Hermitt	Uncategorized	<									
Strakosch Michelle	Uncategorized	<									
Astor Services For Children And Families	Uncategorized	<									
Center For Alternative Sentencing & Employment Services, Inc. (Cases)	Uncategorized	<									
Minier Luis	Uncategorized										
Jgb Rehabilitation Corp	Uncategorized	ζ.									
Arms Acres	Uncategorized	ζ.			〈	ζ.					



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name	Participating in Projects Provider Category 2	cts 2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Mount Sinai Hospital	Uncategorized	<									
Mount Sinai Hospital	Uncategorized	ζ.									
Family Home Health Care, Inc.	Uncategorized	〈	ζ.		〈			<	〈		
1875 Lexington Avenue Corp Of New Y	Uncategorized	ζ.									
Premier Home Health Care Services, Inc	Uncategorized	ζ.			<						
Mann, Kenneth	Uncategorized	<									
Dennelisse Corporation	Uncategorized	ζ.					<				
Comprehensive Care Mgt D&T Ct	Uncategorized	ζ.									
Urban Health Plan Inc	Uncategorized	ζ.	ζ.	ζ.	<	〈	<	<	〈		<
Martin Luther King Hlth Ctr	Uncategorized	ζ.	ζ.	ζ.	<	〈	<	〈	〈		〈
St Vincent Depaul Res Adhc	Uncategorized	<									
Mzzz,Llc D/B/A Sterling Ambulette	Uncategorized	<									
Glenn Deluca	Uncategorized	<									
Bronx Lebanon Hospital Scm	Uncategorized	<	<	<	<	~	~	<	~		<
New American Car & Limo Service, Inc.	Uncategorized	<									
Luz Holguin	Uncategorized	<	<	<	<	~	~	<	~		<
133709episc Mis Soc College Ave Icf	Uncategorized	<									
Coast 2 Coast Enterprises, Inc. D/B/A Coast 2 Coast Transportation	Uncategorized	<									
Kyoung Sil Kang	Uncategorized	<	<	<	<	<	<	<	<		<
The Mount Sinai Hospital?	Uncategorized	<									
Regional Aid For Interim Needs, Inc	Uncategorized	<			<						
Lower Eastside Service Center	Uncategorized	<									
Promise Home Care Agency Inc	Uncategorized	<									
Episcopal Social Services	Uncategorized	<									
Romero Martha Miss	Uncategorized										
Erickson-Jorge Kelly	Uncategorized										
Arons Emily	Uncategorized										
Bronx Psychiatric Center	Uncategorized	<									
Multi Medic Physician Services Pc	Uncategorized	<									
Kristin Kitvak	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Center	Uncategorized	<	<	<	<	<	<	<	<		<

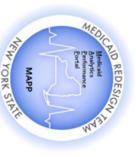


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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Martin Luther King Hlth Ctr	Uncategorized	<	<	ζ.	ζ.	ζ.	<	<	<		<
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	ζ.	<	<	<		<
Professional Svc Maspeth Icf	Uncategorized	<									
Bronx-Lebanon Hospital Center	Uncategorized	<	ζ.	ζ.	ζ.	ζ.	<	〈	ζ.		<
Gateways Counseling Ctr,Inc	Uncategorized	<									
Bailey House Ai	Uncategorized	<									
Medalliance Medical Health Services	Uncategorized	<									
Cardinal Mccloskey School And Home	Uncategorized	<									
St Christophers Inn Inc	Uncategorized	<				<					
New York Neuro And Rehab Ctr	Uncategorized	<			<	ζ.					
Morningside House Westchester Adult Day Health Care Program	Uncategorized	<									
Little Flower Children And Family Services Of Ny	Uncategorized	<									
New Century Home Care, Inc	Uncategorized	<									
Uptown Healthcare Management Inc?	Uncategorized	<			<	<					
Thorne Reana	Uncategorized										
Raymond Sanchez	Uncategorized	<									
Dominican Sisters Family Lthh	Uncategorized	<	<		<			<	<		
Peter Digilio	Uncategorized	<									
Project Samaritan HIth Svcs I	Uncategorized	<					<				
Fordham Dental	Uncategorized	<									
Happy Care Ambulette, Inc.	Uncategorized	<									
Kingsbridge Heights Nursing Center	Uncategorized	<									
Professional Svc Bell Blvd	Uncategorized	<									
Steven Sulzer	Uncategorized	<									
Professional Svc Selinger Icf	Uncategorized	<									
Split Rock Nursing Hm Lthhcp	Uncategorized	<									
Isidoro Martinez	Uncategorized	<	<	<	<	<	<	<	<		<
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Medalliance Medical Health Services	Uncategorized	<									
Water Place Pharmacy Llc	Uncategorized	<									
Rebekah Rehab	Uncategorized	<									



