



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

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

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Millennium Collaborative Care (PPS ID:48)

Quarterly Report - Implementation Plan for Millennium Collaborative Care












Year and Quarter: DY2, Q4

Quarterly Report Status:  Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
2.b.iii	ED care triage for at-risk populations	 Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	 Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	 Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	 Completed
3.a.i	Integration of primary care and behavioral health services	 Completed
3.a.ii	Behavioral health community crisis stabilization services	 Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	 Completed
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	 Completed
4.a.i	Promote mental, emotional and behavioral (MEB) well-being in communities	 Completed
4.d.i	Reduce premature births	 Completed



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Millennium Collaborative Care (PPS ID:48)

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	30,318,631	32,309,696	52,248,833	46,266,142	30,318,631	191,461,931
Cost of Project Implementation & Administration	15,332,744	23,504,354	34,926,881	30,570,359	30,098,173	134,432,511
Implementation	9,814,656	19,047,633	30,461,057	26,233,423	25,631,736	111,188,505
Administration	5,518,088	4,456,721	4,465,824	4,336,936	4,466,437	23,244,006
Revenue Loss	0	0	0	0	0	0
Internal PPS Provider Bonus Payments	1,096,410	1,038,663	11,227,715	9,594,947	1,274,220	24,231,955
Cost of non-covered services	1,529,064	6,825,266	10,157,399	9,140,480	5,145,258	32,797,467
Other	0	0	0	0	0	0
Total Expenditures	17,958,218	31,368,283	56,311,995	49,305,786	36,517,651	191,461,933
Undistributed Revenue	12,360,413	941,413	0	0	0	0

Current File Uploads

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

Miscellaneous was eliminated to move Revenue loss to 20% of total budget to further assist hospital members.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
32,309,696	191,461,931	11,028,939	165,518,863

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	3,628,060	25,943,068	2,223,597	9.46%	108,489,443	80.70%
Implementation	974,096					
Administration	2,653,964					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	1,038,663	100.00%	24,231,955	100.00%
Cost of non-covered services	0	0	6,825,266	100.00%	32,797,467	100.00%
Other	0	0	0		0	
Total Expenditures	3,628,060	25,943,068				

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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Millennium Collaborative Care (PPS ID:48)

✔ 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	30,318,631	32,309,696	52,248,833	46,266,142	30,318,631	191,461,931
Practitioner - Primary Care Provider (PCP)	1,115,186	1,731,993	6,042,787	2,518,591	1,029,378	12,437,935
Practitioner - Non-Primary Care Provider (PCP)	205,331	235,348	1,507,201	1,459,010	1,167,422	4,574,312
Hospital	1,408,186	4,201,705	5,613,438	5,131,847	2,814,735	19,169,911
Clinic	0	370,464	555,518	499,877	351,798	1,777,657
Case Management / Health Home	7,037	13,083	2,810	1,447	596	24,973
Mental Health	479,742	1,066,778	2,377,416	2,154,070	1,687,540	7,765,546
Substance Abuse	34,860	104,579	69,719	69,719	69,719	348,596
Nursing Home	153,449	176,922	124,212	91,149	93,344	639,076
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	544,533	1,779,780	2,907,305	2,665,578	2,394,220	10,291,416
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	15,332,744	23,504,354	34,926,881	30,570,359	30,098,173	134,432,511
Total Funds Distributed	19,281,068	33,185,006	54,127,287	45,161,647	39,706,925	191,461,933
Undistributed Revenue	11,037,563	0	0	1,104,495	0	0

Current File Uploads

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No Records Found

Narrative Text :



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
32,309,696.00	191,461,931.00	13,154,590.52	167,415,982.21

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project										DY Adjusted Difference	Cumulative Difference	
						Projects Selected By PPS												
						2.a.i	2.b.iii	2.b.vi i	2.b.vi ii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i			4.d.i
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	1,731,993	12,437,935
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	235,348	4,574,312
Hospital	208,599	100.00%	3,130,562.41	100.00%	3,522,168.14	0	41.81	0	15.53	17.6	0	0	0	25.06	0	0	1,071,142.59	15,647,742.86
Clinic	45,365	100.00%	1,462,441	100.00%	1,512,441	0	0	0	0	0	0	0	0	100	0	0	0	265,216
Case Management / Health Home	0	0.00%	0	0.00%	81,364.88	0	0	0	0	0	0	0	0	0	0	0	13,083	0
Mental Health	0	0.00%	1,921,911	100.00%	1,923,589	0	0	0	0	0	0	0	0	0	0	0	0	5,841,957
Substance Abuse	0	0.00%	343,246	100.00%	343,246	0	0	0	0	0	0	0	0	0	0	0	0	5,350
Nursing Home	0	0.00%	889,118	100.00%	889,118	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	397,788	0.00%	0	0.00%	2,566,580.35	6.03	5.43	5.43	5.43	40.17	5.43	5.43	5.43	10.36	5.43	5.43	419,751.98	7,724,835.65
All Other	0	0.00%	1,268,553	100.00%	1,268,553	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	0	0.00%	0	0.00%	62.50	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	322,344	11.21%	36,129	6.05%	1,332,739.23													
PPS PMO	2,653,964	100.00%	7,543,381.18	100.00%	10,606,086.69												15,960,972.82	123,826,424.31
Total	3,628,060	81.15%	16,595,341.59	86.64%	24,045,948.79													



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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_BDGT_MDL14_OTH_DY2Q4_Funds_Flow_Additional_Providers_15905.xlsx	Detail on additional providers	06/23/2017 03:05 PM

Narrative Text :

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

Under the category of "Additional Providers," Millennium flowed funds to the following entities that do not appear in the PIT file correctly:

- Catholic Medical Partners/Community Partners of Western New York is a safety net PPS (category: CBO)
- Jericho Road is a safety net primary care provider (category: PCP)
- Kaleida is a safety net Article 28 network (category: hospital)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q4
Practitioner - Primary Care Provider (PCP)		0
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		0
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		208,599
Erie County Medical Ctr	Hospital	73,603
Olean General Hosp Main	Hospital	23,755
Niagara Falls Mem Med Ctr	Hospital	111,241
Clinic		45,365
Southern Tier Community Hlth	Clinic	45,365
Case Management / Health Home		0
	Case Management / Health Home	0
Mental Health		0
	Mental Health	0
Substance Abuse		0
	Substance Abuse	0
Nursing Home		0
	Nursing Home	0
Pharmacy		0
	Pharmacy	0
Hospice		0
	Hospice	0
Community Based Organizations		397,788
Erie Niagara Area Health Education Center Inc	Community Based Organizations	55,742
Lake Plains Community Care Network	Community Based Organizations	32,748
Buffalo Prenatal Perinatal Network	Community Based Organizations	19,605
Western New York Rural Area Health Education Center Inc	Community Based Organizations	184,253
The National Witness Project	Community Based Organizations	105,440

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q4
All Other		0
	All Other	0
Uncategorized		0
	Uncategorized	0



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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q4
Additional Providers			322,344
Catholic Medical Partners	Additional Providers	Approved	212,200
Jericho Road Community Health Center (Article 28)	Additional Providers	Approved	74,015
Kaleida Health (Article 28 Network)	Additional Providers	Approved	36,129



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✅ IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Distribute assessment of DSRIP project impacts (prepared in connection with current state financial assessments) to MCC partners along with an explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impacts of DSRIP projects.	Completed	1. Distribute assessment of DSRIP project impacts (prepared in connection with current state financial assessments) to MCC partners along with an explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impacts of DSRIP projects.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Complete preliminary PPS budget for administration, implementation, revenue loss, and cost of services not covered.	Completed	2. Complete preliminary PPS budget for administration, implementation, revenue loss, and cost of services not covered.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Review provider-level projections of DSRIP impacts and costs submitted by MCC providers. During provider-specific budget processes, develop preliminary-final provider-level budgets including completion of provider-specific funds flow plans.	Completed	3. Review provider-level projections of DSRIP impacts and costs submitted by MCC providers. During provider-specific budget processes, develop preliminary-final provider-level budgets including completion of provider-specific funds flow plans.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Review the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.	Completed	4. Review the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.	08/15/2015	12/31/2015	08/15/2015	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 5. Distribute funds flow approach and distribution plan to Finance Committee and MCC providers for review and input.	Completed	5. Distribute funds flow approach and distribution plan to Finance Committee and MCC providers for review and input.	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Amend plan to reflect input and obtain approval of plan by Finance Committee.	Completed	6. Amend plan to reflect input and obtain approval of plan by Finance Committee.	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Prepare PPS, provider, and project funds flow budgets based on budget review sessions with providers and submit said budgets to Finance Committee for approval. Incorporate these budgets into the Funds Flow Budget and Distribution Plan.	Completed	7. Prepare PPS, provider, and project funds flow budgets based on budget review sessions with providers and submit said budgets to Finance Committee for approval. Incorporate these budgets into the Funds Flow Budget and Distribution Plan.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Forward approved Funds Flow Budget and Distribution Plan to MCC partners and incorporate said plan and requirements to receive funds into MCC provider partner operating agreements.	Completed	8. Forward approved Funds Flow Budget and Distribution Plan to MCC partners and incorporate said plan and requirements to receive funds into MCC provider partner operating agreements.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Distribute Funds Flow Budget and Distribution Plan; schedule DSRIP period close requirements; and forward expected funds distribution schedule to MCC provider partners.	Completed	9. Distribute Funds Flow Budget and Distribution Plan; schedule DSRIP period close requirements; and forward expected funds distribution schedule to MCC provider partners.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Provide training sessions on Funds Flow Budget and Distribution Plan, related administrative requirements, schedules for reporting, and distribution of funds.	Completed	10. Provide training sessions on Funds Flow Budget and Distribution Plan, related administrative requirements, schedules for reporting, and distribution of funds.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found



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

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

✔ IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

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Millennium Collaborative Care (PPS ID:48)

✔ 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	6,919,361	6,919,361	6,919,361	6,919,360	6,919,360	34,596,803
Cost of Project Implementation & Administration	0	8,649,201	8,649,201	8,649,201	8,649,201	34,596,804
Administration	0	1,729,840	1,729,840	1,729,840	1,729,840	6,919,360
Implementation	0	6,919,361	6,919,361	6,919,361	6,919,361	27,677,444
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	8,649,201	8,649,201	8,649,201	8,649,201	34,596,804
Undistributed Revenue	6,919,361	0	0	0	0	0

Current File Uploads

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

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Millennium Collaborative Care (PPS ID:48)

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

Instructions :

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

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
6,919,361	34,596,803	6,919,361	34,596,803

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	0	8,649,201	100.00%	34,596,804	100.00%
Administration	0					
Implementation	0					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	0	0				

Current File Uploads

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

Narrative Text :



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :

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

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	6,919,361	6,919,361	6,919,361	6,919,360	6,919,360	34,596,803
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	1,297,380	1,297,380	1,297,380	1,297,380	5,189,520
Clinic	0	2,162,300	2,162,300	2,162,300	2,162,300	8,649,200
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	864,920	864,920	864,920	864,920	3,459,680
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	432,460	432,460	432,460	432,460	1,729,840
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	432,460	432,460	432,460	432,460	1,729,840
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	1,729,840	1,729,840	1,729,840	1,729,840	6,919,360
Total Funds Distributed	0	6,919,360	6,919,360	6,919,360	6,919,360	27,677,440
Undistributed Non-Waiver Revenue	6,919,361	1	1	0	0	6,919,363

Current File Uploads

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



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health
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Millennium Collaborative Care (PPS ID:48)

✔ IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.

Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

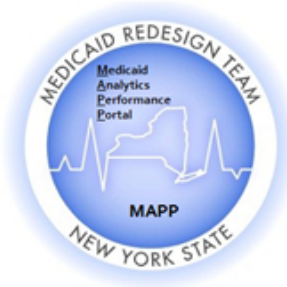
Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
6,919,361.00	34,596,803.00	6,919,361.00	34,596,803.00

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	1,297,380	5,189,520
Clinic	0	0.00%	0	0.00%	0	2,162,300	8,649,200
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	864,920	3,459,680
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	432,460	1,729,840
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	432,460	1,729,840
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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Millennium Collaborative Care (PPS ID:48)



Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	1,729,840	6,919,360
Total	0		0		0		

Current File Uploads

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

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q4
Practitioner - Primary Care Provider (PCP)		0
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		0
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		0
	Hospital	0
Clinic		0
	Clinic	0
Case Management / Health Home		0
	Case Management / Health Home	0
Mental Health		0
	Mental Health	0
Substance Abuse		0
	Substance Abuse	0
Nursing Home		0
	Nursing Home	0
Pharmacy		0
	Pharmacy	0
Hospice		0
	Hospice	0
Community Based Organizations		0
	Community Based Organizations	0
All Other		0
	All Other	0
Uncategorized		0
	Uncategorized	0



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

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



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IPQR Module 1.11 - IA Monitoring

Instructions :



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Section 02 – Governance

✅ IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Fill remaining open seats of the Board of Managers.	Completed	1. Fill remaining open seats of the Board of Managers.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Obtain Board of Managers approval of timetable for governance milestones, including identifying committees, populating committees, and finalizing committee charters.	Completed	2. Obtain Board of Managers approval of timetable for governance milestones, including identifying committees, populating committees, and finalizing committee charters.	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Finalize name, role, and reporting structure of each Committee (to be approved by Board of Managers).	Completed	3. Finalize name, role, and reporting structure of each Committee (to be approved by Board of Managers).	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Populate committees by taking nominations from Board members for committee membership, seeking outside expertise where necessary.	Completed	4. Populate committees by taking nominations from Board members for committee membership, seeking outside expertise where necessary.	05/15/2015	09/30/2015	05/15/2015	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	05/26/2015	12/31/2015	05/26/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the role, duties, and reporting structure of the Clinical/Quality Committee (to be memorialized in a Committee Charter).	Completed	1. Establish the role, duties, and reporting structure of the Clinical/Quality Committee (to be memorialized in a Committee Charter).	06/01/2015	09/30/2015	06/01/2015	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
memorialized in a Committee Charter).									
Task 2. Include behavioral health providers and administrators from across the region on the Clinical/Quality Committee and the Board of Managers.	Completed	2. Include behavioral health providers and administrators from across the region on the Clinical/Quality Committee and the Board of Managers.	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Use the "Voice of the Consumer" Sub-Committee as an advisory body.	Completed	3. Use the "Voice of the Consumer" Sub-Committee as an advisory body.	05/26/2015	09/30/2015	05/26/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. To ensure patient, family, and peer representation beyond an advisory role, assign one member of the "Voice of the Consumer" Sub-Committee to be a member of the Board of Managers (with voting rights).	Completed	4. To ensure patient, family, and peer representation beyond an advisory role, assign one member of the "Voice of the Consumer" Sub-Committee to be a member of the Board of Managers (with voting rights).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Establish work groups of the Clinical/Quality Committee for DSRIP projects that require specific focus of the Committee.	Completed	5. Establish work groups of the Clinical/Quality Committee for DSRIP projects that require specific focus of the Committee.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Finalize membership of Clinical/Quality Committee.	Completed	6. Finalize membership of Clinical/Quality Committee.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Populate Clinical/Quality work groups.	Completed	7. Populate Clinical/Quality work groups.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. The Governance Committee will be instrumental in facilitating adoption of PPS bylaws, committee charters, and PPS policies. The Governance Committee will report to the Board regularly during this phase on milestone progress.	Completed	1. The Governance Committee will be instrumental in facilitating adoption of PPS bylaws, committee charters, and PPS policies. The Governance Committee will report to the Board regularly during this phase on milestone progress.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Allow ex officio status for the Board of Managers Chair and MCC Executive Director.	Completed	2. Allow ex officio status for the Board of Managers Chair and MCC Executive Director.	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 3. Legal counsel, in consultation with PPS executive leadership, will draft Bylaws for initial review by Governance Committee and Compliance Committee.	Completed	3. Legal counsel, in consultation with PPS executive leadership, will draft Bylaws for initial review by Governance Committee and Compliance Committee.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Governance and Compliance Committee review of draft Bylaws complete.	Completed	4. Governance and Compliance Committee review of draft Bylaws complete.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Finalize Bylaws and present to Board of Managers for approval.	Completed	5. Finalize Bylaws and present to Board of Managers for approval.	08/31/2015	09/30/2015	08/31/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Prepare Committee organizational chart showing reporting structure, roles, and responsibilities.	Completed	6. Prepare Committee organizational chart showing reporting structure, roles, and responsibilities.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Committee leaders, legal counsel, and dedicated members of Governance Committee will prepare Committee and Sub-Committee Charters for review by full Governance and Compliance Committees.	Completed	7. Committee leaders, legal counsel, and dedicated members of Governance Committee will prepare Committee and Sub-Committee Charters for review by full Governance and Compliance Committees.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Finalize Committee Charters and present to Board of Managers for approval.	Completed	8. Finalize Committee Charters and present to Board of Managers for approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Draft Governance Operating Model which will define reporting and governance monitoring processes.	Completed	1. Draft Governance Operating Model which will define reporting and governance monitoring processes.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Establish procedures for committees and advisory entities to provide routine, ongoing reporting to the Board of Managers. This will include (but not be limited to) submitting formal	Completed	2. Establish procedures for committees and advisory entities to provide routine, ongoing reporting to the Board of Managers. This will include (but not be limited to) submitting formal meeting minutes to the Board of Managers for review/approval.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Millennium Collaborative Care (PPS ID:48)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
meeting minutes to the Board of Managers for review/approval.									
Task 3. Establish procedures for the Board of Managers to provide routine, ongoing reporting to committees and advisory entities. This will include (but not be limited to) the Board of Managers reviewing and adopting charters that clearly describe the roles and objectives of each entity.	Completed	3. Establish procedures for the Board of Managers to provide routine, ongoing reporting to committees and advisory entities. This will include (but not be limited to) the Board of Managers reviewing and adopting charters that clearly describe the roles and objectives of each entity.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Finalize Governance Operating Model.	Completed	4. Finalize Governance Operating Model.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Establish a CBO Task Force to serve in an advisory role to the Board of Managers. Charter/mission statement will be approved by the Board of Managers.	Completed	1. Establish a CBO Task Force to serve in an advisory role to the Board of Managers. Charter/mission statement will be approved by the Board of Managers.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Populate CBO Task Force by conducting outreach at community forums across PPS region and receiving nominations for CBO representatives. Ensure representation from all eight counties of WNY. Board of Managers will approve membership of CBO Task Force.	Completed	2. Populate CBO Task Force by conducting outreach at community forums across PPS region and receiving nominations for CBO representatives. Ensure representation from all eight counties of WNY. Board of Managers will approve membership of CBO Task Force.	06/15/2015	09/30/2015	06/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Charge the CBO Task Force with the responsibility of assisting in the development and implementation of a multi-year plan to provide two-way communication and engagement with public agencies, community-based groups, and provider organizations.	Completed	3. Charge the CBO Task Force with the responsibility of assisting in the development and implementation of a multi-year plan to provide two-way communication and engagement with public agencies, community-based groups, and provider organizations.	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	4. Utilize the 211 resource directory to identify and engage a	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1	