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	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Schmidt Joanne Ms.	Uncategorized										
Lifeline Ambulance Service, Inc.	Uncategorized	<									
Rivera-Benet, Migdalia (Medical)	Uncategorized	<									
Counseling Services Of Ny Llc	Uncategorized	<									
Pioneer Homecare Corp	Uncategorized	<									
Jldh Medical Services, Pllc	Uncategorized	<									
Wilfredo Deynes	Uncategorized	<	~	<	<	<	<	<	<		<
Terence Cardinal Cooke Hcc	Uncategorized	~									
Psch, Inc.	Uncategorized	~									
Community Healthcare Network, Inc. Family Health Center	Uncategorized	~	~			<	<		<		
Hope Center Operations Llc	Uncategorized	<									
Oz Pharma Inc	Uncategorized	~									
Alexander Johnnie	Uncategorized										
Midwood Amb And Oxy Svc Co	Uncategorized	~									
Aneta Skrobacz, Lpmhc, Casac	Uncategorized	<									
Rapid Transit Services, Inc.	Uncategorized	<									
Kaley Zoie Miss	Uncategorized										
Community Healthcare Network, Inc Helen B. Atkinson Health Center	Uncategorized	<	<			<	<		<		
Community Healthcare Network, Inc. Dr. Betty Shabazz Health Center	Uncategorized	<	>			<	<		<		
AABRE 187th St Icf	Uncategorized	<									
Arms Acres	Uncategorized	<			<	<					
Tympf Co., Inc.	Uncategorized	<									
Centerlight Certified Home Health A	Uncategorized	<									
Medical Center Pharmacy Inc	Uncategorized	<									
Distenfeld, Ariel	Uncategorized	<			<				<		
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Schervier Nursing Care Center	Uncategorized	<									
Robert Leviton	Uncategorized	<	<	<	ζ.	<	<	<	<		<
All Around Trans, Inc	Uncategorized	<									
Maria Florentin	Uncategorized	<	<	<	<	<	<	<	<		<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Renaissance Adult Day Care Services Llc	Uncategorized	<					<					
Riverdale Mental Hith Cl	Uncategorized	<										
Narco Freedom Inc	Uncategorized	ζ.										
Nkengfack Chateh-Nkengtego	Uncategorized	<	ζ.	<	<	ζ.	<	ζ.	<		<	
Marlene Carrillo	Uncategorized	<	<	<	<	<	<	<	<		<	
Heidi Brody	Uncategorized	<										
Louis Demarco	Uncategorized	<			<							
North Point Medical Associates	Uncategorized	<										
Basit N Tariq Ambulette Service, Ltd.	Uncategorized	<										
Community Healthcare Network, Inc. Queens Health Center	Uncategorized	<	~			<	<		<			
Edward Olsen	Uncategorized	<										
Comunilife	Uncategorized	<			<							
Ranneta Transportation, Inc.	Uncategorized	<										
Dv Luxury Transportation Corp.	Uncategorized	<										
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	<	<	<	<		<	
Margarita Israilova	Uncategorized	<			<	<						
Resource Medical Services, Pc D.B.A. Arcwell Medical	Uncategorized	<										
Joseph Buonfiglio	Uncategorized	<										
Melvin Spann	Uncategorized	~										
Daughters Of Jacob	Uncategorized	<										
At Home Solutions, Llc	Uncategorized	<										
Greenhope Services For Women	Uncategorized	<										
Bronx Psychiatric Center?	Uncategorized	<										
Lynette Terry-Moore	Uncategorized	<	<	<	<	<	<	<	<		<	
Victoria Mierlak	Uncategorized	<	<	<	<	<	<	<	<		<	
Mahekkumar, Desai	Uncategorized	<										
Harriet Turner	Uncategorized	<										
Eco Ride Inc Dba Electric Car Service	Uncategorized	<										
Stand Pharmacy Inc	Uncategorized	<										
Hebrew H For Aged Riverdale	Uncategorized	<										
Terence Cardinal Cooke Hcc	Uncategorized	<										



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts		2	- : :	- ,	- - -	- - - ::	:		: _
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Night And Day Medical Associates Pc	Uncategorized	<									
Dana Wedin	Uncategorized	~	<	<	<	<	<	<	<		<
Episc Mis Soc Metro N (1966)	Uncategorized	~									
Greenwich House	Uncategorized	~									
Queens Coordinated Care Partners LI	Uncategorized	~	<			<	<		<		
Trans Care New York Inc	Uncategorized	~									
Astor Home For Children Fbt	Uncategorized	~									
Weston United Comm Renewal	Uncategorized	<									
Davis Ayers	Uncategorized	~	<	<	<	<	<	<	<		<
Arms Acres	Uncategorized	~			<	<					
Metropolitan Medical Transportation Ipa Llc	Uncategorized	<									
Mickie Hoffman	Uncategorized	<	<	<	<	<	<	<	ζ.		<
Zeneida Disla-Thorne	Uncategorized	<	<	ζ.	<	ζ.	<	<	ζ.		<
Uptown Healthcare Management Inc?	Uncategorized	<			<	<					
Arms Acres	Uncategorized	<			<	<					
Conifer Park	Uncategorized	<			<	<					
Areba Casriel Institute	Uncategorized	<									
Fortune Society Inc, The	Uncategorized	<									
Fedcap Rehabilitation Services Inc	Uncategorized	<									
Innocentia Gidi	Uncategorized	<	<	<	<	<	<	<	<		<
Yanira Colon	Uncategorized	<	<	<	<	<	<	<	<		<
Merily Mclaughlin	Uncategorized	<									
Welisane Bebe	Uncategorized	<	<	<	<	<	<	<	<		<
Fazili, Nighat	Uncategorized	<									
Cruz Doris	Uncategorized										
Mount Sinai Hospital	Uncategorized	<									
Bronx Lebanon Hosp Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Newtown Dialysis Center Inc	Uncategorized	<									
Bronx Psychiatric Center?	Uncategorized	<									
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Jewish Guild For The Blind Dt	Uncategorized	<									

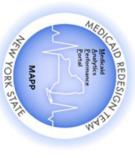


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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Morningside House Nh Lthhcp	Uncategorized	<									
Kings Harbor Dialysis Ctr	Uncategorized	<									
Episcopal Social Services	Uncategorized	<									
Mzl Home Care Agency	Uncategorized	<									
Namratha Thikkavara	Uncategorized	<	<	<	<	<	<	<	<		<
Seniorcare Emergency Medical Servic	Uncategorized	<									
Marilyn Fabio	Uncategorized	<	<	~	<	<	<	<	<		<
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Professional Svc 7th Ave Icf	Uncategorized	<									
Psch, Inc.	Uncategorized	<									
Specialty Care Pharmacy Inc	Uncategorized	<									
Jewish Board Of Fmly&Child Sv	Uncategorized	<									
Starlight Ambulette Inc.	Uncategorized	<									
Ortiz Mary Ms.	Uncategorized	<	<	<	<	<	<	<	<		<
Paula Gorney	Uncategorized	<	<	<	<	<	<	<	<		<
Venus Kan	Uncategorized	<			<						
The Floating Hospital, Inc.	Uncategorized	<									
Nicky Shah	Uncategorized	<	<	<	<	<	<	<	<		<
Inpatient Hospitalist Services Of N	Uncategorized	<									
Dash Car Service Corp	Uncategorized	<									
Harmony At 154th, Inc	Uncategorized	<									
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Act	Uncategorized	<	<	<	<	<	<	<	<		<
Phyllis Hogan	Uncategorized	<			<						
National Association On Drug Abuse	Uncategorized	<									
The Mount Sinai Hospital?	Uncategorized	<									
Ava Ambulette Corp.	Uncategorized	<									
Addicts Rehabilitation Center Fund Inc	Uncategorized	<									
Psch, Inc.	Uncategorized	<									
Christian Ambulette Inc.	Uncategorized	<									
American Dental Offices	Uncategorized	<									<