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Millennium Collaborative Care (PPS ID:48)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Utilize the 211 resource directory to identify and engage a wide range of public and private sector organizations including schools, churches, homeless services, housing providers, and law enforcement/corrections.		wide range of public and private sector organizations including schools, churches, homeless services, housing providers, and law enforcement/corrections.							
Task 5. Using a grassroots approach, faith-based organizations and specialty groups will identify barriers to care and develop strategies to overcome them. Identify unique needs of sub-populations (immigrants, etc.).	Completed	5. Using a grassroots approach, faith-based organizations and specialty groups will identify barriers to care and develop strategies to overcome them. Identify unique needs of sub-populations (immigrants, etc.).	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Establish a "Voice of the Consumer" Sub-Committee made up of Medicaid beneficiaries to serve in an advisory role to the Board of Managers. Charter/mission statement will be approved by the Board of Managers.	Completed	6. Establish a "Voice of the Consumer" Sub-Committee made up of Medicaid beneficiaries to serve in an advisory role to the Board of Managers. Charter/mission statement will be approved by the Board of Managers.	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Populate "Voice of the Consumer" Sub-Committee by conducting outreach at community forums and receiving nominations for Medicaid beneficiaries. Board of Managers will approve membership of Sub-Committee.	Completed	7. Populate "Voice of the Consumer" Sub-Committee by conducting outreach at community forums and receiving nominations for Medicaid beneficiaries. Board of Managers will approve membership of Sub-Committee.	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Engage the stakeholder community through various communications and media outlets (e.g., regular appearances on radio and television talk shows). Use these channels and develop networks to explain DSRIP initiatives to WNY residents.	Completed	8. Engage the stakeholder community through various communications and media outlets (e.g., regular appearances on radio and television talk shows). Use these channels and develop networks to explain DSRIP initiatives to WNY residents.	05/15/2015	06/30/2016	05/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. MCC Director of Community-Based Initiatives will draft Community Engagement Plan. Plan will be developed in conjunction with the Agency Coordination Plan (milestone #7).	Completed	9. MCC Director of Community-Based Initiatives will draft Community Engagement Plan. Plan will be developed in conjunction with the Agency Coordination Plan (milestone #7).	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 10. CBO Task Force will organize and host a	Completed	10. CBO Task Force will organize and host a series of informational and activation forums at three different sites with	05/26/2015	06/30/2016	05/26/2015	06/30/2016	06/30/2016	DY2 Q1	



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
series of informational and activation forums at three different sites with WNY to elicit input and participation from public and provider organizations in DSRIP project activities.		WNY to elicit input and participation from public and provider organizations in DSRIP project activities.							
Task 11. Revise Community Engagement Plan based on input and feedback gathered from community forums. Provide final draft to Board of Managers for review.	Completed	11. Revise Community Engagement Plan based on input and feedback gathered from community forums. Provide final draft to Board of Managers for review.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 12. Obtain Board of Managers approval on Community Engagement Plan.	Completed	12. Obtain Board of Managers approval on Community Engagement Plan.	05/30/2016	06/30/2016	05/30/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Obtain attestations from all organizations planning to participate in DSRIP initiatives with MCC.	Completed	1. Obtain attestations from all organizations planning to participate in DSRIP initiatives with MCC.	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Obtain letters of intent (LOIs) from attested CBOs to further define participation commitments. LOIs will outline, at a high level, expectations and obligations (e.g., participation in various assessments).	Completed	2. Obtain letters of intent (LOIs) from attested CBOs to further define participation commitments. LOIs will outline, at a high level, expectations and obligations (e.g., participation in various assessments).	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Issue RFPs for services to be performed by attested CBOs who have submitted an LOI, including (but not limited to) cultural competency and health literacy training, patient activation coaching, community health worker coordination, and other services in connection with specific DSRIP projects.	Completed	3. Issue RFPs for services to be performed by attested CBOs who have submitted an LOI, including (but not limited to) cultural competency and health literacy training, patient activation coaching, community health worker coordination, and other services in connection with specific DSRIP projects.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Negotiate contracts/participation agreements with CBOs who are awarded work based on RFP process.	Completed	4. Negotiate contracts/participation agreements with CBOs who are awarded work based on RFP process.	05/01/2015	06/30/2016	05/01/2015	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
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.	10/15/2015	09/30/2016	10/15/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Draft Agency Coordination Plan for engaging agencies in MCC initiatives. Plan will be developed in conjunction with the Community Engagement Plan (milestone #5).	Completed	1. Draft Agency Coordination Plan for engaging agencies in MCC initiatives. Plan will be developed in conjunction with the Community Engagement Plan (milestone #5).	10/15/2015	06/30/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Prepare a comprehensive booklet that describes DSRIP projects, cites specific project locations by municipality, and provides project coordinator contact information for each project.	Completed	2. Prepare a comprehensive booklet that describes DSRIP projects, cites specific project locations by municipality, and provides project coordinator contact information for each project.	10/15/2015	09/30/2016	10/15/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Hold first in a series of information and activation workshops with public sector agencies at state, county and municipal levels (including but not limited to Health Foundation of Western and Central New York, OASAS regional office, OPWDD regional office, County Mental Health Departments/Offices; County Departments of Social Services, County Offices for the Aging to explain how they can connect with DSRIP projects and activities and refer individuals to services. These forums will also be used to elicit input on the draft Agency Coordination Plan.	Completed	3. Hold first in a series of information and activation workshops with public sector agencies at state, county and municipal levels (including but not limited to Health Foundation of Western and Central New York, OASAS regional office, OPWDD regional office, County Mental Health Departments/Offices; County Departments of Social Services, County Offices for the Aging to explain how they can connect with DSRIP projects and activities and refer individuals to services. These forums will also be used to elicit input on the draft Agency Coordination Plan.	10/15/2015	06/30/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Revise Agency Coordination Plan based on input and feedback gathered from public sector agency forums. Provide final draft to Board of Managers for review.	Completed	4. Revise Agency Coordination Plan based on input and feedback gathered from public sector agency forums. Provide final draft to Board of Managers for review.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Obtain Board of Managers approval on Agency Coordination Plan.	Completed	5. Obtain Board of Managers approval on Agency Coordination Plan.	05/30/2016	06/30/2016	05/30/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Convene a Workforce Development Work Group representing MCC, AHEC, ECMCC, HR department leads from facilities, labor unions, NYS Department of Labor, Project Advisory Committee, and IT Data Committee (for reporting guidance).	Completed	1. Convene a Workforce Development Work Group representing MCC, AHEC, ECMCC, HR department leads from facilities, labor unions, NYS Department of Labor, Project Advisory Committee, and IT Data Committee (for reporting guidance).	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The MCC PPS will review and update the list of key stakeholders engaged in the development of the workforce strategy and implementation plan. This group includes stakeholders such as management, project team members, employees, AHEC, labor representatives, academic providers, community members, and employees.	Completed	2. The MCC PPS will review and update the list of key stakeholders engaged in the development of the workforce strategy and implementation plan. This group includes stakeholders such as management, project team members, employees, AHEC, labor representatives, academic providers, community members, and employees.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Workforce Development Work Group will collaborate with the "Voice of Consumer" Sub-Committee to draft a preliminary workforce communication plan (a component of MCC's overall communication strategy).	Completed	3. Workforce Development Work Group will collaborate with the "Voice of Consumer" Sub-Committee to draft a preliminary workforce communication plan (a component of MCC's overall communication strategy).	09/15/2015	12/31/2016	09/15/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. The MCC PPS will, in partnership with the above mentioned stakeholders, review the communication channels available, solicit additional opportunities and conduct a preliminary assessment of effectiveness of each resource for workforce engagement.	Completed	4. The MCC PPS will, in partnership with the above mentioned stakeholders, review the communication channels available, solicit additional opportunities and conduct a preliminary assessment of effectiveness of each resource for workforce engagement.	09/15/2015	12/31/2016	09/15/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 5. The MCC PPS will develop a workforce communication and engagement strategy which addresses the vision, objectives, and guiding principles of the strategy as a means for engaging key stakeholders.	Completed	5. The MCC PPS will develop a workforce communication and engagement strategy which addresses the vision, objectives, and guiding principles of the strategy as a means for engaging key stakeholders.	10/15/2015	12/31/2016	10/15/2015	12/31/2016	12/31/2016	DY2 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
principles of the strategy as a means for engaging key stakeholders.									
Task 6. The MCC PPS will further develop the strategy into a draft Workforce Communication and Engagement Plan which will describe objectives, pinpoint target audiences(s), determine required resources, and serve as a mechanism for measuring the effectiveness of the communication plan.	Completed	6. The MCC PPS will further develop the strategy into a draft Workforce Communication and Engagement Plan which will describe objectives, pinpoint target audiences(s), determine required resources, and serve as a mechanism for measuring the effectiveness of the communication plan.	12/15/2015	12/31/2016	12/15/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Hold a series of information and activation workshops with workforce stakeholders identified by the Workforce Development Work Group to explain how they can connect with DSRIP projects and opportunities. These forums will be used to elicit input on the draft Workforce Communication and Engagement Plan.	Completed	7. Hold a series of information and activation workshops with workforce stakeholders identified by the Workforce Development Work Group to explain how they can connect with DSRIP projects and opportunities. These forums will be used to elicit input on the draft Workforce Communication and Engagement Plan.	10/15/2015	12/31/2016	10/15/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Revise Workforce Communication and Engagement Plan based on input and feedback gathered from forums. Provide final draft to Board of Managers for review.	Completed	8. Revise Workforce Communication and Engagement Plan based on input and feedback gathered from forums. Provide final draft to Board of Managers for review.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. The Board of Managers or its delegate will review and approve the Workforce Communication and Engagement plan and review and respond to subsequent quarterly updates.	Completed	9. The Board of Managers or its delegate will review and approve the Workforce Communication and Engagement plan and review and respond to subsequent quarterly updates.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Obtain attestations/letters of intent from CBOs wishing to participate in MCC projects and	Completed	1. Obtain attestations/letters of intent from CBOs wishing to participate in MCC projects and activities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
activities.									
Task 2. CBO Task Force will facilitate CBO involvement in MCC's projects and activities and track and monitor this involvement.	Completed	2. CBO Task Force will facilitate CBO involvement in MCC's projects and activities and track and monitor this involvement.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Use RFP process to select and contract with CBOs to serve as cultural competency and health literacy trainers/champions.	Completed	3. Use RFP process to select and contract with CBOs to serve as cultural competency and health literacy trainers/champions.	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 4. Use RFP process to select and contract with CBOs to lead patient activation services in connection with project 2.d.i. (Patient Activation). The selected CBOs will likely represent the geographical areas within the PPS (North, Central, and South sub-regions).	Completed	4. Use RFP process to select and contract with CBOs to lead patient activation services in connection with project 2.d.i. (Patient Activation). The selected CBOs will likely represent the geographical areas within the PPS (North, Central, and South sub-regions).	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Use RFP process to select and contract with CBOs to provide community health worker services, supervision, and training in connection with projects 3.f.i. and 4.d.i. (Support for Maternal and Child Health, Reduce Premature Births).	Completed	5. Use RFP process to select and contract with CBOs to provide community health worker services, supervision, and training in connection with projects 3.f.i. and 4.d.i. (Support for Maternal and Child Health, Reduce Premature Births).	06/18/2015	12/31/2015	06/18/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. CBO Task Force will establish processes and procedures for continuous monitoring and reporting on CBO participation, and for pinpointing new and evolving opportunities for CBO engagement.	Completed	6. CBO Task Force will establish processes and procedures for continuous monitoring and reporting on CBO participation, and for pinpointing new and evolving opportunities for CBO engagement.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

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



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	ethelen	Meeting Materials	48_DY2Q4_GOV_MDL21_PRES1_MM_GV_01_03_Governance_Meetings_DY2Q4_9672.xlsx	List of governance meetings that occurred in DY2Q4	04/03/2017 10:06 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	ethelen	Meeting Materials	48_DY2Q4_GOV_MDL21_PRES2_MM_GV_02_04_Clinical_Governance_Meetings_through_DY2Q4_9720.xlsx	List of clinical governance meetings that have occurred through DY2Q4	04/03/2017 01:40 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	There have been no changes to the governance structure or committee rosters. A list of the governance meetings that occurred in the past quarter is attached.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	There have been no changes to the clinical governance org chart or roster. A list of the clinical governance meetings that occurred in the past quarter is attached.
Finalize bylaws and policies or Committee Guidelines where applicable	We expect to submit revised, approved committee charters and governance agreement (bylaws) in DY3. There are no changes to report at this time.
Establish governance structure reporting and monitoring processes	No changes.
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	



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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	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	The Mid-Point Assessment Organizational Narrative Template must be submitted with the DY1, Q2 Quarterly Report via MAPP to Governance Module 2 which is the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and then upload the Organizational Narrative Template there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :

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

Given time constraints of Board of Managers members (many of whom administer healthcare facilities), there is a compelling need to ensure that board meetings are run effectively. Committee reports and reports on process and clinical performance outcomes must be formatted in a manner that will not only allow extensive reporting on all PPS organizational and project components, but also permit board members to readily pinpoint issues that need to be resolved. Use of color-coding, standardized presentation formats, and brief narrative explaining results will grow in importance, particularly as the number of measures to report on increases over time.

A second challenge pertains to maintaining a high level of involvement by board members. One way to meet this objective is to ensure that participation in board and committee meetings results in learning experiences that can be adapted by board members to their own facilities. It will be important to provide continuing education opportunities to board members both inside and outside the context of structured board and committee meetings.

A third risk involves communications. One of the key challenges confronting a PPS is to educate the entire community about DSRIP. As stakeholders and healthcare activists, board members from PPS partner institutions are well suited to continue supporting community-wide communication and education efforts, closely monitoring the extent to which activities and timelines adhere to the overall communication plan, encouraging active involvement of Medicaid beneficiaries in DSRIP proceedings and affairs, and (when applicable) reviewing survey results which measure the community's level of understanding of the wide-sweeping DSRIP initiative.

✔ 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.)

Effective governance of the PPS is dependent upon the success of all other workstreams:

Workforce development will require innovative approaches for retraining inpatient workers for emerging community-based healthcare careers, for filling primary care gaps, and for integrating physical with behavioral health at service sites throughout WNY. All of these workforce development dependencies (among others) must be aligned to meet DSRIP objectives, and the Board of Managers will be responsible for overseeing this work.

An IT infrastructure is the backbone of all DSRIP projects, providing the platform for recording, reporting, and analyzing all process and



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performance outcome measures that must be monitored by and responded to by the Board of Managers.

Clinical Integration will serve as the foundation for ensuring that standardized evidence-based procedures are used to conduct multiple projects at multiple sites. Clinical integration will drive performance, and the board's effectiveness will be dependent upon it.

Maximizing Practitioner Engagement through training and education is another important dependency. Active participation by clinicians is not only essential for meeting DSRIP objectives, but it is also a prerequisite for spearheading innovation that is instrumental to meeting the Triple Aims of improving the patient experience of care, improving the health of the population, and reducing the per capita cost of care.

Active patient engagement is perhaps the most critical factor that will determine the success of the governing board and the entire DSRIP project in WNY. The overwhelming majority of Medicaid beneficiaries are challenged by poor housing, lack of nutritious food, lack of transportation, and unsafe neighborhoods. Engaging these patients in healthcare in the face of these issues will be the biggest challenge confronted by the MCC PPS. The Board of Managers—and the entire organization—will need to prioritize cultural competency and health literacy training, push for the overwhelming success of the patient activation project (2.d.i.), ensure that Medicaid beneficiaries themselves play a meaningful role in PPS operations, and see to it that CBOs that serve Medicaid beneficiaries are a vital part of the DSRIP agenda.



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✔ IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead entity	Erie County Medical Center Corporation (ECMCC)	Ensure all governance is in place and functioning to support community projects
MCC executive management	Led by Al Hammonds, Jr. CSSBB (Executive Director)	Provide overall leadership for PPS partners and activities; ensure governance strategy is established and followed
MCC Board of Managers	Chair: Anne Constantino	Facilitate key decisions; lead, develop, and audit/monitor projects
Finance Committee	Richard Braun, Mel Dyster, Sheila Kee, Christine Kemp, Chris Koenig, Raj Mehta, Kathrine Panzarella, Mike Sammarco, Juan Santiago, Lou Santiago, Erin Ryan	Oversee PPS budget and funds flow; ensure financial strategy/operations align with DSRIP goals
Clinical Quality Committee	Co-chairs: Michael Cummings MD (UBMD Psychiatry); Joanne Haefner FNP (Neighborhood Health Center)	Provide guidance and oversight for 11 MCC projects; develop clinical metrics and processes to support accountability for project outcomes
Family/caretaker support/representation	Tasha Moore (Community Health Worker and Medicaid beneficiary)	Serve as a voting member of the Board of Managers and "Voice of the Consumer" Sub-Committee; represent Medicaid beneficiaries and their caretakers/families



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✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
CBO Task Force	Advisory	Lead and develop meaningful community engagement
"Voice of the Consumer" Sub-Committee	Advisory	Capture patients' expectations, preferences, and aversions
Workforce Development Work Group	Advisory	Develop and coordinate overall workforce transformation strategy
External Stakeholders		
Attested CBOs	Advisory	Ensure governance supports DSRIP protocols
Health plans, managed care organizations	Value-based payment reform	Develop committee to support payment reform
Legislators	Regulatory waivers	Support regulatory change; remove barriers to collaboration
NYS DOH	Regulatory oversight	Ensure all laws and regulations are adhered to
NYS Office of Mental Health	Regulatory oversight	Ensure behavioral health regulations are followed; adhere to necessary mandates
OASAS	Regulatory oversight	Ensure all substance abuse laws are adhered to
OPWDD	Regulatory oversight	Ensure patients with developmental and intellectual disabilities are represented
Office of Children and Family Services (OCFS)	Regulatory oversight	Ensure children- and family-related laws are maintained



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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.

Committees will communicate utilizing a communication forum developed by IT. Each committee will have dashboards and reporting requirements. A portal on the MCC website will be created for governance, and governance documents will be uploaded as they are approved. The portal will also be used to communicate with the community about the organization of the PPS, and to publish committee meeting schedules and agendas, minutes, and membership rosters as appropriate. A two-way communication system will also be set up for resolving grievances.