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Bronx Lebanon Hospital Center (PPS ID:27)

All Med And Rehabilitation Of New Yourk Distinguished Diagnostic Imaging Wanda Marquez Bronx Lebanon Hospital Center? William Breland	Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
All Med And Rehabilitation Of New Yourk Distinguished Diagnostic Imaging Wanda Marquez Bronx Lebanon Hospital Center? William Breland	Uncategorized Uncategorized Uncategorized Uncategorized	< < <	<u> </u>	<	<						
Distinguished Diagnostic Imaging Wanda Marquez Bronx Lebanon Hospital Center? William Breland	Uncategorized Uncategorized Uncategorized	< <	<	<	<						
Wanda Marquez Bronx Lebanon Hospital Center? William Breland	Uncategorized Uncategorized	<	<	<	\						
Bronx Lebanon Hospital Center? William Breland	Uncategorized					<	<	<	<		<
William Breland		<	<	<	<	<	<	<	<		<
	Uncategorized	ζ.									
Pelham Pkwy Nrs Cr & Reh Ctr	Uncategorized	<									
Michael Callen-Audre Lrde Chc	Uncategorized	ζ.									
Floating Hospital	Uncategorized	<									
Psch, Inc.	Uncategorized	<									
Professional Svc 195 Place	Uncategorized	<									
Community Healthcare Network Inc?	Uncategorized	<	<			<	<		<		
Jasacare	Uncategorized	<									
Ruth Kaufman	Uncategorized	<	<	<	<	<	<	<	<		<
Adventus Health Solutions, Inc.	Uncategorized	<									
Yellowstone Transportation, Inc.	Uncategorized	<									
Debbie Barcelona	Uncategorized	ζ.	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital Center	Uncategorized	<	<	<	<	<	<	<	<		<
Sinai I. Inc., D/B/A Sinai Van Service	Uncategorized	<									
All Metro Home Care Services Of New	Uncategorized	ζ.									
Episc Mis Soc Morris Ave Icf	Uncategorized	<									
Principal Transportation Services, Inc.	Uncategorized	<									
Morningside House Nursing Home Company, Inc.	Uncategorized	ζ.									
Hebrew Hospital Home Inc	Uncategorized	ζ.									
New York Neuro And Rehab Ctr	Uncategorized	<			<	<					
Jeffrey Berman	Uncategorized	ζ.	ζ.	<	ζ.	<	<	<	<		<
Professional Svc Scannell Icf	Uncategorized	ζ.									
Myoung Kim	Uncategorized	<									
Xeron Clinical Laboratories, Inc	Uncategorized	ζ.									
Park Plaza Pharma Inc	Uncategorized	ζ.									
Carolee Reagan	Uncategorized	<									
Integrated Medical Professionals PI	Uncategorized	<									

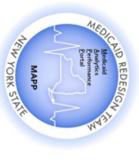


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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Conifer Park	Uncategorized	<			<	<					
Eac Inc	Uncategorized	<									
Bronx Psychiatric Center?	Uncategorized	<									
Jean Joseph Desir	Uncategorized	<	<	<	<	<	<	<	<		<
Help/Psi Aids Adhcp	Uncategorized	<	<	<		ζ.	<				<
Alliance Home Services,Inc	Uncategorized	<									
Awilda Santiago	Uncategorized	<	<	<	<	<	<	<	<		<
Help/Psi	Uncategorized	<	<	<		<	<				<
Julianne Saitta	Uncategorized	<									
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Conifer Park	Uncategorized	<			<	<					
Professional Svc 117th St Icf	Uncategorized	<									
Gregory Corley, Msw	Uncategorized	<									
Jeff Cohen	Uncategorized	<	<	<	<	<	<	<	<		<
Judelca Pichardo	Uncategorized	<	<	<	<	<	<	<	<		<
Medical House Calls	Uncategorized	<			<						
Conifer Park	Uncategorized	<			<	<					
Elvira Rella	Uncategorized	<	<	<	<	<	<	<	<		<
Conifer Park	Uncategorized	<			<	<					
Jessica Ziel	Uncategorized	<	<	<	<	<	<	<	<		<
Alicia Flynn	Uncategorized	<	<	<	<	<	<	<	<		<
Community Care Management Partners	Uncategorized	<	<		<						
Julia Grassl	Uncategorized	<									
Koichi Togawa	Uncategorized	<									
Manhattan Rx Llc	Uncategorized	<									
Clarkson Kaleena	Uncategorized										
Ambulatory Surgery Ctr Of Gny	Uncategorized	ζ.									
Bronx Center Rehab & Hlth Car	Uncategorized	<									
Diane Transportation, Inc.	Uncategorized	<									
New York Foundling Hospital	Uncategorized	<									
Workmens Circle Dialysis Center Inc	Uncategorized	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

Provider Name	Provider Category 2	2ai	2.a.iii	2.b.i	2-b-iv	ယ ည 	3.c.i	ა ი ≕	သ fi	4 a ≡	4 c ii	
Dr Martin Luther King Jr Health Center Inc?	Uncategorized	<	<	<	<	<	<	<	<		<	
Comunilife	Uncategorized	<			<							
Regeis Care Center	Uncategorized	ζ.										
New York Neuro And Rehab Ctr	Uncategorized	<			<	ζ.						
Westchester Ambulette Service	Uncategorized	<										
Accentcare Of New York Inc	Uncategorized	<										
Janifer Wilson	Uncategorized	<	<	<	<	<	<	<	<		<	
Psch Inc Mh	Uncategorized	~										
Soo-II Lee	Uncategorized	<	<	<	<	<	<	<	<		<	
Abbott House Inc	Uncategorized	<										
The Mount Sinai Hospital?	Uncategorized	<										
Addiction Research & Trtmnt C	Uncategorized	<										
Ss Pharma Inc	Uncategorized	<										
27 Audubon Pharmacy Corp	Uncategorized	<										
Star Pharma Inc	Uncategorized	<										
Manhattan Ambulette, Inc.	Uncategorized	<										
Perez Alexandra	Uncategorized											
Premier Home Health Care Services, Inc.	Uncategorized	<			<							
Bronx Parents Housing Network, Inc.	Uncategorized	<										
Calvary Hha & Hospice Care	Uncategorized	<										
Comprehensive Geriatric Medicine Pc	Uncategorized	<			<							
New York Service Network Inc	Uncategorized	<										
The Mount Sinai Hospital?	Uncategorized	<										
The Mount Sinai Hospital?	Uncategorized	<										
Comunilife	Uncategorized	<			<							
Renaissance Adult Day Care Services- 787 East Llc	Uncategorized	<					<					
Psch, Inc.	Uncategorized	<										
Psch, Inc.	Uncategorized	<										
Ronald Howard	Uncategorized	<	<	<	<	<	<	<	<		<	
Adam Staub	Uncategorized	<	<	<	<	<	<	<	<		<	
Leslie Paredes	Uncategorized	<	<	<	<	<	<	<	<		<	



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Bronx Lebanon Hospital Center (PPS ID:27)

								<		Uncategorized	Shiva Ambulette Service, Inc
	ζ		<	<			<	<		Uncategorized	Community Healthcare Network, Inc. Community League Health Center
								<		Uncategorized	Concourse Rehab & Nc Inc
								<		Uncategorized	Elderserve Long Term Hlth Car
<	<	<	<	ζ.	<	<	<	<		Uncategorized	Allison Arce
								<		Uncategorized	Little Flower Child Sv Brookl
<	<	<	<	<	<	<	<	<		Uncategorized	Bronx Lebanon Hospital?
<	<	<	<	ζ.	<	<	<	<		Uncategorized	Nada Khodi
<	<	<	<	ζ.	<	<	<	<		Uncategorized	Sabrina Smith
								<		Uncategorized	The Mount Sinai Hospital?
			<					<		Uncategorized	Project Samaritan HIth Svcs I
								<		Uncategorized	Professional Svc Butler St
				<	<			<		Uncategorized	Arms Acres
								<		Uncategorized	Nilam Wadhvania
<	<	<	<	<	<	<	<	<		Uncategorized	Mariel D. Negron, Lmsw
								<		Uncategorized	Little Flower Children And Family Services Of Ny
								<		Uncategorized	All Med & Rehab Of New York
								<		Uncategorized	Psch, Inc.
								<		Uncategorized	Hebrew Hospital Home Of Westchester
				<	<			<		Uncategorized	Arms Acres
<	<	<	<	<	<	<	<	<		Uncategorized	Owen Tawdeen
<	<	<	<	<	<	<	<	<		Uncategorized	Steven Rosenblatt
<	<	<	<	<	<	<	<	<		Uncategorized	Jacqueline Jordan
								<		Uncategorized	Concern For Mental Health Inc
								<		Uncategorized	Upper Room Aids Ministry Aadc
								<		Uncategorized	Calvary Hospital Inc
								<		Uncategorized	Mount Sinai Hospital
								<		Uncategorized	Morningside House Nh Lthhcp
										Uncategorized	Chusan Gina
								<		Uncategorized	Lindsay Barton, Mhc
				<	<			<		Uncategorized	Uptown Healthcare Management Inc?
4.a.iii 4.c.ii	3.f.i 4.	3.d.ii	3.c.i	3.a.i	2.b.iv	2.b.i	2.a.iii	2.a.i	yory	Provider Category	Provider Name
								Ś	Participating in Projects		

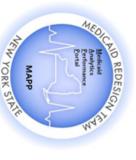


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Medicine Center Rx Llc	Uncategorized	<										
God'S Love We Deliver, Inc.	Uncategorized	<			<		<					
Angel Polanco	Uncategorized	<	<	ζ.	ζ.	ζ.	<	ζ	ζ		<	
Urban Health Plan	Uncategorized	<	<	<	ζ.	ζ.	<	<	〈		<	
Welchert Sarah	Uncategorized											
Jacobs Mary	Uncategorized											
Selfhelp Special Fam Hc Inc	Uncategorized	<			<							
Geel Community Services, Inc.	Uncategorized	<										
Community Healthcare Network	Uncategorized	<	<			<	<		<			
Andres Ramos-Rivera	Uncategorized	<	<	<	<	<	<	<	<		<	
Elba Contreras	Uncategorized	<	<	<	<	<	<	<	<		<	
Psch Inc	Uncategorized	<										
Nicole Dorcas Winn	Uncategorized	<			<							
Michelle Chang	Uncategorized	<			<							
Kings Bridge Optometric Eye	Uncategorized	<										
Psch, Inc.	Uncategorized	<										
Arms Acres	Uncategorized	<			<	<						
Jefferson Pharma Llc	Uncategorized	<										
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<	
Uptown Healthcare Management Inc.?	Uncategorized	<			<	<						
Cassandra Rabago-Reyes	Uncategorized	<	<	<	<	<	<	<	<		<	
David Turner	Uncategorized	<										
Guillen Marcelino	Uncategorized											
Community Healthcare Network, Inc. Cabs Health Center	Uncategorized	<	<			<	<		<			
Elizabeth Seton Ped Ctr Lthhc	Uncategorized	<										
Little Flower Children And Family Services Of Ny	Uncategorized	<										
The Pac Program Of The Bronx Inc	Uncategorized	<										
Professional Svc Ctr Handicap	Uncategorized	<										
Amazing Home Care Services, Llc	Uncategorized	<										
A A B R Grand Ave Icf	Uncategorized	<										
Harbor Apothecary Inc	Uncategorized	<										