We plan to use a cloud-based suite of applications to support communication with, and collaboration among, members of the PPS. This solution includes conferencing and group messaging across the organization. Additional CRM and project management components are currently being evaluated as adjuncts to the existing infrastructure. A cloud-based solution offers the scalability, extensibility, and functionality required for an agile, efficient organization.

✔ IPQR Module 2.8 - Progress Reporting

Instructions :

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

The Governance Committee will regularly report to the Board of Managers on progress in achieving governance milestones. The progress will be measured against the timetable adopted by the Board. Success will be measured initially by finalizing Board of Manager appointments and staffing the committees and sub-committees. For each committee, charters will be drafted, reviewed, and adopted, and reporting and monitoring processes will be defined.

Quarterly reports will describe (but not be limited to):

Changes or updates to committee rosters/charters/by-laws, organizational structure, and policies

Partnership agreements/contracts with CBOs

Agency coordination plan for engaging public sector agencies

The progress/success of these efforts geared towards community engagement and public sector outreach and education will be measured in terms of:

Engagement with the community

Evidence of implementation of the community engagement plan

Community engagement events



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Workforce communication and engagement plan

IPQR Module 2.9 - IA Monitoring

Instructions :



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Section 03 – Financial Stability

✅ IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the financial structure of the MCC PPS using a detailed workflow/organizational chart and seek and obtain MCC Board of Managers approval of the PPS financial structure.	Completed	1. Establish the financial structure of the MCC PPS using a detailed workflow/organizational chart and seek and obtain MCC Board of Managers approval of the PPS financial structure.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Construct and convey to MCC partners a finance organizational chart depicting MCC financial functions and duties, including those performed internally and those conducted by contracted accounting firm. Duties cover procurement and payables (purchasing and disbursements); treasury (cash and investment management); financial and operational reporting; compliance; contracting; internal auditing; network communications; provider operating agreements; funds flow and distribution; lead value-based payment (VBP) transition; decision support (receipt of data and data analytics); provider financial health assessments; etc.	Completed	2. Construct and convey to MCC partners a finance organizational chart depicting MCC financial functions and duties, including those performed internally and those conducted by contracted accounting firm. Duties cover procurement and payables (purchasing and disbursements); treasury (cash and investment management); financial and operational reporting; compliance; contracting; internal auditing; network communications; provider operating agreements; funds flow and distribution; lead value-based payment (VBP) transition; decision support (receipt of data and data analytics); provider financial health assessments; etc.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	3. Establish a charter that defines the functions and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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3. Establish a charter that defines the functions and responsibilities of the Finance Committee and all sub-committees under the charge of the Finance Committee (e.g. VBP Sub-Committee) and obtain Board of Managers approval.		responsibilities of the Finance Committee and all sub-committees under the charge of the Finance Committee (e.g. VBP Sub-Committee) and obtain Board of Managers approval.							
Task 4. Construct a flowchart depicting internal and external reporting requirements of and reporting flow to and from: a) Finance/Board of Managers b) Finance/other governing board committees c) Finance/project leads (domain 1 process milestone reporting and domain 2 and 3 reporting) d) Finance/workstreams (IT, workforce, clinical integration, etc.) e) VBP Sub-Committee f) Compliance Officer g) MCC partners h) Annual/quarterly financial health reporting i) NYS DOH j) Other stakeholders	Completed	4. Construct a flowchart depicting internal and external reporting requirements of and reporting flow to and from: a) Finance/Board of Managers b) Finance/other governing board committees c) Finance/project leads (domain 1 process milestone reporting and domain 2 and 3 reporting) d) Finance/workstreams (IT, workforce, clinical integration, etc.) e) VBP Sub-Committee f) Compliance Officer g) MCC partners h) Annual/quarterly financial health reporting i) NYS DOH j) Other stakeholders	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Prepare written policies and procedures describing all financial functions and duties of the MCC PPS, its Finance Committee, and all finance-related sub-committees.	Completed	5. Prepare written policies and procedures describing all financial functions and duties of the MCC PPS, its Finance Committee, and all finance-related sub-committees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Prepare written policies and procedures defining all finance-related reporting requirements.	Completed	6. Prepare written policies and procedures defining all finance-related reporting requirements.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Establish a schedule for regular Finance Committee meetings.	Completed	7. Establish a schedule for regular Finance Committee meetings.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Conduct re-evaluation of finance duties and responsibilities and reporting requirements; make	Completed	Conduct re-evaluation of finance duties and responsibilities and reporting requirements; make revisions, as required.	10/02/2015	12/31/2015	10/02/2015	12/31/2015	12/31/2015	DY1 Q3	



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revisions, as required.									
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop measurement tool to evaluate financial health of MCC network partners utilizing indicators such as cash on hand, debt ratio, operating margin, and current ratio.	Completed	1. Develop measurement tool to evaluate financial health of MCC network partners utilizing indicators such as cash on hand, debt ratio, operating margin, and current ratio.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Establish financial stability plan which includes policies and procedures to: define what providers are subject to annual financial health assessment; mandate completion of an annual assessment of all such providers; describe metrics and the process to be used for conducting the financial health assessment; explain how annual assessments will be conducted; and require reporting of financial stability plan results to Finance Committee and MCC Board of Managers.	Completed	2. Establish financial stability plan which includes policies and procedures to: define what providers are subject to annual financial health assessment; mandate completion of an annual assessment of all such providers; describe metrics and the process to be used for conducting the financial health assessment; explain how annual assessments will be conducted; and require reporting of financial stability plan results to Finance Committee and MCC Board of Managers.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop distressed provider plans to monitor financially fragile providers. Require that all Interim Access Assurance Fund (IAAF) providers and any provider that does not pass the financial health test be surveyed quarterly using the financial health measurement methodology.	Completed	3. Develop distressed provider plans to monitor financially fragile providers. Require that all Interim Access Assurance Fund (IAAF) providers and any provider that does not pass the financial health test be surveyed quarterly using the financial health measurement methodology.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Task 4. In developing a distressed provider plan, MCC will: (a) utilize a standard set of metrics/template for evaluating a financially fragile provider; (b) utilize prescribed procedures to evaluate metrics; (c) implement a Distressed Provider Plan for financially fragile providers; (d) report quarterly to Finance Committee and MCC Board of Managers on providers in the network that are financially fragile (including those that have qualified as IAAF providers); (e) ensure future quarterly reports provide an update on the financial status of those providers identified as financially fragile; (f) make any additions to the Financially Fragile Watch list, as appropriate; (g) describe the efforts undertaken to improve the financial status of these providers.	Completed	4. In developing a distressed provider plan, MCC will: (a) utilize a standard set of metrics/template for evaluating a financially fragile provider; (b) utilize prescribed procedures to evaluate metrics; (c) implement a Distressed Provider Plan for financially fragile providers; (d) report quarterly to Finance Committee and MCC Board of Managers on providers in the network that are financially fragile (including those that have qualified as IAAF providers); (e) ensure future quarterly reports provide an update on the financial status of those providers identified as financially fragile; (f) make any additions to the Financially Fragile Watch list, as appropriate; (g) describe the efforts undertaken to improve the financial status of these providers.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. The financial health policies and procedures will be reviewed and approved by the Finance Committee and MCC Board of Managers.	Completed	5. The financial health policies and procedures will be reviewed and approved by the Finance Committee and MCC Board of Managers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop matrix of DSRIP projects and identify expected impact on provider costs, patient volumes, revenue, length of stay, and other factors based upon project goals and participation.	Completed	6. Develop matrix of DSRIP projects and identify expected impact on provider costs, patient volumes, revenue, length of stay, and other factors based upon project goals and participation.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Review draft of project impact matrix with Finance Committee.	Completed	7. Review draft of project impact matrix with Finance Committee.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Finalize project impact matrix identifying provider participation in projects, expected impact on participating providers, and other provider-specific information.	Completed	8. Finalize project impact matrix identifying provider participation in projects, expected impact on participating providers, and other provider-specific information.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Review and obtain approval of project impact	Completed	9. Review and obtain approval of project impact matrix by Finance Committee and MCC Board of Managers.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	



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matrix by Finance Committee and MCC Board of Managers.									
Task 10. Prepare/update financial assessments and project impact assessments of MCC providers to include required metrics and provider-specific metrics.	Completed	10. Prepare/update financial assessments and project impact assessments of MCC providers to include required metrics and provider-specific metrics.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Distribute current financial assessment and project impact assessment documents to providers.	Completed	11. Distribute current financial assessment and project impact assessment documents to providers.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Review results of current state financial assessments and project impact assessments that are returned by MCC providers.	Completed	12. Review results of current state financial assessments and project impact assessments that are returned by MCC providers.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 13. Prepare report of MCC provider current financial status for review by Finance Committee and MCC Board of Managers.	Completed	13. Prepare report of MCC provider current financial status for review by Finance Committee and MCC Board of Managers.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 14. Based upon the results of the financial assessments and the project impact assessments, identify providers that are (a) not meeting financial plan metrics, (b) undergoing existing or planned restructuring, or will be financially challenged; and (c) place financially challenged providers on initial financially fragile watch list.	Completed	14. Based upon the results of the financial assessments and the project impact assessments, identify providers that are (a) not meeting financial plan metrics, (b) undergoing existing or planned restructuring, or will be financially challenged; and (c) place financially challenged providers on initial financially fragile watch list.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 15. Obtain approval of the financially fragile watch list by the Finance Committee.	Completed	15. Obtain approval of the financially fragile watch list by the Finance Committee.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 16. Adopt policies and procedures to describe the role of the MCC Project Management Office (PMO) and the measures the PMO will take to manage the financial stability plan and the distressed provider plans on behalf of MCC and	Completed	16. Adopt policies and procedures to describe the role of the MCC Project Management Office (PMO) and the measures the PMO will take to manage the financial stability plan and the distressed provider plans on behalf of MCC and ECMCC.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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ECMCC.									
Task 17. Implement PMO oversight for financial stability plan and distressed provider plans.	Completed	17. Implement PMO oversight for financial stability plan and distressed provider plans.	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Place compliance functions under the purview of a Compliance Committee.	Completed	1. Place compliance functions under the purview of a Compliance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Prepare charter of Compliance Committee duties and responsibilities and obtain approval of Compliance Committee charter by MCC Board of Managers.	Completed	2. Prepare charter of Compliance Committee duties and responsibilities and obtain approval of Compliance Committee charter by MCC Board of Managers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Appoint members to Compliance Committee.	Completed	3. Appoint members to Compliance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Design MCC Compliance Plan to ensure that it addresses all provisions of Section 363-d.	Completed	4. Design MCC Compliance Plan to ensure that it addresses all provisions of Section 363-d.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Define operational policies and procedures to implement MCC Compliance Plan requirements.	Completed	5. Define operational policies and procedures to implement MCC Compliance Plan requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Present Compliance Plan to Finance Committee for approval and subsequently obtain approval by Board of Managers.	Completed	6. Present Compliance Plan to Finance Committee for approval and subsequently obtain approval by Board of Managers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Establish compliance reporting dashboard and reporting plan and adhere to regular compliance reporting to Finance Committee and MCC Board of Managers.	Completed	7. Establish compliance reporting dashboard and reporting plan and adhere to regular compliance reporting to Finance Committee and MCC Board of Managers.	10/02/2015	12/31/2015	10/02/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task 1. Establish VBP Sub-Committee to lead the	Completed	1. Establish VBP Sub-Committee to lead the formulation of a multi-year VBP transition plan: appoint representatives from	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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formulation of a multi-year VBP transition plan: appoint representatives from finance, legal, medical staff, executive leadership, and others to VBP Sub-Committee.		finance, legal, medical staff, executive leadership, and others to VBP Sub-Committee.							
Task 2. Develop comprehensive description of the roles, responsibilities, and functions of the VBP Sub-Committee, including, but not limited to: educate partners; establish and maintain working relationships with Medicaid Managed Care Organizations (MCOs) (monthly meeting schedule, agenda setting, etc.); select external consultant(s) to assist sub-committee; develop multi-year strategic plan to meet 90% VBP contracting goal; determine bi-directional data sharing needs between MCC and MCOs; devise process for tracking performance against guideposts in plan; etc.	Completed	2. Develop comprehensive description of the roles, responsibilities, and functions of the VBP Sub-Committee, including, but not limited to: educate partners; establish and maintain working relationships with Medicaid Managed Care Organizations (MCOs) (monthly meeting schedule, agenda setting, etc.); select external consultant(s) to assist sub-committee; develop multi-year strategic plan to meet 90% VBP contracting goal; determine bi-directional data sharing needs between MCC and MCOs; devise process for tracking performance against guideposts in plan; etc.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Finance Committee and Board of Managers will approve a charter outlining responsibilities and functions of VBP Sub-Committee.	Completed	3. Finance Committee and Board of Managers will approve a charter outlining responsibilities and functions of VBP Sub-Committee.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. With assistance from the communication team, develop an easy-to-understand educational tool for explaining NYS DOH's VBP goals, summarizing the state's VBP roadmap, explaining the various types and levels of VBP contract approaches, describing how VBP contracts can drive additional revenues to PCPs, etc.	On Hold	4. With assistance from the communication team, develop an easy-to-understand educational tool for explaining NYS DOH's VBP goals, summarizing the state's VBP roadmap, explaining the various types and levels of VBP contract approaches, describing how VBP contracts can drive additional revenues to PCPs, etc.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Develop plan for integrating VBP educational tool into MCC's communication plan, including placement of tool on MCC website, direct distribution to PPS providers, etc.	Completed	5. Develop plan for integrating VBP educational tool into MCC's communication plan, including placement of tool on MCC website, direct distribution to PPS providers, etc.	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	6. Design plan to assess readiness and willingness of	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	



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6. Design plan to assess readiness and willingness of providers in PPS network to engage in various levels of VBP contracting, including development of provider assessment instrument; in-person outreach sessions in various communities of WNY to address inquiries from providers; analysis of responses; and presentation of findings to MCOs.		providers in PPS network to engage in various levels of VBP contracting, including development of provider assessment instrument; in-person outreach sessions in various communities of WNY to address inquiries from providers; analysis of responses; and presentation of findings to MCOs.							
Task 7. Formulate draft assessment instrument which poses a variety of questions to providers that include, but are not limited to: a) whether provider has previously engaged in some form of VBP contracting; b) readiness of provider to engage in VBP contracting c) provider's financial ability to assume risk and enter into risk-sharing arrangements d) annual Medicaid revenues by provider and by MCO e) number of Medicaid beneficiaries served by provider by specific MCO plan f) amount of payments providers receive from existing VBP contracts or from preferred compensation modalities g) types of VBP Medicaid contracts in effect (e.g. bundled payments, pay for Patient-Centered Medical Home (PCMH) outcome performance, risk-sharing, etc.) h) provider preferences for negotiating plan options (e.g., as a single provider negotiating directly with MCO or as a group of providers within the PPS) i) whether provider serves any special populations (e.g., developmentally disabled) j) providers' concerns and issues relating to	Completed	7. Formulate draft assessment instrument which poses a variety of questions to providers that include, but are not limited to: a) whether provider has previously engaged in some form of VBP contracting; b) readiness of provider to engage in VBP contracting c) provider's financial ability to assume risk and enter into risk-sharing arrangements d) annual Medicaid revenues by provider and by MCO e) number of Medicaid beneficiaries served by provider by specific MCO plan f) amount of payments providers receive from existing VBP contracts or from preferred compensation modalities g) types of VBP Medicaid contracts in effect (e.g. bundled payments, pay for Patient-Centered Medical Home (PCMH) outcome performance, risk-sharing, etc.) h) provider preferences for negotiating plan options (e.g., as a single provider negotiating directly with MCO or as a group of providers within the PPS) i) whether provider serves any special populations (e.g., developmentally disabled) j) providers' concerns and issues relating to a VBP system	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	



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transitioning to a VBP system									
Task 8. Have assessment tool reviewed for completeness by external consultant.	Completed	8. Have assessment tool reviewed for completeness by external consultant.	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Distribute assessment survey to provider population along with information explaining the importance of the survey and why provider participation in survey is important.	Completed	9. Distribute assessment survey to provider population along with information explaining the importance of the survey and why provider participation in survey is important.	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 10. To explain assessment tool and encourage participation in VBP survey, organize and hold provider outreach sessions and conduct informational sessions in connection with medical staff meetings, medical society meetings, professional society meetings, etc.	Completed	10. To explain assessment tool and encourage participation in VBP survey, organize and hold provider outreach sessions and conduct informational sessions in connection with medical staff meetings, medical society meetings, professional society meetings, etc.	10/02/2015	09/30/2016	10/02/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 11. Upon completion of training, the assessment tool will be electronically sent to MCC providers, who will complete assessment by email. MCC Finance staff will develop a worksheet to aggregate the responses of individual providers. Data capturing will include recording for each provider: total Medicaid Fee for Service and payer-specific MCO revenues; delineation of the types of VBP contracts currently in effect (e.g. bundled payments, shared savings, etc.) and the types of services they cover (inpatient, outpatient, medical/surgical, psychiatry, etc.); the amount and percentage of total revenues derived by a provider from VBP contract provisions; calculation of the amount of Medicaid Managed Care revenues that would be covered by the application of the 90% VBP goal; and determination of the gap between Medicaid Managed Care revenues currently covered by VBP contract provisions and the 90% VBP target. Given the complexity of the assessment, conferences between MCC Finance personnel and providers would be held to verify responses. The results of the assessment will be reported to the governing board in the aggregate. The assessment will provide valuable baseline data for developing a	On Hold	11. Upon completion of training, the assessment tool will be electronically sent to MCC providers, who will complete assessment by email. MCC Finance staff will develop a worksheet to aggregate the responses of individual providers. Data capturing will include recording for each provider: total Medicaid Fee for Service and payer-specific MCO revenues; delineation of the types of VBP contracts currently in effect (e.g. bundled payments, shared savings, etc.) and the types of services they cover (inpatient, outpatient, medical/surgical, psychiatry, etc.); the amount and percentage of total revenues derived by a provider from VBP contract provisions; calculation of the amount of Medicaid Managed Care revenues that would be covered by the application of the 90% VBP goal; and determination of the gap between Medicaid Managed Care revenues currently covered by VBP contract provisions and the 90% VBP target. Given the complexity of the assessment, conferences between MCC Finance personnel and providers would be held to verify responses. The results of the assessment will be reported to the governing board in the aggregate. The assessment will provide valuable baseline data for developing a	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