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Mohammad Ahmed	Uncategorized	<	<	<	<	<	<	<	<		<
Project Samaritan Hlth Svcs I	Uncategorized	<					<				
Health Acquisition Corp.	Uncategorized	<									
Joan Avedisian	Uncategorized	<	<	<	<	<	<	<	<		<
Tracy Towers Medical Pc	Uncategorized	<	<				ζ.				
Sevgi Ercan	Uncategorized	<			<						
Visiting Nurse Service Of New York Home Care?	Uncategorized	<			<				<		
Bridge Back To Life Ctr Inc	Uncategorized	<									
Vnsny Community Health Services	Uncategorized	<			<				<		
Comunilife Mental Health CI	Uncategorized	<			<						
Centerlight Healthcare, Inc	Uncategorized	<									
Bronx Psychiatric Center- Behavioral Health Community Clinic	Uncategorized	<									
Crosstown Livery, Llc D/B/A Village Car Service	Uncategorized	<									
Martin Luther King Hlth Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Barbara Richardson	Uncategorized	<	<	<	<	<	<	<	<		<
Mclean Leanne	Uncategorized										
Calvary Hospital Inc?	Uncategorized	<									
Conifer Park	Uncategorized	<			<	<					
Kingsbridge Hghts Nh Lthhcp	Uncategorized	<									
Bronx Lebanon Hosp Center	Uncategorized	<	<	ζ.	<	<	<	<	<		<
Charles Dixon	Uncategorized	<	<	<	<	<	<	<	<		<
Eac/Tasc Mental Health Court Program	Uncategorized	<									
The Bronx Lebanon Hosp Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Psch, Inc.	Uncategorized	<									
Veritas Therapeutic Communit	Uncategorized	<									
Fegs Bronx Evander Article 31 Clinic	Uncategorized	<									
Little Flower Child Sv lcf#2	Uncategorized	<									
Doj Dialysis Center Corp	Uncategorized	<									
Marisol Orozco	Uncategorized	<			<						
Astor Services For Children And Families	Uncategorized	<									
Medalliance Medical Hith Svc	Uncategorized	<									

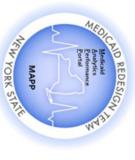


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Riverdale Mental HIth Cl	Uncategorized	<									
Pauline Linton	Uncategorized	<	<	<	<	<	<	<	<		<
Arms Acres	Uncategorized	<			<	<					
Mark Goodwin	Uncategorized	<									
Eac/Tasc Mental Health Court Program	Uncategorized	<									
Rodderick Morris, Casac-T	Uncategorized	<									
Singh Amy	Uncategorized										
Amato Pharmacy Inc	Uncategorized	<									
Urban Health Plan Inc	Uncategorized	<	~	<	<	<	<	<	<		<
Gcc Pharmacy Corp	Uncategorized	<									
Gilberto Amador	Uncategorized	<			<	<					
Astor Services For Children And Families	Uncategorized	<									
St Johns Riverside Hospital	Uncategorized	<									
Bronx-Lebanon Hosp Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Psch, Inc.	Uncategorized	<									
Nelson Vila	Uncategorized	<	<	<	<	<	<	<	<		<
Filomena Rosario	Uncategorized	<	<	<	<	<	<	<	<		<
Caremark Srx Inc	Uncategorized	<									
Grand Manor N & R Center	Uncategorized	<									
Assoc Rehab Cm & Housing Inc	Uncategorized	<									
Martin Luther King Hlth Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Uptown Healthcare Management Inc?	Uncategorized	<			<	<					
Uptown Healthcare Management Inc.?	Uncategorized	<			<	<					
Genia Rolon	Uncategorized	<									
Lexington Pharma Inc	Uncategorized	<									
Fegs Bronx Clinic Article 31 Clinic	Uncategorized	<									
New York Renal Associates Inc	Uncategorized	<									
Highbridge-Woodycrest Ctr.Inc	Uncategorized	<									
Lori Kanowitz	Uncategorized	ζ.	<	<	<	<	<	<	<		<
Pamela Jordan	Uncategorized	<	<	<	<	<	<	<	<		<
Psch, Inc.	Uncategorized	<									

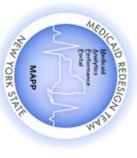


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Nina Laracuente	Uncategorized	~	~	<	<	<	<	<	<		<
Queens Optometric Care Pllc	Uncategorized	<									
Harlem United Com Aids Ctr Ai	Uncategorized	~									
Maggie Rourke	Uncategorized	<	<	>	<	<	<	<	<		<
Abbott House Inc	Uncategorized	<									
Shree Jee Surgical Supply Inc	Uncategorized	<	<				<				
Every Boro Ambulette Service Inc	Uncategorized	<									
Fegs Home Attending Services, Inc.	Uncategorized	~									
Catholic Managed Long Term Inc	Uncategorized	~									
Theradynamics Physical Rehabilitation	Uncategorized	~									
Bronx Lebanon Hospital?	Uncategorized	~	~	<	<	<	<	<	<		<
New York City Ambulette, Llc	Uncategorized	~									
Martin Luther King Hlth Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Mount Sinai Hospital	Uncategorized	~									
Leroy Pharmacy lii Llc	Uncategorized	~									
Total Care Pharmacy Inc	Uncategorized	~									
Able Health Care Serv Inc	Uncategorized	~									
Post Grad Cntr For Mental Hit	Uncategorized	~									
Bronx Lebanon Hospital?	Uncategorized	~	~	<	<	<	<	<	<		<
Agape Luxury Corp.	Uncategorized	~									
Mildred Maldonado	Uncategorized	~	~	<	<	<	<	<	<		<
Scriptrx Inc	Uncategorized	~									
Hebrew Hm For Aged Non Occ	Uncategorized	~									
Bronx Lebanon Spc	Uncategorized	~	~	<	<	<	<	<	<		<
Community Healthcare Network, Inc?	Uncategorized	<	<			<	<		<		
Bronx Psychiatric Center	Uncategorized	<									
Conifer Park	Uncategorized	<			<	<					
Amerigroup	Uncategorized	<									
Pet-Ct Diagnostic Imaging	Uncategorized	<									
First Alert Ambulette Corp	Uncategorized	<									
4290 Washington Heights Dental	Uncategorized	<									