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target. Given the complexity of the assessment, conferences between MCC Finance personnel and providers would be held to verify responses. The results of the assessment will be reported to the governing board in the aggregate. The assessment will provide valuable baseline data for developing a comprehensive VBP roadmap for MCC.		comprehensive VBP roadmap for MCC.							
Task 12. Analyze state's most up-to-date VBP Roadmap and other related materials to determine all elements that need to be included in MCO strategy for transforming to a VBP system.	On Hold	12. Analyze state's most up-to-date VBP Roadmap and other related materials to determine all elements that need to be included in MCO strategy for transforming to a VBP system.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 13. Incorporate assessment and other findings in a written MCO strategy that is presented to and approved by Finance Committee and Board of Managers.	On Hold	13. Incorporate assessment and other findings in a written MCO strategy that is presented to and approved by Finance Committee and Board of Managers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	04/01/2015	03/31/2020	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Task 1. VBP Sub-Committee will compile a set of principles to guide development of multi-year strategic plan to transition to a system that has 90% of Medicaid payment under a VBP system. Such principles shall include but not be limited to: - Provision of technical assistance to providers - Opportunities for both payers and providers to share savings generated if agreed-upon benchmarks are achieved - Phased-in three-year approach to permit providers to successfully transition to VBP system - Assurance that quality goals of VBP payment plans match those of MCC	On Hold	1. VBP Sub-Committee will compile a set of principles to guide development of multi-year strategic plan to transition to a system that has 90% of Medicaid payment under a VBP system. Such principles shall include but not be limited to: - Provision of technical assistance to providers - Opportunities for both payers and providers to share savings generated if agreed-upon benchmarks are achieved - Phased-in three-year approach to permit providers to successfully transition to VBP system - Assurance that quality goals of VBP payment plans match those of MCC - Rewards for both improved performance as well as continued high performance	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



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- Rewards for both improved performance as well as continued high performance									
Task 2. PPS will reach out to PPS providers at meetings and conference calls to solicit provider input on the best approach for attaining VBP goal and to build collaboration and consensus among providers for determining strategies for contracting with MCOs.	On Hold	2. PPS will reach out to PPS providers at meetings and conference calls to solicit provider input on the best approach for attaining VBP goal and to build collaboration and consensus among providers for determining strategies for contracting with MCOs.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Finance Committee and Board of Managers will approve principles governing VBP transition plan.	On Hold	3. Finance Committee and Board of Managers will approve principles governing VBP transition plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Working in concert with MCOs, determine VBP options that will be made available to providers. For example, bundled payments for episodic care; payments for continuous care to persons with chronic disease; VBP plans for serving special populations (e.g., developmentally disabled); population health related VBP initiatives that focus on overall outcomes and total cost of care; specific risk-sharing arrangements, etc.	On Hold	4. Working in concert with MCOs, determine VBP options that will be made available to providers. For example, bundled payments for episodic care; payments for continuous care to persons with chronic disease; VBP plans for serving special populations (e.g., developmentally disabled); population health related VBP initiatives that focus on overall outcomes and total cost of care; specific risk-sharing arrangements, etc.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Work to secure MCO-provider contract arrangements that follow a similar set of rules and conditions to reduce administrative burden; standardize definitions involving PCMH care, integrated care, care bundles, and risk-adjustment methodologies; outcomes that correspond with DSRIP metrics; standard risk-adjusted measures; and clear definitions of attributed Medicaid lives.	On Hold	5. Work to secure MCO-provider contract arrangements that follow a similar set of rules and conditions to reduce administrative burden; standardize definitions involving PCMH care, integrated care, care bundles, and risk-adjustment methodologies; outcomes that correspond with DSRIP metrics; standard risk-adjusted measures; and clear definitions of attributed Medicaid lives.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Conduct an environmental scan of issues that may impede the transition to VBP system, including, but not limited to: healthcare IT capabilities of both providers and MCOs;	On Hold	6. Conduct an environmental scan of issues that may impede the transition to VBP system, including, but not limited to: healthcare IT capabilities of both providers and MCOs;	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

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including, but not limited to: healthcare IT capabilities of both providers and MCOs; availability of systems to monitor providers' VBP performance; lack of experience in VBP contracting by both providers and MCOs; etc.		availability of systems to monitor providers' VBP performance; lack of experience in VBP contracting by both providers and MCOs; etc.							
Task 7. Using assessment data, Salient data, and MCO provider-specific data, identify which providers and PCMHs have the capacity to expeditiously engage in VBP contracting.	On Hold	7. Using assessment data, Salient data, and MCO provider-specific data, identify which providers and PCMHs have the capacity to expeditiously engage in VBP contracting.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 8. Place providers and PCMHs in one of three VBP readiness rankings (advanced, moderate, or low) based on results of assessment, Salient data, and MCO provider-specific data.	On Hold	8. Place providers and PCMHs in one of three VBP readiness rankings (advanced, moderate, or low) based on results of assessment, Salient data, and MCO provider-specific data.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 9. For each provider grouping (advanced, moderate, low), set forth a possible transition plan covering years 3, 4, and 5 of DSRIP. For example, a moderate ranked hospital provider in DY3 could engage in level 1 VBP (FFS with upside only shared savings); transition to level 2 VBP (FFS with upside and downside risk sharing) in DY4 ; and in DY5 enter into global capitation contracts.	On Hold	9. For each provider grouping (advanced, moderate, low), set forth a possible transition plan covering years 3, 4, and 5 of DSRIP. For example, a moderate ranked hospital provider in DY3 could engage in level 1 VBP (FFS with upside only shared savings); transition to level 2 VBP (FFS with upside and downside risk sharing) in DY4 ; and in DY5 enter into global capitation contracts.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 10. Facilitate engagement sessions between advanced providers and MCOs to discuss requirements and process of engaging in VBP contracting.	On Hold	10. Facilitate engagement sessions between advanced providers and MCOs to discuss requirements and process of engaging in VBP contracting.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 11. Work with moderate and low ranked provider groups to set forth transition pathways and to assist them in contracting with MCOs. Objective is to ensure that all providers are engaged in some level of a VBP contract by DY3.	On Hold	11. Work with moderate and low ranked provider groups to set forth transition pathways and to assist them in contracting with MCOs. Objective is to ensure that all providers are engaged in some level of a VBP contract by DY3.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	12. Work in concert with MCOs to provide value-based benefit	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
12. Work in concert with MCOs to provide value-based benefit designs that incentivize patients to engage in wellness programs, stop smoking, follow care plans etc.		designs that incentivize patients to engage in wellness programs, stop smoking, follow care plans etc.							
Task 13. Finalize VBP transition pathways for DY3, DY4, and DY5 for low, moderate, and advanced ranked providers.	On Hold	13. Finalize VBP transition pathways for DY3, DY4, and DY5 for low, moderate, and advanced ranked providers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 14. Submit VBP Transition plan to MCC providers for their review and to obtain their feedback.	On Hold	14. Submit VBP Transition plan to MCC providers for their review and to obtain their feedback.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 15. Make any necessary amendments to the VBP Transition Plan and submit plan to providers for their adoption.	On Hold	15. Make any necessary amendments to the VBP Transition Plan and submit plan to providers for their adoption.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 16. Submit VBP Transition Plan to Finance Committee and Board of Managers for review and approval.	On Hold	16. Submit VBP Transition Plan to Finance Committee and Board of Managers for review and approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 17. Make provisions to update the status of the VBP transition plan on a quarterly basis.	On Hold	17. Make provisions to update the status of the VBP transition plan on a quarterly basis.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher									

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Value Based Payments Needs Assessment ("VNA")	ethelen	Other	48_DY2Q4_FS_MDL31_PRES4_OTH_FS_04_VBP_Needs_Assessment_DY2Q4_14822.pdf	VBP survey/needs assessment	05/31/2017 12:55 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	No changes.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	No changes.
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	The OMIG certification is renewed every December.
Develop a Value Based Payments Needs Assessment ("VNA")	We submitted our VBP needs assessment based on the revised version of milestone 4 as detailed on the following web page: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/2016-12-09_milestones.htm . This is consistent with DSRIP Reporting and Validation Protocols: Domain 1 Milestones Minimum Standards for PPS Supporting Documentation and IA Validation Process (Version 1.2 March 2017) in the sections on Financial Sustainability (p. 37) and Appendix 3 (pp. 338-340).



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	<p>Parts of the IA's remediation feedback refer to the old version of milestone 4; other parts do not correspond to anything we can find in the Reporting and Validation Protocols or other guidance:</p> <ul style="list-style-type: none"> - MCO strategy: Based on old version of milestone 4 - Preferred VBP contract type and compensation modalities by provider type: Based on old version of milestone 4 - Board approval for VBP survey and MCO strategy: Not found in Reporting and Validation Protocols - Number of VBP arrangements by provider type: Not found in Reporting and Validation Protocols - Approach for facilitating engagement between providers and MCOs to support VBP: Not found in Reporting and Validation Protocols <p>We believe we met the updated requirements for milestone 4.</p> <p>NOTE FROM IA EMAIL (6/13/2017): Please disregard the remediation comment as the initial review team inadvertently applied the old standards rather than the new guidance for this milestone.</p>
Develop an implementation plan geared towards addressing the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP education and training	
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	

Milestone Review Status

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



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Milestone Review Status

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



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✔ IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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

Instructions :

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

Reduction in hospitalizations (overall goal of DSRIP projects) will result in revenue losses for hospitals due to decreased utilization. Skilled nursing facilities will also experience a drop in revenue. The shift to VBP will be important for the long-term sustainability of these facilities in spite of reduced utilization. MCC will implement bundled payments, shared savings models, and other VBP approaches to ensure providers can continue to operate beyond the five years of the Waiver.

Difficulty in engaging the payers. The Medicaid MCOs seem reluctant to engage with the PPS and are taking a "wait and see" approach since they will reap the benefits of the DSRIP delivery model whether they actively participate or not. Many of the enhanced services described in the projects (e.g., care coordination, peer navigation, crisis stabilization) are not consistently billed, coded, or reimbursed under current models. Without involvement and investment from the major payers and Medicaid MCOs, providers won't be able to afford to offer enhanced and expanded services. This will make it impossible to earn achievement values for implementation and engagement. Request support from NYS DOH urging payers to participate in DSRIP initiatives. Collaborate with payers on VBP structures, reporting practices, and metrics. The Finance Committee will constantly communicate with the Medicaid MCOs as an attempt to actively engage them in the process. The PPS may require assistance or intervention from NYS DOH with some payers. Several DSRIP projects provide case/care management services to many kinds of patients (e.g., chronic diseases, pregnant women); these services will augment the payers' existing programs, allowing them to benefit from healthier members without adding to their care management staff.

Insufficient DSRIP revenue stream. Lack of revenues could impact project performance and lead to disinterest by providers. Educate providers that VBP is a long-term solution for achieving financial sustainability that is not dependent on DSRIP revenues.

Partners' inability to provide data or reluctance to share data. Inability to access data or validate analytics. Constant communication with the partners who are unable or unwilling to provide data. Communications will explain the rationale and necessity for data sharing to meet project goals and metrics, and will ultimately impact or inhibit the flow of funds to PPS partners who are most in need. Appropriate security and privacy policies will be established and enforced across the PPS. Partners will be involved in the establishment of these policies, to encourage widespread buy-in.

PPS providers are not compliant with PPS provider agreements and reporting requirements. Reporting requirements are overwhelming or unclear to providers. If providers do not fulfill their reporting requirements, performance levels across the PPS will suffer. Provide timely and clear communication with and among PPS stakeholders. Offer simple, easy-to-follow instructions and training sessions. Conduct test runs of reporting and data functions to meet quarterly and semi-annual reporting.

Reports are confusing, and PPS participants don't look at them. To create a reporting culture throughout MCC, all stakeholders will need an easy, clear means for understanding whether targets are being met or not. Simplify this process for partners.



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✅ 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.)

Finance Committee members will be actively engaged with all PPS committees and project leaders. The finance function will need to understand the requirements and participation level for all projects, project performance measurement and reporting, and project costs and impacts. Finance team members will also actively participate in clinical discussions related to PPS projects.

The IT Systems & Processes workstream is dependent on Financial Sustainability: Once providers have adopted the technologies required under DSRIP, the costs do not go away. It will be important that providers are able to meet the continuing costs of additional and updated IT assets. As security and privacy regulations grow in complexity and scope, the costs of maintaining a secure system that shares data and meets regulatory/confidentiality requirements will only increase. Finance will also support access to data regarding project performance, platform integration, and Rapid Cycle Evaluation.

Governance: Well-defined roles and responsibilities for the PPS lead, partners, and in particular for finance, compliance, and audit, will need to be established. Financial sustainability will be necessary to maintain a governance structure for continued improvements and common goals with the Medicaid populations in the future post-DSRIP transformation.

Workforce: The finance team will need to understand the workforce strategy and plans, as well as related transition costs. Finance will support the tracking of costs and impact on full-time equivalents, compare actual to projected, and define how workforce spending will be tracked/reported to PPS and DOH.

Performance Reporting: The analytics software used for DSRIP needs to be available and maintained by the lead entity. It needs to have software upgrades and be available for continued use by the practices for continued performance reporting and quality needs.

Provider Engagement: Ongoing community-wide provider engagement for the Medicaid population is critical. Financial Sustainability needs to be linked to improvement in outcomes ongoing. Financial sustainability will be affected by continuation of a community-wide forum. With new alliances being formed, the hope is they will continue to expand and flourish with a new sense of purpose.

Population Health Management: Population health management and stratification of registries is not possible without robust clinical analytic software. The financial sustainability of this is tied with performance reporting and ongoing management of the software.



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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
Project managers for each project	Priti Bangia, Sandy McDougal, Saralin Tiedeman, Andrea Wanat, Kim Backey, Janet Stoeckl, LaTonya Diggs	Develop implementation and operational budgets necessary for project success
MCC Director of Finance	Kathrine Panzarella	Manage finance functions of the PPS; oversee receipt, distribution, and safekeeping of DSRIP funds; hold responsibility for reporting, both externally to NYS DOH and other regulatory bodies, and internally to the governing committee and work groups
Accounting Manager	Rozana Melandinidis	Develop infrastructure for finance office including general ledger, accounts payable, and payroll functions
Accounts Payable	Rozana Melandinidis	Day-to-day accounts payable function, including obtaining approval of invoices, processing for payment, check printing, and reporting
Payroll	PPC Strategic Services LLC; Grider Support Services LLC	Payroll processing function, including timekeeping, obtaining approval for payment, processing payroll, check distribution, and reporting
MCC Compliance Officer	Laura Fleming	Oversee compliance programs of PPS activities, including adherence to the compliance requirements of the lead entity
Audit	McGladrey, LLP	Perform audits according to standard accounting principles
Value-Based Payment (VBP) subject matter expertise	VBP Sub-Committee (Kristen Davis, Mel Dyster, Sheila Kee, Mike Sammarco)	Develop VBP Transition Plan; oversee implementation of the plan
Health plans	Blue Cross Blue Shield; Independent Health; YourCare; Fidelis Care	Establish VBP partnership with MCC; submit claims accounting for payment reconciliation



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✔ IPQR Module 3.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Finance Committee (Richard Braun, Mel Dyster, Sheila Kee, Christine Kemp, Chris Koenig, Raj Mehta, Kathrine Panzarella, Mike Sammarco, Juan Santiago, Lou Santiago, Erin Ryan)	Oversight and direction	Review/approve MCO Strategy for VBP Transition and VBP Transition Plan; ensure VBP initiatives are aligned to DSRIP goals; review, approve and monitor implementation of financial stability plan, distressed provider plan, project impact matrix, and financially fragile watch list
Board of Managers (chair: Anne Constantino)	Oversight	Review/approve VBP Transition Plan; monitor and audit fiscal operations; resolve conflicts; adopt Finance Committee charter; adopt financial stability plan; adopt distressed provider plan; review and approve project impact matrix; approve financially fragile watch list; adopt MCO Strategy for VBP Transition
MCC Finance Director (Kathrine Panzarella)	Lead implementation	Management and distribution of project funds; oversee all financial operations of PPS; oversee implementation of financial stability plan, and distressed provider plan; continually update financial status of providers; monitor financially fragile watch list; ensure sound financial reporting
Executive leadership and board members of provider partners (Andrew Boser, Timothy Finan, Clare Haar, Mary Hoffman, Sheila Kee, Norma Kerling, Cheryl Klass, Joseph Ruffolo, Thomas Quatroche, Michael Whyte, Christopher Lane, Allegra Jaros, Richard Braun)	Oversight and participation in decision-making	Stay involved in financial activities of MCC PPS; actively participate in development of VBP Plan; as appropriate, report on financial status of their institutions and on efforts to improve financial performance
External Stakeholders		
McGladrey, LLP	External audit	Perform audit of PPS financial operation including internal controls and financial reporting
Jennifer Mane and Henry Rosen (PCG)	Liaison	Serve as liaison between NYS DOH and PPS; provide updates on NYS DOH expectations and deliverables
Community representatives: Susan Barlow, Ellen Breslin, Kerri Brown, Lucy Candelario, Mindy Cervoni, William Covington, Charlotte Crawford,	Provider partners and representatives	Regular, timely, effective communication with community groups and organizations



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Robert DeBereaux, Ricardo Herrera, Diann Holt, Traci Hopkins, Anna Ireland, Dee Johnson, George Kennedy, Pattie Kepner, Robyn Krueger, Keith Lindsay, Robert Lowery, Francesca Mesiah, Jack Norton, Kinzer Pointer, Marcia Restivo, Ezra Scott, Suzanne Shears, Grace Tate, Lesley Thompson-Farrell, Charles Walker II, Ava White, Carrie Whitwood, etc.		
Health foundations/grant coalitions: Health Foundation for Western and Central New York; Oshei Foundation (Robert Goia); Towers Foundation (Tracy Sawicki)	Bridge funding	Fund MCC initiatives via coalition grants
Blue Cross Blue Shield; Independent Health; YourCare; Fidelis Care	VBP transformation	Establish VBP partnerships with MCC providers; share essential data with MCC to facilitate development of VBP strategies



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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 finance workstream will require a suite of standard accounting applications as well as the ability to pull in data from providers across the PPS. MCC will use existing hardware and software, where possible, for basic financial reporting. It will be critical to be able to bring in progress indicators from other workstreams/projects to convey to finance; this may be done manually at first (similar to the initial financial health assessment), but ultimately we envision a central, integrated repository MCC can use to monitor PPS financial stability. It may be necessary to establish a "reporting portal" for partner organizations to submit financial performance information easily on an ongoing basis. The financial performance of MCC will also be reliant upon IT innovations that support population health and care coordination performance and drive financial results for the MCC PPS.

✔ IPQR Module 3.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with a phased approach to implementing the overall financial sustainability strategy. Success will be measured initially by finalizing appointments, staffing the Finance Committee, completing a financial health current state assessment of providers, adopting distressed provider plans, establishing a financially fragile watch list, and developing an MCO Strategy for VBP Transition as well as VBP Transition Plan. These efforts will culminate into a financial sustainability strategy, which will be used to report quarterly project- and unit-level progress.

The progress of MCC's financial sustainability efforts will be measured by:

Finalized finance structure, including reporting structure approved by the Board of Managers

Finalized Compliance Plan consistent with NYS Social Services Law 363-d approved by the Finance Committee and Board of Managers

Development of a VBP Sub-Committee charter to be approved by the Finance Committee and Board of Managers

Development of a set of principles to guide development of multi-year strategic plan to transition to a system that has 90% of Medicaid payment under a VBP system to be approved by the Finance Committee and Board of Managers

Development of a systematic approach to designing and conducting annual provider financial health evaluation policies and procedures approved by the Finance Committee and Board of Managers



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A network financial health current state assessment

Provider willingness and readiness assessments within the network to engage in various levels of VBP contracting

Development of communication and education plans explaining NYS DOH's VBP agenda and goals

Quarterly project- and unit- level reports to mark progress towards financial sustainability will include but are not limited to:

- Finance Committee charter, meeting schedule, and minutes
- Finance structure/organizational chart and reporting flowchart
- Number of financial policies and procedures developed
- Number and type of changes and updates to charters, schedules, organizational or reporting structure, policies, and procedures
- Number/percent of providers in network that are financially fragile

Progress towards the implementation of a finalized compliance plan for NYS Social Services Law 363-d

Progress towards implementation of a finalized MCO strategy for VBP transition and the VBP transition plan

Percent of care costs going through VBPs (Level 1 and Level 2)

Status of the PPS's financially fragile providers (as defined by specific financial indicators including but not limited to days cash on hand, debt ratio, operating margin, and current ratio); how their financial status affects performance; identification of additional financial fragile partners; actions taken to improve these providers' financial status

All progress reports relating to the Finance workstream will be forwarded to the Finance Committee and the MCC Board of Managers.

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.



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Instructions :



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Section 04 – Cultural Competency & Health Literacy

✅ IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	05/30/2015	12/31/2015	05/30/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Using the Community Needs Assessment (CNA) as a foundation, MCC will work to uncover health disparities among different cultural, socioeconomic, and linguistic groups by extracting profiles of Medicaid enrollees attributed to MCC by race, ethnicity, primary language, and rural/urban status.	Completed	1. Using the Community Needs Assessment (CNA) as a foundation, MCC will work to uncover health disparities among different cultural, socioeconomic, and linguistic groups by extracting profiles of Medicaid enrollees attributed to MCC by race, ethnicity, primary language, and rural/urban status.	05/30/2015	09/30/2015	05/30/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Based on research findings, determine what factors are causing poor health outcomes among	Completed	2. Based on research findings, determine what factors are causing poor health outcomes among identified population	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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identified population groups (e.g., lack of a regular source of primary care, high emergency department (ED) utilization rates, disease complexity factors). Identify potential reasons for under-utilization of primary care and other services by these populations and define priority communities.		groups (e.g., lack of a regular source of primary care, high emergency department (ED) utilization rates, disease complexity factors). Identify potential reasons for under-utilization of primary care and other services by these populations and define priority communities.							
Task 3. Develop and issue a request for proposals (RFP) from qualified agencies to spearhead MCC's cultural competency and health literacy program. Selected contractor will be responsible for development, implementation, and operation of a comprehensive cultural competency and health literacy program.	Completed	3. Develop and issue a request for proposals (RFP) from qualified agencies to spearhead MCC's cultural competency and health literacy program. Selected contractor will be responsible for development, implementation, and operation of a comprehensive cultural competency and health literacy program.	06/01/2015	10/31/2015	06/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 4. Evaluate RFP responses and select qualified entity to operate cultural competency and health literacy program on behalf of MCC.	Completed	4. Evaluate RFP responses and select qualified entity to operate cultural competency and health literacy program on behalf of MCC.	09/30/2015	11/30/2015	09/30/2015	11/30/2015	12/31/2015	DY1 Q3	
Task 5. Selected contractor will survey and canvass community-based organizations (CBOs), both those with a long tradition of serving at-risk communities and those that are emerging (particularly in new/immigrant neighborhoods). Objective is to gain further knowledge of the reasons for under-utilization of healthcare services, obtain suggestions for improving access to primary and behavioral health services, and shed light on the service roles and capabilities of these CBOs.	Completed	5. Selected contractor will survey and canvass community-based organizations (CBOs), both those with a long tradition of serving at-risk communities and those that are emerging (particularly in new/immigrant neighborhoods). Objective is to gain further knowledge of the reasons for under-utilization of healthcare services, obtain suggestions for improving access to primary and behavioral health services, and shed light on the service roles and capabilities of these CBOs.	10/15/2015	12/31/2015	10/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Contractor will interview healthcare practitioners and support staff located within or near targeted communities to assess the cultural competency of providers (e.g., language and composition of provider staff) and uncover barriers to care (e.g., location of offices, operating hours, lack of transportation).	Completed	6. Contractor will interview healthcare practitioners and support staff located within or near targeted communities to assess the cultural competency of providers (e.g., language and composition of provider staff) and uncover barriers to care (e.g., location of offices, operating hours, lack of transportation).	10/15/2015	12/31/2015	10/15/2015	12/31/2015	12/31/2015	DY1 Q3	



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barriers to care (e.g., location of offices, operating hours, lack of transportation).									
Task 7. MCC will issue a survey instrument requesting practitioners and provider representatives to complete a self-assessment that will help gauge health literacy and cultural competency training needs.	Completed	7. MCC will issue a survey instrument requesting practitioners and provider representatives to complete a self-assessment that will help gauge health literacy and cultural competency training needs.	10/12/2015	12/31/2015	10/12/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Contractor will conduct a gap assessment to: (a) compare health disparities of specific targeted populations with linguistic and other cultural competency determinants among community providers; (b) evaluate accessibility of services at those locations where target populations receive care; (c) identify roles and extent to which CBOs are involved in serving target populations ; and (d) develop findings to spur future action.	Completed	8. Contractor will conduct a gap assessment to: (a) compare health disparities of specific targeted populations with linguistic and other cultural competency determinants among community providers; (b) evaluate accessibility of services at those locations where target populations receive care; (c) identify roles and extent to which CBOs are involved in serving target populations ; and (d) develop findings to spur future action.	10/12/2015	12/31/2015	10/12/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Working in concert with MCC, cultural competency and health literacy contractor will reach out to Medicaid Managed Care Organizations, local literacy groups , MCC project leaders, behavioral health professionals, agencies serving the developmentally disabled, and others (e.g., P2 Collaborative of WNY) to obtain recommendations on: (a) language-appropriate patient engagement materials; (b) techniques for engaging patients with low literacy rates; (c) use of teach-back methods in patient-centered medical homes and other settings; (d) assessments and tools to assist patients with self-management of conditions; and (d) other tools for promoting health literacy.	Completed	9. Working in concert with MCC, cultural competency and health literacy contractor will reach out to Medicaid Managed Care Organizations, local literacy groups , MCC project leaders, behavioral health professionals, agencies serving the developmentally disabled, and others (e.g., P2 Collaborative of WNY) to obtain recommendations on: (a) language-appropriate patient engagement materials; (b) techniques for engaging patients with low literacy rates; (c) use of teach-back methods in patient-centered medical homes and other settings; (d) assessments and tools to assist patients with self-management of conditions; and (d) other tools for promoting health literacy.	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Based on canvass, interviews, and assessments, develop literature and material to	Completed	10. Based on canvass, interviews, and assessments, develop literature and material to improve health literacy of targeted populations that cover topics such as when to use the ED, the	09/14/2015	12/31/2015	09/14/2015	12/31/2015	12/31/2015	DY1 Q3	



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improve health literacy of targeted populations that cover topics such as when to use the ED, the importance of primary care, overcoming mental health stigma, navigating the health system, and questions to ask your provider.		importance of primary care, overcoming mental health stigma, navigating the health system, and questions to ask your provider.							
Task 11. Engage the "Voice of the Consumer" Sub-Committee and CBO Task Force to assist in the health literacy improvement effort. Members of these groups will review patient education materials, make recommendations to improve patient communications, and provide plain language suggestions to enhance patient understanding of written materials (prescriptions, discharge plans, educational materials, treatment orders, etc.).	Completed	11. Engage the "Voice of the Consumer" Sub-Committee and CBO Task Force to assist in the health literacy improvement effort. Members of these groups will review patient education materials, make recommendations to improve patient communications, and provide plain language suggestions to enhance patient understanding of written materials (prescriptions, discharge plans, educational materials, treatment orders, etc.).	09/14/2015	12/31/2015	09/14/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Develop and finalize plan for distributing health literacy materials via the MCC website and at primary care practices, mental health clinics, drug and alcohol treatment centers, EDs, hospitals, and agencies serving the developmentally disabled, etc.	Completed	12. Develop and finalize plan for distributing health literacy materials via the MCC website and at primary care practices, mental health clinics, drug and alcohol treatment centers, EDs, hospitals, and agencies serving the developmentally disabled, etc.	10/30/2015	12/31/2015	10/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 13. Utilizing findings from cultural competency gap assessment, evidence-based cultural competency approaches, and health literacy-related recommendations, contractor will prepare draft Cultural Competency and Health Literacy Strategy, including planned training initiatives and community-based interventions to reduce health disparities and improve outcomes.	Completed	13. Utilizing findings from cultural competency gap assessment, evidence-based cultural competency approaches, and health literacy-related recommendations, contractor will prepare draft Cultural Competency and Health Literacy Strategy, including planned training initiatives and community-based interventions to reduce health disparities and improve outcomes.	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 14. Submit proposed Cultural Competency and Health Literacy Strategy to Clinical/Quality Committee, CBO Task Force, and "Voice of the Consumer" Sub-Committee for their review.	Completed	14. Submit proposed Cultural Competency and Health Literacy Strategy to Clinical/Quality Committee, CBO Task Force, and "Voice of the Consumer" Sub-Committee for their review. Amend plan to reflect recommendations.	11/15/2015	12/31/2015	11/15/2015	12/31/2015	12/31/2015	DY1 Q3	



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Amend plan to reflect recommendations.									
Task 15. Submit Cultural Competency and Health Literacy Strategy, including training plan, to Board of Managers for approval and post approved plan on MCC website.	On Hold	15. Submit Cultural Competency and Health Literacy Strategy, including training plan, to Board of Managers for approval and post approved plan on MCC website.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 16. Establish system for issuing quarterly reports to provide updates on Cultural Competency and Health Literacy Strategy.	Completed	16. Establish system for issuing quarterly reports to provide updates on Cultural Competency and Health Literacy Strategy.	11/15/2015	12/31/2015	11/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/09/2015	06/30/2016	07/09/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Issue an RFP from CBOs to serve as trainers for MCC's cultural and health literacy program. A minimum of 12 CBOs representative of the three sub-regions of the PPS (North: Niagara and Orleans Counties; Central: Erie, Genesee, and Wyoming Counties; and South: Allegany, Cattaraugus, and Chautauqua Counties) will be selected.	Completed	1. Issue an RFP from CBOs to serve as trainers for MCC's cultural and health literacy program. A minimum of 12 CBOs representative of the three sub-regions of the PPS (North: Niagara and Orleans Counties; Central: Erie, Genesee, and Wyoming Counties; and South: Allegany, Cattaraugus, and Chautauqua Counties) will be selected.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Select CBOs responding to survey based on their capabilities and the extent to which they serve under-served population groups and communities that were identified in previous research (milestone #1).	On Hold	2. Select CBOs responding to survey based on their capabilities and the extent to which they serve under-served population groups and communities that were identified in previous research (milestone #1).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Working with IT team, contractor will develop content for web-based cultural competency and health literacy learning platform.	Completed	Working with IT team, contractor will develop content for web-based cultural competency and health literacy learning platform.	11/15/2015	06/30/2016	11/15/2015	06/30/2016	06/30/2016	DY2 Q1	



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health literacy learning platform.									
Task 4. Contractor will develop a comprehensive plan for providing in-person and web-based cultural competency and health literacy training to representatives of CBOs.	Completed	Contractor will develop a comprehensive plan for providing in-person and web-based cultural competency and health literacy training to representatives of CBOs.	11/15/2015	06/30/2016	11/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Commence training of CBO representatives who will serve as trainers for the cultural competency and health literacy initiative.	On Hold	Commence training of CBO representatives who will serve as trainers for the cultural competency and health literacy initiative.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Develop and wage an ongoing communication effort to encourage MCC partners to actively engage in training and other programming to improve the cultural and health literacy competency of partners' providers and staff. Work will be led by MCC communication staff with input from health literacy/cultural competency contractor, "Voice of the Consumer" Sub-Committee, and CBO Task Force.	Completed	Develop and wage an ongoing communication effort to encourage MCC partners to actively engage in training and other programming to improve the cultural and health literacy competency of partners' providers and staff. Work will be led by MCC communication staff with input from health literacy/cultural competency contractor, "Voice of the Consumer" Sub-Committee, and CBO Task Force.	11/15/2015	06/30/2016	11/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Recruit cultural competency champions from MCC-affiliated providers, agencies, and CBOs.	Completed	Recruit cultural competency champions from MCC-affiliated providers, agencies, and CBOs.	07/09/2015	12/31/2015	07/09/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Using results of gap assessment and other findings, develop priority target list of providers, agencies, and CBO sites for cultural competency and health literacy training.	Completed	Using results of gap assessment and other findings, develop priority target list of providers, agencies, and CBO sites for cultural competency and health literacy training.	12/15/2015	03/31/2016	12/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Working in concert with cultural competency champions, schedule onsite cultural competency and health literacy training that will be provided by trained CBO representatives as well as by contractor.	Completed	Working in concert with cultural competency champions, schedule onsite cultural competency and health literacy training that will be provided by trained CBO representatives as well as by contractor.	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Begin onsite training at MCC partner sites, including primary care practices, behavioral	Completed	Begin onsite training at MCC partner sites, including primary care practices, behavioral health agencies, addiction treatment centers, CBO service sites, etc. directed to	01/25/2016	06/30/2016	01/25/2016	06/30/2016	06/30/2016	DY2 Q1	



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health agencies, addiction treatment centers, CBO service sites, etc. directed to practitioners and staff and focused on the core competencies of delivering culturally competent, health-literate care.		practitioners and staff and focused on the core competencies of delivering culturally competent, health-literate care.							
Task 11. Populate cultural competency and health literacy learning platform with lessons learned and continue to build educational resources on the website.	Completed	Populate cultural competency and health literacy learning platform with lessons learned and continue to build educational resources on the website.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 12. Perform an evaluation of cultural competency and health literacy training initiative to pinpoint any gaps and needed improvements to strengthen training before proceeding to the next training phase. Use pre- and post-training assessments to determine effectiveness.	Completed	Perform an evaluation of cultural competency and health literacy training initiative to pinpoint any gaps and needed improvements to strengthen training before proceeding to the next training phase. Use pre- and post-training assessments to determine effectiveness.	03/15/2016	06/30/2016	03/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 13. Review progress and issue first quarterly report to MCC Board of Managers, "Voice of the Consumer" Sub-Committee, and CBO Task Force on number of partners receiving training, participant-level data, description of training provided, training outcomes, health literacy materials that have been developed and tested by consumer input, and other cultural competency and health literacy activities.	Completed	Review progress and issue first quarterly report to MCC Board of Managers, "Voice of the Consumer" Sub-Committee, and CBO Task Force on number of partners receiving training, participant-level data, description of training provided, training outcomes, health literacy materials that have been developed and tested by consumer input, and other cultural competency and health literacy activities.	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found



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Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	No changes.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	No changes.

Milestone Review Status

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



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✔ IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ 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.

PPS provider receives revenue from MCC without Cultural Competency/Health Literacy training. Provide classes with continuing education credits and celebrate all providers who complete training in PPS publications and on social media.

CBOs are not compensated or recognized for their participation in training. Include training compensation and recognition. Create an accreditation (e.g., CBOs of Health Excellence) including University of Albany Online Advancing Cultural Competence Certificate Program.

Training is considered unnecessary or a waste of time. The training design is to teach and entertain in order to create memorable moments. We will use the Program to Enhance Relational and Communication Skills (PERCS) model of realistic enactments with professional actors, collaborative learning, reflection, and feedback. MCC has engaged Erie Niagara AHEC (Area Health Education Centers) as the consultant contractor for cultural competency and health literacy in its PPS geographic 8 county area of WNY. A detailed Cultural Competency and Health Literacy Training Plan has been developed, socialized, vetted, and approved by MCC's Board of Managers. The Plan uses a step by step approach to developing cultural competence and health literacy considering five key framing principles: 1) Meet participants where they are; 2) Clarify specific outcomes of the program; 3) Create an appropriate learning environment, including web-based; 4) Evaluate and assess the program and the learning outcomes; and 5) Create a flawlessly organized experience.

Many CBOs are small, with a small staff who are already multi-tasking, and insecure funding. This project requires stable, experienced CBOs so clients have confidence in them being there when they need them. We also need to know that the trainers we invest in are going to be able to attend "train the trainer" sessions and consistently serve as lead trainers. Include an organizational profile which includes financials and staffing as part of the RFP process for selecting CBOs who will serve as lead trainers. Also consider the number of clients they serve and whether or not they have multiple sites. Identifying these organizations as primary training sites would increase our opportunity to reach the underserved/uninsured population we are seeking.

An individual's literacy level is a highly personal and sensitive area that requires building trust with a nonjudgmental approach. In addition to the CBOs, we also need to provide in-community health literacy collaborations which include public libraries and faith-based sites to make health literacy a community initiative. The objective will be to reach community members in the diverse environments where they are already comfortable, to maximize consumer engagement.

Overlapping PPSs in WNY. Work with Community Partners of WNY and Finger Lakes PPS to coordinate efforts. MCC has met with the other PPSs and with the Population Health Improvement Program grantee in WNY (P2 Collaborative of WNY) to identify potential areas of collaboration including conducting focus groups; designing training programs; partnering on cancer screening programs; and collecting quality metrics related to race, ethnicity, and language.

Changes are made "in a vacuum" and do not meet actual patient/caregiver needs. Community participants play vital roles in the cultural competency and health literacy training development and its successful implementation. Their participation and feedback in assessments, through



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focus groups, on social media, and in face-to-face meetings including the cultural competency and health literacy workgroup will instruct us on what will work, what does not, and how we should change things in order to make this healthcare transformation meet the need.