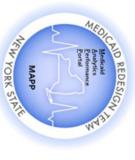


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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts				-					
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Cornachio, Andrea (Lmsw)	Uncategorized	~									
New York Foundling Hospital, The	Uncategorized	~									
Gladys Bass	Uncategorized	~									
Arms Acres	Uncategorized	~			<	<					
Bronx Lebanon Hospital?	Uncategorized	~	<	<	ζ.	<	<	<	<		<
Urban Health Plan	Uncategorized	~	<	<	<	<	<	<	<		<
96th Street Rx Corp.	Uncategorized	~									
Jeanne Severe	Uncategorized	~			<						
Total Care Pharmacy Bx Inc	Uncategorized	<									
Galaxy Transportation, Inc.	Uncategorized	~									
Argus Community Inc Ai	Uncategorized	<									<
Dione Rabago	Uncategorized	<	<	ζ.	<	<	<	<	<		<
Psch, Inc.	Uncategorized	<									
Shirley Brothers	Uncategorized	<	<	<	<	<	<	<	<		<
Richard Mckee	Uncategorized	<									
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Mount Sinai Hospital	Uncategorized	<									
Randy Outlaw	Uncategorized	<									
Cah Skip Of New York Inc	Uncategorized	<									
Tammie Brodie	Uncategorized	<			<						
Bronx Aids Service Ai	Uncategorized	<	<					<			<
New York Neuro & Rehab Ctr Amb Surg	Uncategorized	~			<	<					
Rem Transportation, Inc.	Uncategorized	<									
Priority One Ambulance Inc	Uncategorized	<									
Elbrus Ambulette, Inc.	Uncategorized	<									
Bronx-Lebanon Hospital Center	Uncategorized	<	<	ζ.	<	<	<	<	<		<
Debora Gaskin	Uncategorized	<									
Sols 4 Pharmacy Inc	Uncategorized	<									
Samantha Elhyani	Uncategorized	<	<	ζ.	<	<	<	<	<		<
Richmond County Ambulance Service, Inc.	Uncategorized	<									
2355 2nd Ave Corp	Uncategorized	<									

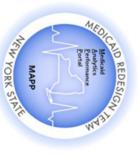


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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Jolin Rx Inc	Uncategorized	<									
Affinity Health Plan	Uncategorized	<									
Nino Taga-Oc	Uncategorized	ζ.	<	ζ.	<	<	<	<	<		<
Carolyn O'Neal, Lmsw	Uncategorized	<	<	<	<	<	<	<	<		<
Vida Family Services Inc	Uncategorized	<									
Jewish Board Family Child A	Uncategorized	<									
Kummel, Patricia	Uncategorized	<									
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	<	<	<	<		<
Uptown Healthcare Management, Inc.?	Uncategorized	<			<	<					
Traceyann Baxter	Uncategorized	<			<	<					
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Verniece Fulford Green	Uncategorized	ζ.									
Allena M Constable	Uncategorized	<			<						
Namjouyan, Aziz	Uncategorized	<									
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Federation Emplmt/Guid Svc	Uncategorized	<									
Bronx Lebanon Hospital Center?	Uncategorized	<	<	<	<	<	<	<	<		<
Daughters Of Jacob Adult Day Care Program?	Uncategorized	<									
Selfhelp Community Services, Inc.	Uncategorized	<			<						
Community Healthcare Network, Inc. Downtown Health Center	Uncategorized	<	<			<	<		<		
Ny Eye Surgery Assoc Pc	Uncategorized	<									
Mark Boyd	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Psychiatric Center?	Uncategorized	<									
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	<	<	<	<		<
Alta Medical Transportation, Inc	Uncategorized	<									
Martin Luther King Hlth Ctr	Uncategorized	<	<	<	<	<	<	<	<		<
Rosa Nunez	Uncategorized	<	<	<	<	<	<	<	<		<
Institute For Community Lving	Uncategorized	ζ.									
Bronx Pc Act	Uncategorized	<									

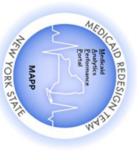


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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Action Ambulette Inc.	Uncategorized	<									
Argus Community, Inc	Uncategorized	<									<
Delfenic Enterprises, Inc.	Uncategorized	ζ.									
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Grant Pharma Inc	Uncategorized	<									
Bronx Lebanon Hospital Center?	Uncategorized	<	<	<	<	<	<	<	<		<
Beth Abraham Health Services	Uncategorized	<									
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Premier Nursing Services	Uncategorized	<			<						
Morris Park Nursing Home	Uncategorized	<									
Best Choice Home Health Care, Inc.	Uncategorized	<									
Greenwich House Inc Ai	Uncategorized	<									
Alma Villegas-Schwalbenbe	Uncategorized	<	<	<	<	<	<	<	<		<
Renaissance Home Care	Uncategorized	<					<				
Asian & Pacific I C Hiv/Aids	Uncategorized	<									
Abbott House	Uncategorized	ζ.									
Cecilia Lorraine Jordan	Uncategorized	<			<						
New Alternatives For Children, Inc. (Nac)	Uncategorized	<									
Conifer Park	Uncategorized	ζ.			<	<					
Rupal Daulat	Uncategorized	<	<	<	<	<	<	<	<		<
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Argus Community Inc	Uncategorized	ζ.									<
Blauner David	Uncategorized										
The Floating Hospital, Inc.	Uncategorized	<									
Tri County Ambulette Service, Inc.	Uncategorized	ζ.									
Success Counseling Svcs Inc	Uncategorized	ζ.									
Osborne Treatment Services	Uncategorized	<									
Agewell New York, Llc	Uncategorized	<									
Ivana Klaric	Uncategorized	ζ.	<	ζ.	<	<	ζ.	<	<		<
Martin Luther King Hlth Ctr	Uncategorized	ζ.	<	ζ.	<	<	<	<	<		<
TRICenter Inc	Uncategorized	<									