✓ 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.)

There are several interdependencies between the cultural competency and health literacy workstream and other workstreams and project initiatives:

Cultural competency and health literacy training will be a key element of clinical integration activities. The aim is to give providers the training they need to be sensitive and responsive to the cultural needs of their patients, a key element for promoting ongoing patient engagement with the healthcare system.

The cultural competency and health literacy program will buttress the project 2.d.i. (Patient Activation). All patient activation coaches will be required to complete cultural competency and health literacy training as a means for improving their effectiveness in motivating patients and making sure they understand medication and plan of care instructions.

The effectiveness of the cultural competency and health literacy program will be dependent upon a supportive governing body that elevates the importance of this work.

The cultural competency and health literacy effort will be dependent upon the strength of CBOs. The training process will begin with several CBOs whose representatives will serve as cultural competency and health literacy trainers, and the CBO community will be tapped to promote participation in this essential training.

The effectiveness of the PPS's communication strategies will be dependent upon the use of health literate educational materials and other communications that can be readily understood by diverse cultural and ethnic communities across WNY.



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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 vendor selected via RFP process	Rural AHEC (Valerie Putney)	Implement PPS workforce development and training strategies, incorporating cultural competency and health literacy topics
MCC Administrative Director	Juan Santiago	Manage RFP/procurement process
Cultural competency and health literacy vendors selected via RFP process	Erie Niagara AHEC (Area Health Education Centers)	Conduct "train the trainer" classes; coordinate and deliver cultural competency/health literacy activities to community members at their respective sites
Minority business relations	Janique Curry	Facilitate inclusion of Minority- and Women-Owned Business Enterprises (MBE/WBEs); support organizations seeking MBE/WBE certification



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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		
Providers	Patient care	Ensure office practices are sensitive to cultural diversity and health concerns of their population; deliver culturally sensitive care
MCC Continuing Education Manager	Training oversight	Ensure all training is conducted with cultural sensitivity; develop training necessary for raising awareness on cultural diversity and health literacy; consider a dissemination plan for education developed
Staff	Consumer and patient administrative support	Ensure staff conducts business with astuteness for cultural diversity and various health literacy levels; deliver culturally sensitive care
"Voice of the Consumer" Sub-Committee	Community participation	Encourage awareness of cultural norms; support diversity; provide feedback on gaps in services; training and other materials designed for population-wide use
CBO Task Force	Services	Encourage awareness of cultural norms; support diversity; provide feedback on training and other materials
CBO staff trained to serve as trainers	Services	Provide culturally aware and health literacy-appropriate services; coordinate with MCC physicians to ensure care addresses barriers to care
External Stakeholders		
Patients, families, caregivers	Care seekers	Remove barriers to effective care due to cultural sensitivities; strive towards personal success goals
211 resource directory	Consumer resource information	Provide links to and information about culturally aware and health literacy-appropriate services
Literacy Volunteers of Buffalo	Educational resource	Include topic of health and cultural diversity in literacy education
Centers for Disease Control and Prevention	Resource for patients and caregivers	Provide free educational materials for varied cultural ethnicities and languages
Safety net primary care practices (e.g., Jericho Road)	PCP/FQHC	Provide medical care in a transcultural, diverse, and culturally sensitive medical home especially for refugees and low-income community members
Various organizations: International Institute; Journey's End; Jewish Family Services; Hispanics	Support, outreach, advocacy	Provide support and outreach services tailored to specific populations and groups; ensure services are offered in culturally



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
United of Buffalo (HUB); Native American Community Services; area Indian reservations; Olmsted Center for the Blind; Deaf Access Services; St. Mary's School for the Deaf; Gay/Lesbian Youth Services (GLYS); Pride Center of WNY; Autism Services Inc. of WNY; etc.		sensitive and linguistically appropriate formats; promote community awareness and understanding of specific populations/groups
UB Educational Opportunity Center	Literacy and workforce development	Literacy for adults; culturally sensitive workforce development services
Local school districts, BOCES	Education resources	Literacy for adults and children
Community-based organizations (e.g., Catholic Charities)	Social determinant of health support services, i.e., counseling, housing, etc.	Offer supportive guidance services with cultural diversity and literacy sensitivity
Community health workers	Care coordination	Provide care coordination/navigation services in culturally and linguistically appropriate formats/settings
Behavioral health providers (e.g., Lakeshore Behavioral Health)	Behavioral health services	Work with refugee population
Retired Peace Corps Volunteer Group	Speakers for community forums	Assist with cultural awareness discussions, forums, and roundtables
Local government units	Education resources	Offer publicly available culturally sensitive educational materials and services (if applicable)



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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.

A shared IT infrastructure will be used to store and disseminate standardized health education and sample conversation scripts that will be used by providers throughout the PPS. This information will be pre-authorized with respect to meeting cultural competency and health literacy standards. A shared IT structure will also be used to track and monitor partner engagement in cultural competency and health literacy training.

A phased approach to project rollout, IT development, reporting, and rapid cycle evaluation creates a resilient system which can adapt quickly to change. Our early reliance on free, open source solution for data collection and analysis provides us with a "fallback" option for maintaining continuity of operations in the event gaps in IT begin to affect the organization. Additionally, we are working to mitigate this risk through close partnerships with our core stakeholders in IT and partners at ECMC.

Moving from an IT infrastructure wholly hosted by ECMC to one that we control directly has enabled us to grow our internal capacities and help direct the development of IT resources across the region. Our strategy allows for systems to fail gracefully by creating a scaffolding of solutions that can meet immediate or interim goals and then building continuously toward integrated, regional solutions for interconnectivity.

✔ IPQR Module 4.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall cultural competency strategy. Establishment of project- and unit-level reporting frequency will be based on the internal and external reporting requirements to ensure the success of the PPS-wide cultural competency strategy which will be consistent with cultural and linguistic needs of the population.

The progress of MCC's cultural competency and health literacy efforts will be measured by:

- Finalizing the makeup of various committees/groups (CBO Task Force, etc.)
- Designing and administering stakeholder and health literacy assessments
- Aggregating and analyzing responses to identify gaps and areas of focus
- Communicating the results
- Developing a comprehensive training strategy to address drivers of health disparities to be approved by the Board of Managers, e.g., Cultural Competency and Health Literacy Training Plan

Progress towards these overall goals will be reported quarterly based on several indicators, such as:



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Percentage of assessments completed
Health disparities relating to access to care among uninsured and low/non-utilizing Medicaid patients
The percentage of uninsured and low/non-utilizing Medicaid patients who completed a patient activation screen and are connected to care

The progress of the MCC cultural competency training plans will be analyzed and reports will be developed to assess the following:
Number of training programs delivered each quarter
Geographical locations of trainings
Number of CBOs serving as cultural competency/health literacy trainers
Number of CBO staff trained to serve as trainers
Percentage of total PPS partners who participated in cultural competency/health literacy training
Percentage of partner staff who completed training
Training outcomes (use pre- and post-training assessments to determine effectiveness)
Cultural competency and health literacy training activity (tracked via MCC CCHL Trainer Rationale and Assignment document)
Training satisfaction rate

Monthly and quarterly reports will track development of materials/programs/publications and the status of efforts to test these materials in pilots or focus groups.

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

IPQR Module 4.9 - IA Monitoring

Instructions :



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Section 05 – IT Systems and Processes

✅ IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Establish an IT governance structure including a charter, goals and objectives, reporting structure, budget, and reporting responsibilities. IT governance will engage representatives from all entities in the MCC corporate structure to participate in the IT governance process.	Completed	1. Establish an IT governance structure including a charter, goals and objectives, reporting structure, budget, and reporting responsibilities. IT governance will engage representatives from all entities in the MCC corporate structure to participate in the IT governance process.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define requirements to provide IT solutions to meet the goals and objectives outlined in MCC IT needs, including but not limited to: an enterprise DSRIP solution blueprint, EHR, care management, direct messaging, patient portal, patient activation, population health, telehealth, HEDIS, grouping (3M), security tools, and back office tools including project management and finance software.	Completed	2. Define requirements to provide IT solutions to meet the goals and objectives outlined in MCC IT needs, including but not limited to: an enterprise DSRIP solution blueprint, EHR, care management, direct messaging, patient portal, patient activation, population health, telehealth, HEDIS, grouping (3M), security tools, and back office tools including project management and finance software.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Determine approach to assessing the capabilities of MCC participants and their ability to meet the requirements defined in Step 2. MCC	Completed	3. Determine approach to assessing the capabilities of MCC participants and their ability to meet the requirements defined in Step 2. MCC participants to include all providers of services (medical, behavioral, post-acute, long-term care, and	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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participants to include all providers of services (medical, behavioral, post-acute, long-term care, and community-based service providers as well as payers and social service organizations). Approach will leverage existing data sources and direct interviews and surveys as appropriate.		community-based service providers as well as payers and social service organizations). Approach will leverage existing data sources and direct interviews and surveys as appropriate.							
Task 4. Assess capabilities from HEALTHeLINK (Qualified Entity) against defined requirements. Review HEALTHeLINK proposal to support DSRIP organizations.	Completed	4. Assess capabilities from HEALTHeLINK (Qualified Entity) against defined requirements. Review HEALTHeLINK proposal to support DSRIP organizations.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Roll out initial communication and education to all PPS members via electronic means and workshops.	Completed	5. Roll out initial communication and education to all PPS members via electronic means and workshops.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Conduct current state assessment utilizing the approach identified in task 3. Gathered data should focus on vendors, systems, and applications; interoperability capabilities; capabilities of staff; and industry standards for data exchange.	Completed	6. Conduct current state assessment utilizing the approach identified in task 3. Gathered data should focus on vendors, systems, and applications; interoperability capabilities; capabilities of staff; and industry standards for data exchange.	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Develop high-level gap analysis against enterprise DSRIP solution blueprint. Prioritize defined gaps against the potential impact of the gap and required timeline for delivery.	Completed	7. Develop high-level gap analysis against enterprise DSRIP solution blueprint. Prioritize defined gaps against the potential impact of the gap and required timeline for delivery.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Develop strategy and approaches to closing or remediating identified gaps. Potential strategies include leveraging existing capabilities, selecting/procuring new solution sets, and/or providing services and capabilities to MCC participants directly. In addition, document MCC's intentions to leverage technology to support its business and strategic vision through development of the IT Target Operating Model (TOM). The TOM plan will include business	Completed	8. Develop strategy and approaches to closing or remediating identified gaps. Potential strategies include leveraging existing capabilities, selecting/procuring new solution sets, and/or providing services and capabilities to MCC participants directly. In addition, document MCC's intentions to leverage technology to support its business and strategic vision through development of the IT Target Operating Model (TOM). The TOM plan will include business	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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operations model and IT systems model deliverables which include working, outcomes, access, care coordination, and prevention views.									
Task 9. Develop implementation plan based upon the identified gaps. Include capabilities, intended organizations, technical approach, capital, and resources required for successful implementation.	Completed	9. Develop implementation plan based upon the identified gaps. Include capabilities, intended organizations, technical approach, capital, and resources required for successful implementation.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 10. Obtain Board of Managers approval for IT strategy and IT implementation plan.	Completed	10. Obtain Board of Managers approval for IT strategy and IT implementation plan.	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
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	10/01/2015	12/30/2016	10/01/2015	12/30/2016	12/31/2016	DY2 Q3	NO
Task 1. Develop MCC IT and Organizational Change Management Strategy including oversight and governance processes and interaction/monitoring by appropriate entities. Ensure change strategy takes into account degree of resistance, target population, timeframes, expertise, workforce, and dependencies.	Completed	1. Develop MCC IT and Organizational Change Management Strategy including oversight and governance processes and interaction/monitoring by appropriate entities. Ensure change strategy takes into account degree of resistance, target population, timeframes, expertise, workforce, and dependencies.	10/01/2015	12/30/2016	10/01/2015	12/30/2016	12/31/2016	DY2 Q3	
Task 2. Conduct IT and organizational change readiness assessment, internally and externally throughout the PPS network. Determine scope of change, impacted groups, and numbers of employees (both MCC internal and partner network), organization's change capacity, acceptance of change in their culture, leadership	Completed	2. Conduct IT and organizational change readiness assessment, internally and externally throughout the PPS network. Determine scope of change, impacted groups, and numbers of employees (both MCC internal and partner network), organization's change capacity, acceptance of change in their culture, leadership	10/01/2015	12/30/2016	10/01/2015	12/30/2016	12/31/2016	DY2 Q3	



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style (internal and with partners), and power distribution.									
Task 3. Identify change agents throughout the network.	Completed	3. Identify change agents throughout the network.	10/01/2015	12/30/2016	10/01/2015	12/30/2016	12/31/2016	DY2 Q3	
Task 4. Define and inventory current end user roles and responsibilities. Align current roles and responsibilities with proposed roles and responsibilities.	Completed	4. Define and inventory current end user roles and responsibilities. Align current roles and responsibilities with proposed roles and responsibilities.	06/30/2016	12/30/2016	06/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 5. Identify areas where roles will be created or eliminated; assess impact on job descriptions, performance evaluations, etc.	Completed	5. Identify areas where roles will be created or eliminated; assess impact on job descriptions, performance evaluations, etc.	10/01/2016	12/30/2016	10/01/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 6. Build training plans based on role-based training.	Completed	6. Build training plans based on role-based training.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 7. Communicate change management policies to all stakeholders for management of high-impact changes that affect the entire PPS. Communication plan will be centered around "stop/start/continue" methodology.	Completed	7. Communicate change management policies to all stakeholders for management of high-impact changes that affect the entire PPS. Communication plan will be centered around "stop/start/continue" methodology.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 8. Activate change agents to conduct workshops throughout partner networks. Change agents will identify tips, tricks, and other info/material they need to help their co-workers adapt to change.	Completed	8. Activate change agents to conduct workshops throughout partner networks. Change agents will identify tips, tricks, and other info/material they need to help their co-workers adapt to change.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 9. Develop and implement IT-specific training within the PPS's workforce training programs.	Completed	9. Develop and implement IT-specific training within the PPS's workforce training programs.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 10. Maintain training register/learning management system to monitor progress, training participation rates, and outcomes. Use formal and informal surveys to assess training effectiveness.	Completed	10. Maintain training register/learning management system to monitor progress, training participation rates, and outcomes. Use formal and informal surveys to assess training effectiveness.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task	Completed	11. Assign responsibility for driving the IT and Organizational	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	



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11. Assign responsibility for driving the IT and Organizational Change Management Strategy to members of the IT Data Committee and other key stakeholders as appointed by the Board of Managers.		Change Management Strategy to members of the IT Data Committee and other key stakeholders as appointed by the Board of Managers.							
Task 12. Establish change management procedures including the following tasks: review, approve/reject, communicate, and monitor including tracking and reporting.	Completed	12. Establish change management procedures including the following tasks: review, approve/reject, communicate, and monitor including tracking and reporting.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 13. Develop or procure a tool or technology to assist in management of the change management system.	Completed	13. Develop or procure a tool or technology to assist in management of the change management system.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 14. Coordinate and communicate all activities to stakeholders including PPS members to leverage the change management system.	Completed	14. Coordinate and communicate all activities to stakeholders including PPS members to leverage the change management system.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 15. Build an appropriate change management culture throughout the MCC community.	Completed	15. Build an appropriate change management culture throughout the MCC community.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 16. Develop the impact analysis processes for change requests. These processes should address contingencies, allow stakeholders to communicate concerns, identify and establish a specific maintenance window, and include an adequate fallback plan.	Completed	16. Develop the impact analysis processes for change requests. These processes should address contingencies, allow stakeholders to communicate concerns, identify and establish a specific maintenance window, and include an adequate fallback plan.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 17. Define processes and workflows including but not limited to documentation of information related to high-level testing, communication and resource plans, required meetings, timely decisions, change management work processes, and post-change analysis for process improvements.	Completed	17. Define processes and workflows including but not limited to documentation of information related to high-level testing, communication and resource plans, required meetings, timely decisions, change management work processes, and post-change analysis for process improvements.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 18. The Board of Managers will review/approve	Completed	18. The Board of Managers will review/approve the IT and Organizational Change Management Strategy.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 Q3	



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the IT and Organizational Change Management Strategy.									
Task 19. Conduct quarterly audits of the change control process, ensuring its effectiveness and modifying the IT and Organizational Change Management Strategy as needed.	Completed	19. Conduct quarterly audits of the change control process, ensuring its effectiveness and modifying the IT and Organizational Change Management Strategy as needed.	09/30/2016	12/30/2016	09/30/2016	12/30/2016	12/31/2016	DY2 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 DEAs 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).	04/01/2015	12/30/2016	04/01/2015	12/30/2016	12/31/2016	DY2 Q3	NO
Task 1. Perform current state assessment as described in milestone #1, including hardware and software readiness, EMR capabilities, and interoperability with HEALTHeLINK/RHIO.	Completed	1. Perform current state assessment as described in milestone #1, including hardware and software readiness, EMR capabilities, and interoperability with HEALTHeLINK/RHIO.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Determine the need for data sharing agreements between MCC and all participating PPS providers. Review the applicable law and assess agreements for data sharing currently in use by Qualified Entity (HEALTHeLINK) and MCC providers.	Completed	2. Determine the need for data sharing agreements between MCC and all participating PPS providers. Review the applicable law and assess agreements for data sharing currently in use by Qualified Entity (HEALTHeLINK) and MCC providers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Establish an MCC data governance framework, which takes into account the requirements of the PPS members, their data integration capabilities, and DSRIP project data	Completed	3. Establish an MCC data governance framework, which takes into account the requirements of the PPS members, their data integration capabilities, and DSRIP project data	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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requirements of the PPS members, their data integration capabilities, and DSRIP project data sharing needs.		sharing needs.							
Task 4. Create policies and procedures for data sharing, including data sharing requirements between PPS members and external entities.	Completed	4. Create policies and procedures for data sharing, including data sharing requirements between PPS members and external entities.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Establish data formatting, nomenclature, and data schema policies for all interfaces including sFTP, PGP encryption, automated interfaces, APIs, and direct queries.	Completed	5. Establish data formatting, nomenclature, and data schema policies for all interfaces including sFTP, PGP encryption, automated interfaces, APIs, and direct queries.	11/01/2015	12/30/2016	11/01/2015	12/30/2016	12/31/2016	DY2 Q3	
Task 6. Based on legal analysis, the DEAA's will incorporate PHI, BAAs, and other elements and will be finalized and executed within the PPS network.	Completed	6. Based on legal analysis, the DEAA's will incorporate PHI, BAAs, and other elements and will be finalized and executed within the PPS network.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Complete the execution of data sharing agreements for key partners within the PPS network.	Completed	7. Complete the execution of data sharing agreements for key partners within the PPS network.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Verify two-way data flow, where approved and appropriate, to all systems identified. Data flows need to be secure, logged, and monitored.	Completed	8. Verify two-way data flow, where approved and appropriate, to all systems identified. Data flows need to be secure, logged, and monitored.	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Measure continued improvement against baseline (current state assessment). Begin providing quarterly reports to the Board of Managers detailing the status of the signing and execution of the DEAA's.	Completed	9. Measure continued improvement against baseline (current state assessment). Begin providing quarterly reports to the Board of Managers detailing the status of the signing and execution of the DEAA's.	11/01/2015	12/30/2016	11/01/2015	12/30/2016	12/31/2016	DY2 Q3	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	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.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Develop high-level strategy engaging PPS members and any community RHIO or data	Completed	1. Develop high-level strategy engaging PPS members and any community RHIO or data exchange (Qualified Entities) entity which are identified as critical to the success of this	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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exchange (Qualified Entities) entity which are identified as critical to the success of this initiative. IT TOM will be utilized to identify requirements and IT systems required to assist in the enablement of patient engagement and RHIO/data exchange.		initiative. IT TOM will be utilized to identify requirements and IT systems required to assist in the enablement of patient engagement and RHIO/data exchange.							
Task 2. Identify gaps for engagement with PPS members and Qualified Entities, including analysis and determination of outreach strategies, patient portals, patient communications, and call centers.	Completed	2. Identify gaps for engagement with PPS members and Qualified Entities, including analysis and determination of outreach strategies, patient portals, patient communications, and call centers.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Identify remediation for gaps in engagement with PPS members and Qualified Entities.	Completed	3. Identify remediation for gaps in engagement with PPS members and Qualified Entities.	11/01/2015	12/31/2016	11/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Define patient engagement goals and objectives; include metrics and monitoring processes to verify adherence to goals and objectives.	On Hold	4. Define patient engagement goals and objectives; include metrics and monitoring processes to verify adherence to goals and objectives.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. From Steps 1-4, develop plan to implement and maintain engagement. This includes workflows, processes, procedures, and tools.	On Hold	5. From Steps 1-4, develop plan to implement and maintain engagement. This includes workflows, processes, procedures, and tools.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. As part of the development of the Engagement Strategy and Plan, we will utilize our IT and Organizational Change Management Strategy (as described in milestone #2) to identify the different communication methods and techniques including objectives and proposed tools. - Provider-to-Provider - Provider-to-MCC - Provider-to-Home Care - Patient-to-Provider - External Entity-to-Caregiver	On Hold	6. As part of the development of the Engagement Strategy and Plan, we will utilize our IT and Organizational Change Management Strategy (as described in milestone #2) to identify the different communication methods and techniques including objectives and proposed tools. - Provider-to-Provider - Provider-to-MCC - Provider-to-Home Care - Patient-to-Provider - External Entity-to-Caregiver	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Identify the linguistic requirements of the	Completed	7. Identify the linguistic requirements of the region. Incorporate any linguistic requirements into the IT portion of	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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region. Incorporate any linguistic requirements into the IT portion of the Engagement Strategy and Plan as needed. Dependent on development of member-accessible system via patient portal or otherwise. This work will be done in conjunction with the implementation of the solution, the Cultural Competency and Health Literacy workstream, and the IT and Organizational Change Management Strategy.		the Engagement Strategy and Plan as needed. Dependent on development of member-accessible system via patient portal or otherwise. This work will be done in conjunction with the implementation of the solution, the Cultural Competency and Health Literacy workstream, and the IT and Organizational Change Management Strategy.							
Task 8. Finalize Engagement Strategy and Plan including milestones, workflows, processes, procedures, objectives, and proposed tools.	Completed	8. Finalize Engagement Strategy and Plan including milestones, workflows, processes, procedures, objectives, and proposed tools.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. MCC Governance Committee with Clinical Integration Officer reviews and approves Engagement Strategy and Plan.	Completed	9. MCC Governance Committee with Clinical Integration Officer reviews and approves Engagement Strategy and Plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Identify and design tools to address the engagement plan. Identify business/technical requirements including final architecture and downselection of solutions. Determine whether to develop the system internally or leverage a third party. Develop RFP for engagement plan/communication tool.	Completed	10. Identify and design tools to address the engagement plan. Identify business/technical requirements including final architecture and downselection of solutions. Determine whether to develop the system internally or leverage a third party. Develop RFP for engagement plan/communication tool.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Select vendor from the RFP.	Completed	11. Select vendor from the RFP.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Acquire and customize tools for the Engagement Strategy and Plan.	In Progress	12. Acquire and customize tools for the Engagement Strategy and Plan.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 13. Develop and implement workflows, processes, and procedures to support the Engagement Strategy and Plan.	In Progress	13. Develop and implement workflows, processes, and procedures to support the Engagement Strategy and Plan.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 14. Communicate to PPS members and deploy to MCC the Engagement Strategy and Plan including tools.	In Progress	14. Communicate to PPS members and deploy to MCC the Engagement Strategy and Plan including tools.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Develop a Data Security and Confidentiality Plan.	Completed	1. Develop a Data Security and Confidentiality Plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop Security Charter and IT Security Program and Management Processes. Obtain Board of Managers approval of program.	Completed	2. Develop Security Charter and IT Security Program and Management Processes. Obtain Board of Managers approval of program.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Coordinate definition and establishment of IT Security Policies and Protocols including data usage policies, data handling policies, and sanctions and penalties policies. Obtain IT Data Committee approval of program.	Completed	3. Coordinate definition and establishment of IT Security Policies and Protocols including data usage policies, data handling policies, and sanctions and penalties policies. Obtain IT Data Committee approval of program.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Perform risk analysis of Information security risks, regulatory requirements, and design of controls to mitigate risk. The results of this assessment will be integrated into the IT Security Policies and Protocols to mitigate the identified risk.	Completed	4. Perform risk analysis of Information security risks, regulatory requirements, and design of controls to mitigate risk. The results of this assessment will be integrated into the IT Security Policies and Protocols to mitigate the identified risk.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Provide IT Security Policies and Protocols to be integrated by the IT Data Committee for implementation in all infrastructure, applications, and back office and communications tools deployed.	Completed	5. Provide IT Security Policies and Protocols to be integrated by the IT Data Committee for implementation in all infrastructure, applications, and back office and communications tools deployed.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Establish requirements for monitoring data misuse by PPS partners and staff - Establish logging and monitoring requirements and the support system to deliver - Establish IT Security testing tools of IT Security	Completed	6. Establish requirements for monitoring data misuse by PPS partners and staff - Establish logging and monitoring requirements and the support system to deliver - Establish IT Security testing tools of IT Security controls to monitor data misuse	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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controls to monitor data misuse - Design IT Security testing controls - Establish automated monitoring and alerting of PPS member and partner adherence to security policies; include reporting and remediation protocols - Implement IT security testing controls - Monitor interfaces and data exchanges for appropriate use - Establish a risk assessment and analysis program - Annual risk assessment performed - Establish contract with third-party entity(s) to perform vulnerability scanning, penetration testing, security audits, and incident monitoring and response - Utilize the Capability Maturity Model as baseline for all assessments and analysis		- Design IT Security testing controls - Establish automated monitoring and alerting of PPS member and partner adherence to security policies; include reporting and remediation protocols - Implement IT security testing controls - Monitor interfaces and data exchanges for appropriate use - Establish a risk assessment and analysis program - Annual risk assessment performed - Establish contract with third-party entity(s) to perform vulnerability scanning, penetration testing, security audits, and incident monitoring and response - Utilize the Capability Maturity Model as baseline for all assessments and analysis							
Task 7. Establish reporting mechanisms to IT Data Committee and Board of Managers.	Completed	7. Establish reporting mechanisms to IT Data Committee and Board of Managers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

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



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform 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	End date adjusted to allow time to complete remaining tasks.
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 (with Exception) & Complete	The PPS has developed a roadmap to achieve clinical data sharing & interoperable systems across the PPS network. The IA notes, however, that the PPS does not specifically reference project 3.f.i in the supporting documentation. The PPS does reference all other projects.
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



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✔ IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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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.

The inability to share our attributed Medicaid member and claims files with downstream providers until security controls documentation is provided and approved threatens the planned go-live and implementation deadlines for our population health management platform (Cerner HealthIntent). This is also complicated by restrictions imposed by the State on sharing our Medicaid roster with HEALTHeLINK. MCC is expediting work with downstream partners to complete the required workbooks and execute affidavits based on their attested controls.

Lack of sufficient detailed documentation about data presented in MAPP, Salient, and member and claims files makes it difficult to use the data appropriately for analysis and reporting. It is our sincere hope that DOH can provide this documentation in the very near future.

The inability to submit corrections to data quality issues challenges the usefulness and accuracy of the data DOH has made available and uses to measure PPS and provider performance. MCC will provide the necessary inputs to correct erroneous data when allowed by DOH.

The current unresolved regulatory issues with sharing CFR 42 Part 2 data with integrated care teams undermine our ability to integrate care across behavioral health and medical service providers. MCC cannot fully and effectively implement coordinated care without this regulatory relief. In the meantime, behavioral health practices are submitting data to HeL in a segmented and secure environment. We will begin using this data when regulatory relief is found.

Consistent with the State data strategy, we are relying on HeL to capture patient data and feed it to our population health management solution. The current data available lacks consistency and completeness. The success of our shared data strategy relies on our ability to remediate data quality issues at the source. Some cases require vendor mobilization to change screens and data capture fields. HeL and MCC are committed to proactively working with our data providers to remediate source data anomalies that directly impact our ability to analyze and report performance.

To acquire data for DSRIP reporting, we are relying on the ability of our PPS service providers to send CCDs from Meaningful Use stage 2-compliant EMR systems. Most providers have compliant EMRs, but only a few currently send CCDs to HeL. This will require vendors to build interfaces from the EMR to HeL. This is costly and represents a significant obstacle. MCC will use year two Master Participation Agreements to incentivize active support in providing CCDS that support our data and reporting strategy.

The lack of capital funding to pay for our population health management platform required MCC to divert monies from operating funds. This diminishes our ability to incent providers to make necessary IT investments to implement our data sharing strategy. MCC continues to pursue opportunities with the State to secure capital funding and restore operational funding that can be flowed to our PPS network in support of our transformation strategy.

Effective care collaboration requires technology to enable documentation, communication, and follow-up among community health workers, physician practices, and members. Population health solutions have not yet developed these CRM capabilities. The exclusive use of portals for this is not acceptable for our Medicaid population who often don't have a computer or smart phone with a data plan. MCC continues to look for



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market-ready solutions to fill this gap.

Getting physician practices to use our population health management solution will require changes to workflow and potentially personnel roles. The business case for change needs to be well thought-out and must demonstrate value to care providers. This needs to be accompanied by a detailed training and change management plan.

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.)

All workstreams are impacted by IT. Performance reporting and population health management in particular are nearly impossible without the technology in place to support them. In addition, all projects require participating providers to track patients using electronic systems. Many of the projects also require providers to not only have an EHR system in place, but to achieve MU and/or Patient-Centered Medical Home (PCMH) status. This will require extensive support and infrastructure from the central PPS IT organization.

Workforce: While technology can enable change, it is essential that the workforce strategy is defined and in place to support PPS membership through the required change. In addition, the clinical advisory committee will provide oversight and guidance in the design and development of the IDS, HIE, and data analytics systems and programs. This is to verify the IT solutions will be able to assist providers, partners, and organizations deliver on their desired outcomes and goals.

Clinical integration: Providers will need help in their offices to make this transformation, as well as receive ongoing support to sustain changes and deliver results.

Governance: The MCC leadership and governance structure has to be in place before IT processes and security/privacy policies can be finalized and approved.

Financial sustainability: Following initial implementation, it will be imperative that the PPS become financially sustainable so that the continuing costs of additional and updated IT assets can be met.



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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
MCC Administrative Director, MCC Director of HIT	Juan Santiago, Jon Phillips	Set current and future MCC IT strategy; oversee MCC IT operations; deliver on a day-to-day basis; remediate identified IT risks and elevate to IT Data Committee and MCC governance where appropriate
MCC Compliance Officer	Laura Fleming	Implement compliance controls and compliance program; oversee MCC privacy/security and IT change management platform
MCC IT personnel	Aaron Thorne	Architect and design data exchange and interface topologies and strategies within MCC partners and members and with external entities; develop database architecture and environment for MCC; provide operational support, integration, and interoperability with MCC partners and external data sources; manage infrastructure teams; support IT architecture and systems
MCC IT privacy/security staff	Anthony Bando	Implement privacy/security controls and standards; monitor security controls including data security and confidentiality plans and strategy; monitor security controls; manage IT change management program; report to MCC Compliance Officer
Clinical Quality Committee	Co-chairs: Michael Cummings MD (UBMD Psychiatry); Joanne Haefner FNP (Neighborhood Health Center)	Provide input and guidance to IT strategy and development and design of IDS, HIE, and data analytics systems
IT Data Committee	Various individuals, facilitated by Jon Phillips	Oversee IT program including approval of IT strategy and verification of appropriateness of vendor relationships; develop and adopt IT strategies; monitor progress and delivery to IT systems project deadlines; provide assistance if deadline or timelines are in jeopardy; remediate identified IT risks and elevate where appropriate; oversee IT Change Management Strategy
MCC Chief Integration Officer	Michele Mercer RN	Establish business and functional direction of integrated delivery model



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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		
Board of Managers (chair: Anne Constantino, Horizon Health)	Executive governance	Address risks identified by IT Data Committee
"Voice of the Consumer" Sub-Committee	Community participation	Encourage awareness of cultural norms; support diversity; provide feedback on training and other materials
All participating organizations	Full participation	Connect to other MCC providers in order to coordinate care across the region, support ongoing interconnectivity enhancements
PPS partner IT security representatives	Varies by organization	Verify and approve security controls and data exchange requirements
Data analysis tool vendors/staff (e.g., patient activation, HEDIS, population health, 3M, Coordination of Care, etc.)	Data analytics	Support use of data analysis tools at the central PPS level as well as at individual practices (as appropriate), ensure software is tested and meets MCC needs
External Stakeholders		
RHIOs (HEALTHeLINK, Rochester, etc.)	Data sharing, connectivity	Provide community-wide exchange of patient data, facilitate patient consent, provide connectivity to the SHIN-NY; assigned as guests to IT Data Committee; assist Clinical Integration Officer in an advisory capacity
Specialized software user groups (e.g., EHRs)	Support	User support
External consulting groups	Technical support	Provide technical expertise, staff, and services as needed to assist in meeting MCC objectives
NYS Health Commerce System/MAPP	Reporting	Provide consistent reporting capabilities
Patients, families, caregivers	Care seekers, data owners	Consent to share data across MCC providers/partners; utilize patient portals as available to engage in two-way communication with providers
SHIN-NY	Connectivity	Provide secure network for exchange of information across the state
WNY Rural Broadband Network	Telemedicine	Ensure rural communities are able to connect to broadband to facilitate telemedicine needs
Payers: Blue Cross Blue Shield; Independent Health; YourCare; Fidelis Care	Data communication	Share claims and provider data with MCC to assist in meeting and measuring project objectives



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Network connectivity providers	Connectivity	Ensure all members are able to connect to broadband to facilitate telemedicine needs
NY e-Health Collaborative	Strategic direction, IT tools	Provide continued support for IT initiatives (e.g., patient portal, statewide provider directory), establish statewide technical standards/policies that enable secure exchange of patient data
External databases (e.g., health homes, MAPP)	Data	Advance their systems to ensure appropriate connectivity to MCC activity and dashboards
Salient	Data	Provide clean, consistent Medicaid provider data
Departments of health and mental health from each MCC PPS county (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming)	Region-specific support and services	Communication to constituents of IT capabilities of DSRIP; provide access to social determinant data
NYS DOH, OMH, OASAS	State and federal support services	Review and determine regulatory waiver requests; provide IT data, security, and consent leadership



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✔ IPQR Module 5.7 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall IT systems and processes strategy. Success will be measured initially by finalizing appointments, staffing the IT Data Committee, and completing an IT current state assessment. These efforts will culminate into an EHR/IDS strategy; an implementation plan; an engagement strategy/plan; a data security and confidentiality plan; and an IT infrastructure development plan for interoperability, clinical integration, and population health management which will be used to report quarterly project- and unit-level progress.