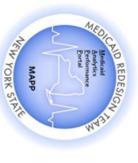


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Hemant Patel Md Pc	Uncategorized	<	<				<				
Little Flower Children And Family Services Of Ny	Uncategorized	<									
University Consultation Ct Mh	Uncategorized	~									
Lauren Pallies	Uncategorized	<									
Bronx Jewish Community Council -Home Attendant Services Inc	Uncategorized	<									
Uptown Healthcare Management Inc.?	Uncategorized	<			<	<					
Faith Cohen	Uncategorized	<									
Lea Brener	Uncategorized	<			<						
Sherri Stewart	Uncategorized	~	~	<	<	<	<	<	<		<
A A B R Tiebout Ave Icf	Uncategorized	~									
Central Pharmacy Group Inc	Uncategorized	~									
Episc Mis Soc Metro N (1956)	Uncategorized	<									
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Amida Care	Uncategorized	<									
Saint Dominic'S Home	Uncategorized	<									
Terrace Health Care Center	Uncategorized	~									
Little Flower Children And Family Services Of Ny	Uncategorized	~									
Edison Home Health Care	Uncategorized	<									
Abbott House Inc	Uncategorized	ζ.									
Psch, Inc.	Uncategorized	<									
Elena Frish	Uncategorized	~			<						
Priority Home Care, Inc	Uncategorized	<			<						
Methodist Church Home For The	Uncategorized	~									
Lindenwood Rx Center Inc	Uncategorized	<									
A A B R 178-22 Linden Blvd	Uncategorized	<									
Independence Res Park Ln Icf	Uncategorized	<									
Dorothy Golden	Uncategorized	<	<	<	<	<	<	<	<		<
Hebrew Home For The Aged At Riverdale?	Uncategorized	<									
Goodwill Industries Act Rc	Uncategorized	<									
Bronx Lebanon Hospital?	Uncategorized	ζ.	<	<	<	<	<	<	<		<
Evers Rx Inc	Uncategorized	<									

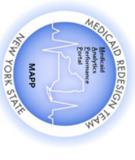


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects										
Provider Name	Provider Category 2.a.i	a.i 2.a.iii	.iii 2.b.i	o.i 2.b.iv	.iv 3.a.i	a.i 3.c.i		3.d.ii	3.f.i 4.	4.a.iii 4	4.c.ii
Paula Campbell	Uncategorized			<							
Partida Diana	Uncategorized										
Casa Promesa Rhcf Inc Snf	Uncategorized										
Rebekah Reh & Extended Care Center	Uncategorized										
Community Healthcare Network, Inc. Mobile	Uncategorized	\ <			<	` <			<		
Postgraduate Ctr Mental Hith	Uncategorized										
Empire St Hm Care Ser Lthhcp	Uncategorized										
University Nursing Home Snf	Uncategorized										
Lower West Side Household Svc	Uncategorized										
Community Healthcare Network Inc	Uncategorized	<			<	· ·			<		
Liberty Behavioral Management, Corp.	Uncategorized			<	\ <						
Dynneil Cooley	Uncategorized	` `	` <	<	` '		<	<	<		<
Lloyd Snead, Casac	Uncategorized										
Bronx Lebanon Hospital?	Uncategorized	<	` <	< <	<	\ <		<	<		<
Argus Community Inc	Uncategorized										<
Susan Leung-Yuen	Uncategorized	` `	` `	\	\ <		<	<	<		<
Renaissance Adult Day Care Services- Bedford Llc	Uncategorized					<					
Kmn Pharmacy Corp	Uncategorized										
Manhattanville HIth Care Ctr	Uncategorized										
Gold Crest Care Center	Uncategorized										
Dominican Sister Family Healt	Uncategorized	` `		<			,	<	<		
Yvonne Yaw-Dabady	Uncategorized	\ <	\ \ \	<	<	<		<	<		<
Weston United Comm Renewal Mh	Uncategorized										
Jewish Board Family Child B	Uncategorized										
Deborah Osborne-Levy	Uncategorized										
The Floating Hospital, Inc.	Uncategorized										
Selfhelp Community Services Home Attendent Corporation	Uncategorized			<							
The Bridge Inc Mh	Uncategorized										
Pibly Residential Programs	Uncategorized										
Three Graces Medical Practice Pllc	Uncategorized	N .									
Urban Health Plan	Uncategorized	<	` <	<	<	< <		<	<		<



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DSRIP Implementation Plan Project

Bronx Lebanon Hospital Center (PPS ID:27)

	-	Č									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i 4	4.a.iii 4	4.c.ii
Angelo Illuzzi	Uncategorized	<									
Cardinal Mccloskey Community Services	Uncategorized	<									
Psch, Inc.	Uncategorized	<									
Maritza Caldwell	Uncategorized	<	<	<	<	<	<	<	<		〈
Everett Miller	Uncategorized	<									
United Odd Fellow/Rebekah Hm Lthhcp	Uncategorized	<									
Sherri Lovitt	Uncategorized	<			<	<					
Nancy Sheehan	Uncategorized	<									
Bronx Lebanon Nephrology Pllc	Uncategorized	<	<	<	<	<	<	<	<		<
Tina Johnson	Uncategorized	<			<						
Deborah Greene Msw, Casac	Uncategorized	<									
Bright Pharma Inc	Uncategorized	<									
Harlem Medical Group P C	Uncategorized	<	<				<				
Astor Services For Children And Families	Uncategorized	<									
The Floating Hospital, Inc.	Uncategorized	<									
Bronx Lebanon Hospital Center?	Uncategorized	<	<	<	<	<	<	<	<		<
Agewell New York, Llc	Uncategorized	<									
Hhh Home Care, Inc	Uncategorized	<									
Jewish Asso For Svcs For The Aged	Uncategorized	<									
Unique People Svcs Vyse Ave	Uncategorized	<	<		<						
Khilanani,Aruna	Uncategorized	<			<				<		
Medalliance Medical Health Services	Uncategorized	<									
Yhan Cho, Msw	Uncategorized	<									
Citywide Mobile Response Corp	Uncategorized	<									
Bronx Lebanon Hospital Center-Pathology?	Uncategorized	<	<	<	<	<	<	<	<		<
Bluehaven Confidential Counseling And Psychotheraphy Services	Uncategorized	<									
Alexandara Masciotti	Uncategorized	<									
Excellent Home Care Svs Llc	Uncategorized	<									
Andrew Campbell	Uncategorized	<	<	<	<	<	<	<	<		<
Vocational Inst Proj Comm Svc	Uncategorized	<	<	<	<	<	<				<
Professional Svc 149th St Icf	Uncategorized	<									

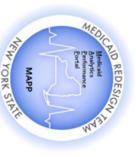


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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Little Flower Children And Family Services Of Ny	Uncategorized	〈									
Marie Carstens	Uncategorized	<	<	ζ.	<	ζ.	<	<	<		<
Help/Psi, Inc.	Uncategorized	<	<	ζ.		<	<				<
Melody Perlberg	Uncategorized	<									
William Sczewzcuk, Casac	Uncategorized	<									
Yekaterina Horlina	Uncategorized	<									
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Federation Employment And Guidance Service, Inc.	Uncategorized	<									
Andy Benejam	Uncategorized	<	<	<	<	<	<	<	<		<
Jennifer Melendez	Uncategorized	<	<	~	<	<	<	<	<		<
All Med & Rehab Of New York	Uncategorized	<									
Rtf Jewish Board Ittleson Ctr	Uncategorized	<									
Uptown Healthcare Management Inc	Uncategorized	<			<	<					
Hemant Patel Physicians Pllc	Uncategorized	<	<				<				
New York Psychot And Couns Ct	Uncategorized	<									
Morningside House Non Occ	Uncategorized	<									
Edgardo De Guzman	Uncategorized	<	<	<	<	<	<	<	<		<
Kenneth Shaw	Uncategorized	<									
Allen Management Company, Llc C/O Executive Charge, Inc.	Uncategorized	<									
Deborah Thompson-Dougherty	Uncategorized	<	<	<	<	<	<	<	<		<
Fed Empl & Gld Ser Mr Mh	Uncategorized	<									
Alpine Home Health Care Llc	Uncategorized	<									
Brenda Fadeyibi	Uncategorized	<	<	<	<	<	<	<	<		<
Wills, Orly	Uncategorized	<									
Liza Ruiz	Uncategorized	<	<	<	<	<	<	<	<		<
Negron Kevin Mr.	Uncategorized	<	<	<	<	<	<	<	<		<
Williamsbridge Manor Nh	Uncategorized	<									
Emergacare Ny Lic	Uncategorized	<									
University Diagnostic Medical Imag	Uncategorized	<									
Fegs Bronx Riverdale Manor Article 31 Clinic	Uncategorized	<									
Brendon Ormsby	Uncategorized	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	ťs									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Center For Alt Sentencing Rc	Uncategorized	<									
Jacqueline Adrian	Uncategorized	<	<	<	<	<	<	<	<		<
Healthfirst	Uncategorized	<									
Mount Sinai Hospital	Uncategorized	<									
Professional Svc Ctr Handicap	Uncategorized	ζ									
Calvary Hospital And Hospice	Uncategorized	<									
Centerlight Healthcare, Inc.	Uncategorized	ζ									
Argus Community Inc	Uncategorized	<									<
Lois Brenner	Uncategorized	ζ			ζ	〈					
Kirby Manhattan Psychiatric Center	Uncategorized	<									
Coling Ambulette Service, Inc.	Uncategorized	<									
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Jacqueline Mckayle, Casac-T	Uncategorized	<									
The Floating Hospital, Inc.	Uncategorized	<									
Center For Alternative Sentencing A	Uncategorized	<									
FEGS	Uncategorized	<									
Camelot Of Staten Island,Inc	Uncategorized	<									
Nancy Lee	Uncategorized	<	<	<	<	<	<	<	<		<
Ny Foundling	Uncategorized	<									
Grand Manor Nursing Home	Uncategorized	<									
Kings Harbor Multicare Center	Uncategorized	<									
Split Rock Reh & Hith Car Ctr	Uncategorized	<									
Community Hithcare Network Ai	Uncategorized	<	<			<	<		<		
Community Healthcare Network, Inc. Long Island City Health Center	Uncategorized	<	<			<	<		<		
Ascona Ambulette Service, Inc.	Uncategorized	<									
Comprehensive Medical Eye Care	Uncategorized	<									
Care For The Homeless	Uncategorized	<									
Able Health Care Service	Uncategorized	<									
Ali, Fayez	Uncategorized	<									
Yvonne Davis	Uncategorized	<	<	<	<	<	<	<	<		<
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<



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Bronx Lebanon Hospital Center (PPS ID:27)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii
Episcopal Social Services	Uncategorized	<									
Urban Health Plan	Uncategorized	<	<	<	<	<	<	<	<		<
Conifer Park	Uncategorized	<			<	<					
The Center For Family Support	Uncategorized	<									
Health Ind Resources Ent Inc	Uncategorized	<			<						
Jewish Bd Fam/Child Svcs Mh	Uncategorized	<									
Episcopal Social Services	Uncategorized	<									
Ann Levine	Uncategorized	<			<						
Dwight Christian	Uncategorized	<									
Walker-Mainor April	Uncategorized										
Riverdale Mental HIth Cl	Uncategorized	<									
Edwin Gould Srv Chldrn Folkes	Uncategorized	<									
Urban Health Plan Inc	Uncategorized	<	<	<	<	<	<	<	<		<
Bronx Lebanon Hospital?	Uncategorized	<	<	<	<	<	<	<	<		<
Nixzaliz Rojas	Uncategorized	<									
James Owens	Uncategorized	<									
Mugdha Khambete	Uncategorized	<	<	<	<	<	<	<	<		<
Espinal Shani	Uncategorized										
Williams Carla	Uncategorized										
First Care Of New York, Inc.	Uncategorized	<			<						
Nxk Corp., D/B/A Ambu-Trans Ambulette	Uncategorized	<									
Gay Mens Hith Crisis Aids Ai	Uncategorized	<									
Beth Zetlin	Uncategorized	<	<	<	<	<	<	<	<		<
Phoenix Houses Of New York Inc	Home and Community Based Services										
St Christopher-Ottilie Mh	Home and Community Based Services	<									
Citizens Advice Bureau Ai	Home and Community Based Services	<			<			<			<
Palladia Inc	Home and Community Based Services	<									
Salvation Army Ai	Home and Community Based Services	<				<					<
Citizens Advice Bureau Ai	Home and Community Based Services	<			<			<			<
Palladia Inc	Home and Community Based Services	<									
Phoenix Houses Of New York Inc	Home and Community Based Services	<									



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Bronx Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Salety Net Floviders in Green	Salety Net Providers in Green											
Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Damon House New York Inc	Home and Community Based Services	~										
Bronx Lebanon Hospital Center	Home and Community Based Services	~	~	~	~	~	~	~	~		~	
Palladia Inc	Home and Community Based Services	~										
St Christopher-Ottilie Mh	Home and Community Based Services	~										
New York Harm Reduction Educators	Home and Community Based Services	~										
St. Ann'S Corner Of Harm Reduction	Home and Community Based Services	~										

Current File Uploads

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Narrative Text :