The progress of MCC's IT system and processes efforts will be measured by:

- Determining the current state assessment approach
- Performing risk analysis and current state assessment of IT capabilities across MCC network
- Aggregated, analyzed results of the assessment identifying gaps and areas of focus in the strategic plan
- Establishing an IT governance structure representative of the entities in MCC, including reporting structure
- Development of data security, confidentiality, IT strategy, IT implementation, and data governance plans
- Development of a change management strategy and culture
- A roadmap for achieving clinical data sharing and interoperable systems
- Execution of legal requirements/documents for data sharing agreements
- A comprehensive training plan to support implementation of new platforms
- IT requirements and specifications for key data sharing across the IDS during transitions
- Establishing reporting mechanisms to IT Data Committee and Board of Managers

Quarterly project- and unit-level reports will mark progress towards IT systems and processes strategy. These reports will include but are not limited to:

- Reporting structure document
- Regular audits of the change management process
- MCC IT gap analysis results
- Approved implementation plan
- Approved change management strategy
- Finalized/approved engagement strategy and plan
- Approved MCC data governance plan
- Data sharing policies and procedures document
- Clinical interoperability system is in place for all participating providers
- Approve roadmap with overarching rules of the road for interoperability and clinical data sharing
- Approved plans for establishing data exchange agreements between all providers within the PPS
- Equipment specifications (meeting certified standards for interoperability and communications) and rationale documented
- Number of signed/executed DEAA's



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MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

IPQR Module 5.8 - IA Monitoring

Instructions :



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Section 06 – Performance Reporting

✅ IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	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	09/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. MCC executive leadership will identify project leaders/managers for each project who will be responsible for progress and performance outcomes and program development.	Completed	1. MCC executive leadership will identify project leaders/managers for each project who will be responsible for progress and performance outcomes and program development.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. The Finance Committee and Workforce Development Work Group develop reporting plans that meet mandatory reporting and Rapid Cycle Evaluation (RCE) program goals.	On Hold	2. The Finance Committee and Workforce Development Work Group develop reporting plans that meet mandatory reporting and Rapid Cycle Evaluation (RCE) program goals.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Complete interim plan for collecting performance and process data—including self-reported data from providers—and establish data quality standards and submission processes.	Completed	3. Complete interim plan for collecting performance and process data—including self-reported data from providers—and establish data quality standards and submission processes.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. An interdisciplinary RCE support team will establish the goals and objectives of the RCE program and work hand in hand with provider champions, the Physician Performance Sub-Committee, and the Clinical/Quality Committee.	In Progress	4. An interdisciplinary RCE support team will establish the goals and objectives of the RCE program and work hand in hand with provider champions, the Physician Performance Sub-Committee, and the Clinical/Quality Committee.	09/01/2015	06/30/2017	09/01/2015	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee, and the Clinical/Quality Committee.									
Task 5. Develop system for reporting early elective deliveries for project 3.f.i. Reduce Premature Births.	Completed	5. Develop system for reporting early elective deliveries for project 3.f.i. Reduce Premature Births.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Establish an initial strategy for communicating baseline performance data available from existing DSRIP data sources (MAPP, Salient Interactive Miner) to partners via reports and scorecards.	Completed	6. Establish an initial strategy for communicating baseline performance data available from existing DSRIP data sources (MAPP, Salient Interactive Miner) to partners via reports and scorecards.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Define a minimum data set required to support mandatory reporting as prescribed by the DOH and perform a comprehensive gap analysis of available and required data sources and reporting processes.	Completed	7. Define a minimum data set required to support mandatory reporting as prescribed by the DOH and perform a comprehensive gap analysis of available and required data sources and reporting processes.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop comprehensive and audience-specific approaches to the phased implementation of internal reporting (between MCC and partners).	Completed	8. Develop comprehensive and audience-specific approaches to the phased implementation of internal reporting (between MCC and partners).	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Finalize initial policies and procedures for continuous and systematic data collection and rapid feedback including remediation strategies. These policies and procedures will be approved by the IT Data Committee and will comply with MCC's PPS-wide data governance and security plan.	In Progress	9. Finalize initial policies and procedures for continuous and systematic data collection and rapid feedback including remediation strategies. These policies and procedures will be approved by the IT Data Committee and will comply with MCC's PPS-wide data governance and security plan.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 10. Develop specifications for data collection, iterative reports, dashboards, scorecards, and other key deliverables.	In Progress	10. Develop specifications for data collection, iterative reports, dashboards, scorecards, and other key deliverables.	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 11. Finalize data exchange agreements with Medicaid Managed Care Organizations (MCOs), RHIOs, and other participants with access to relevant data. These agreements will align with RCE, quality improvement, and care management/population health program goals.	In Progress	11. Finalize data exchange agreements with Medicaid Managed Care Organizations (MCOs), RHIOs, and other participants with access to relevant data. These agreements will align with RCE, quality improvement, and care management/population health program goals.	04/01/2016	09/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
RCE, quality improvement, and care management/population health program goals.									
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	07/01/2015	12/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Identify performance monitoring champions who will help lead and coordinate the dissemination of continuous messaging and facilitate the communication of feedback between individuals in the field and PPS leadership.	Completed	1. Identify performance monitoring champions who will help lead and coordinate the dissemination of continuous messaging and facilitate the communication of feedback between individuals in the field and PPS leadership.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Provide initial pilot training to project team leads and project managers.	In Progress	2. Provide initial pilot training to project team leads and project managers.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 3. Perform a comprehensive assessment to identify key staff in compliance, reporting, training, and other roles.	In Progress	3. Perform a comprehensive assessment to identify key staff in compliance, reporting, training, and other roles.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 4. Form a training team responsible for developing performance monitoring and continuous quality improvement-specific training within the PPS's workforce training programs.	In Progress	4. Form a training team responsible for developing performance monitoring and continuous quality improvement-specific training within the PPS's workforce training programs.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 5. Include training materials and dissemination of performance monitoring information (on processes, outcomes, best practices, etc.) in PPS-wide communications plan.	In Progress	5. Include training materials and dissemination of performance monitoring information (on processes, outcomes, best practices, etc.) in PPS-wide communications plan.	09/01/2016	03/31/2017	09/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 6. Define the training requirements required to develop and sustain a culture of performance reporting and quality improvement.	In Progress	6. Define the training requirements required to develop and sustain a culture of performance reporting and quality improvement.	09/01/2016	03/31/2017	09/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 7. Evaluate and select evidence-based, best practice, and industry standard training materials as part of a coordinated training program.	In Progress	7. Evaluate and select evidence-based, best practice, and industry standard training materials as part of a coordinated training program.	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 8. Provide pilot training to project team leads and project	In Progress	8. Provide pilot training to project team leads and project	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
8. Provide pilot training to project team leads and project managers.		managers.							
Task 9. Create roll-out schedule for training to be held at various locations, including provider sites.	In Progress	9. Create roll-out schedule for training to be held at various locations, including provider sites.	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 10. Roll out PPS-wide training sessions.	In Progress	10. Roll out PPS-wide training sessions.	01/02/2017	12/31/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 11. Collect feedback using formal and informal surveys to assess training and messaging effectiveness.	In Progress	11. Collect feedback using formal and informal surveys to assess training and messaging effectiveness.	01/02/2017	12/31/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

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

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



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Milestone Review Status

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



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✔ IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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✔ IPQR Module 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.

Performance data cannot be obtained from partner organizations because of technical (IT) roadblocks. If partner organizations lack the technical and human resources to accurately collect and transmit the required performance data in a timely manner, blind spots will form where we cannot measure our RCE metrics with confidence. This is mitigated at the earliest stages by identifying the data collection and sharing capabilities of PPS members. Once identified and a gap analysis is performed, we can begin our implementation with partners already sharing or prepared to share data. Concurrently, we will work with the overall Clinical Integration strategy to prioritize their inclusion in implementation plans.

Performance data cannot be obtained and normalized in a timely manner due to the implementation timeline and, therefore, reports cannot be submitted to the DOH on time. Early and aggressive efforts to enlist partners who can be champions for this effort. Also, the Physician Steering Committee and Physician Performance Sub-Committee will play key roles in establishing the need for timely reporting. Lastly, remediation strategies consistent with PPS bylaws will be implemented.

Performance data is obtained but is incorrect, incomplete, or corrupted. If data is delivered in non-standardized formats, the effort needed to acquire relevant data could surpass existing human and IT resources and lead to data with significant gaps and quality concerns. This may require additional resources for data extraction, transformation, and loading. Data reporting standards and practices must be defined in the policies and procedures and addressed in any project participation agreements with providers. A comprehensive data specification that aligns with data normalization and integration processes identified in the IT infrastructure strategy will be developed. Lastly, best practices for data extraction, transmission, and loading will be included in training and information materials developed to enrich a culture of performance monitoring.

Culture is resistant to change. A culture resistant to change or inundated with training requirements is less likely to deliver quality data, take the time to process findings from analyses, and implement continuous quality improvement projects. We will coordinate with the Workforce Development Work Group to streamline or better integrate performance improvement training into other education efforts, particularly those aimed at new staff. We will solicit input from provider organizations and project leads on how to better integrate performance reporting processes into existing workflows. Our communication and provider outreach teams will continuously reinforce the relationship between performance monitoring, funds flow, patient outcomes, and process improvement.

✔ 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.)

IT systems & processes: IT will serve as the backbone for data collection and reporting. IT systems must be designed to accommodate



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performance reporting.

Clinical integration: Clinical integration facilitates the coordination of patient care across the PPS and drives improved outcomes that must be collected, analyzed, and reported through an effective performance reporting system.

Population health management: Performance reporting will provide for monitoring and assessment of population health performance, using outcomes to guide population health improvement activities.

Governance: The Board of Managers will be the ultimate entity responsible for ensuring that outcome data is used to determine incentive rewards.

Patient activation: Performance outcomes that will be reported from project 2.d.i. (Patient Activation) will determine the extent to which patient activation and motivation techniques leads to primary care connections for the uninsured and low and non-utilizing Medicaid beneficiaries.

Finance: The flow of funds provides immediate and irrefutable evidence of one key benefit of continuous quality measurement and improvement: the ability to see real dollar amounts attached to specific outcomes and goals. Funds flow also plays a significant role in dictating the speed and scale of project implementation, the ability to hire and retrain staff required to monitor and report on quality data, and the PPS's ability to meet the overall DSRIP goals.

Clinical quality: Performance reporting is closely linked with clinical quality in terms of both its goals and processes. Evidence-based medicine will guide the establishment, evaluation, and analyses of key performance metrics. These metrics will be established and approved through close coordination with the Chief Medical Officer, Physician Performance Sub-Committee, project leads, and other subject matter experts.



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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
MCC Chief Reporting Officer	John J. Bono	Oversee development and operation of an effective system for reporting and responding to process and performance outcomes; oversee and coordinate all reporting functions including data acquisition, report collection, specifications identification, and continuous quality improvement
MCC Administrative Director, MCC Director of HIT, data analysts, IT resources	Juan Santiago, Jon Phillips, and various individuals	Implement reporting and communication technologies; provide hardware, software, networking, and security support for performance reporting, data collection, and analytics
Gatekeeper/IT Security Officer (ECMCC)	Robert Vail	Ensure compliance with all statutes and regulations for data handling, security, destruction, and access; coordinate HCS access with ECMCC
MCC Compliance Officer	Laura Fleming	Audit and monitor network to ensure objectives are being met
MCC Clinical Integration Officer	Michele Mercer RN	Establish performance goals; integrate population health and data tools into performance metrics
MCC Chief Medical Officer	Anthony Billittier MD	Define clinical metrics, liaise between medical community and MCC leadership
MCC Population Health Manager	Priti Bangia MSc MBA	Assist with development of population health metrics; monitor data and statistics necessary to prove outcomes
Physician Steering Committee	Chair: Frances Ilozue MD	Advise Board of Managers on clinical and quality issues; ensure physician community is represented and reports accurately reflect physicians and practices
Physician Performance Sub-Committee	Members of the Physician Steering Committee	Review provider metrics, determine remediation approach for under-performing providers
Rapid Cycle Evaluation (RCE) support team	Various individuals	Establish the goals and objectives of the RCE program
Performance monitoring champions	Various individuals	Coordinate with CRO, Physician Steering Committee, Clinical/Quality Committee, external stakeholders, and PMO to identify metrics, goals, and means to facilitate PPS-wide culture of performance monitoring and continuous quality improvement
Millennium Collaborative Care Community Engagement Team	Various individuals	Ensure community network has adequate access to computer systems to support reporting of results
Clinical Quality Committee	Co-chairs: Michael Cummings MD (UBMD Psychiatry); Joanne	Provide subject matter expertise on measure identification and



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Haefner FNP (Neighborhood Health Center)	assessment; detect and address IT issues that may impede quality analysis



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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		
MCC Executive Director, Al Hammonds	Oversight	Ensure all reporting and measurement is meeting DSRIP objectives; ensure timely submission of all reporting
Physician Steering Committee Chair (Frances Ilozue MD)	Physician engagement	Ensure physician community is represented and reports accurately reflect physicians and practices
Finance Committee (Finance Committee (Richard Braun, Mel Dyster, Sheila Kee, Christine Kemp, Chris Koenig, Raj Mehta, Kathrine Panzarella, Mike Sammarco, Juan Santiago, Lou Santiago, Erin Ryan)	Finance reporting	Coordinate all reporting related to financial sustainability, budget, and funds flow
Governance Committee	Oversight	Approve proposed goals and objectives of MCC RCE program
IT Data Committee	IT coordination and data standards	Ensure performance monitoring and reporting meet industry standards; enable coordination of IT and data resources across PPS
All MCC practitioners	Engagement, reporting, acting on reports	Provide feedback on the effectiveness of training and reports; provide input on reporting needs relevant to their particular area of practice; participate in data collection activities and change management, including remediation
Workforce Development Work Group	Workforce reporting	Coordinate all reporting and data collection for hiring, training, reassignment, and other personnel-related initiatives; coordinate deployment of training in performance reporting and quality improvement
External Stakeholders		
Patients, families, caregivers	Data owners	Consent to exchange of data to facilitate accurate reporting across PPS
Local government agencies	Regulatory oversight	Support PPS reporting by considering regulatory waivers where needed
Local chapters of national professional societies and associations	Subject matter expertise	Provide input on reporting needs relevant to their particular area of practice
Medicaid MCOs: Blue Cross Blue Shield; Independent Health; YourCare; Fidelis Care	Data, expertise	Provide data on attributed recipients; advise on population health best practices; supply baselines for their population



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
HEALTHeLINK	RHIO/QE	Coordinate and collaborate on collection of EHR, CCD, and ADT data across the PPS and region; provide connectivity to SHIN-NY
New York State DOH	Regulatory body	Provide data required to identify attributed recipients; collect claims-based measures; report on all measures identified in Reporting Measures and Specifications Manual as DOH reporting responsibility



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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.

It is expected that the shared IT infrastructure will form the backbone of the performance reporting effort. As the central conduit for data flow both from and to the providers, it is essential that IT projects be coordinated with requirements for collecting performance data.

IT will be required for:

Data collection and transmission: Electronic health record, claims, and other data will have to be communicated securely and in a timely manner in adherence to the PPS data governance plan. Leveraging the RHIO to facilitate the exchange and delivery of encounter information will be crucial.

Data warehousing: Data, once collected, will have to be aggregated in a central location for analysis. This will require hardware, software, and technical expertise.

Data normalization and acquisition: Data acquisition across types and sources are all dependent on the IT infrastructure. Collaboration and coordination with other area PPSs as well as the local RHIO will further enhance performance improvement, regionally.

Communications infrastructure for transmitting reports to providers, the DOH, and key stakeholders: This includes the ability to host dynamic dashboards and, eventually, real-time streaming analytics. This will require resources such as web hosting, platform selection and acquisition, technical expertise from web services, or other development efforts.

Extract, transform, and load (ETL) processes and data integration: Effectively leverage data sources provided by NYS DOH via Salient Interactive Miner and the MAPP. Define ETL processes for making best use of that data and integrating it into internal PPS analytics, reports, and dashboards.

✅ IPQR Module 6.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall performance reporting strategy. Establishment of project- and unit-level reporting frequency will be based on the internal and external reporting requirements to ensure the success of MCC-wide performance reporting strategy. Success will be measured initially by finalizing appointments, staffing the Clinical/Quality Committee, and completing a comprehensive network assessment. The progress of MCC's performance reporting and communications efforts will be measured by



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a performance reporting and communications strategy approved by the Board of Managers.

The strategy will at minimum include the following:

Roles and responsibilities

Creation of clinical and quality dashboards

Defined RCE approach

Creation of RCE support team

Policies and procedures for continuous and systematic data collection and rapid feedback including remediation strategies approved by Board of Managers

A reporting schedule aligned with finance, governance, and cultural competency/health literacy

A comprehensive training program

Overall project- and unit-level reports to mark progress towards performance reporting and communication will include but are not limited to:

RCE support team meeting schedule and minutes

RCE goals

Gap assessment results

Data collection policies and procedures

Reporting guidebook

Sample scorecard and report templates; examples of deliverables presented to partners

Training curriculum including materials

Participant/attendance record

Training outcomes

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

IPQR Module 6.9 - IA Monitoring

Instructions :



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Section 07 – Practitioner Engagement

✅ IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	12/30/2016	04/01/2015	12/30/2016	12/31/2016	DY2 Q3	NO
Task 1. Hire practitioner engagement liaison to implement; direct; manage; monitor; and improve practitioner communication, engagement, empowerment, and ongoing relations.	Completed	1. Hire practitioner engagement liaison to implement; direct; manage; monitor; and improve practitioner communication, engagement, empowerment, and ongoing relations.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop communication and engagement plan which addresses Domain 1 - MCC operations (logistical matters, non-patient interfaces, financial/funds flow, compliance, reporting); domain 2 - system transformation (population health management, clinical integration, connectivity, PCMH, care coordination/transitions); domain 3 - clinical transformation (quality improvement, standards of care, evidence-based best practices); and domain 4 - population health (public health projects related to NYS Prevention Agenda).	Completed	2. Develop communication and engagement plan which addresses Domain 1 - MCC operations (logistical matters, non-patient interfaces, financial/funds flow, compliance, reporting); domain 2 - system transformation (population health management, clinical integration, connectivity, PCMH, care coordination/transitions); domain 3 - clinical transformation (quality improvement, standards of care, evidence-based best practices); and domain 4 - population health (public health projects related to NYS Prevention Agenda).	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 3. Create a comprehensive practitioner network registry to identify all potential practitioners (contact information, communication preferences, practice demographics, areas of expertise).	Completed	3. Create a comprehensive practitioner network registry to identify all potential practitioners (contact information, communication preferences, practice demographics, areas of expertise).	09/01/2015	09/15/2016	09/01/2015	09/15/2016	09/30/2016	DY2 Q2	
Task 4. Develop communication strategy utilizing technology (e.g. website, social media, etc.) to allow bi-directional, effective information sharing including provider feedback and recommendations to MCC.	Completed	4. Develop communication strategy utilizing technology (e.g. website, social media, etc.) to allow bi-directional, effective information sharing including provider feedback and recommendations to MCC.	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish professional advisory groups/communities as needed based on project initiatives and subject matter expertise (e.g., cardiovascular, diabetes, behavioral health). Identify and leverage professional peer groups/communities already active in the region.	Completed	5. Establish professional advisory groups/communities as needed based on project initiatives and subject matter expertise (e.g., cardiovascular, diabetes, behavioral health). Identify and leverage professional peer groups/communities already active in the region.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Adopt communication strategies that address physicians' reluctance to participate. Utilize consensus-building techniques to maximize practitioner buy-in and ownership of DSRIP efforts.	Completed	6. Adopt communication strategies that address physicians' reluctance to participate. Utilize consensus-building techniques to maximize practitioner buy-in and ownership of DSRIP efforts.	09/01/2015	04/01/2016	09/01/2015	04/01/2016	06/30/2016	DY2 Q1	
Task 7. Encourage meaningful and effective engagement through meaningful incentives such as CME credits.	Completed	7. Encourage meaningful and effective engagement through meaningful incentives such as CME credits.	07/01/2015	03/15/2016	07/01/2015	03/15/2016	03/31/2016	DY1 Q4	
Task 8. To achieve more effective interaction, collaborate with payers and other entities similarly trying to engage and influence practitioner behaviors.	Completed	8. To achieve more effective interaction, collaborate with payers and other entities similarly trying to engage and influence practitioner behaviors.	05/01/2015	04/06/2016	05/01/2015	04/06/2016	06/30/2016	DY2 Q1	
Task 9. Engage MCC's geographic councils (Niagara Orleans Healthcare Organization, Southern Tier Council) to ensure practitioners from all areas of PPS are included and represented.	Completed	9. Engage MCC's geographic councils (Niagara Orleans Healthcare Organization, Southern Tier Council) to ensure practitioners from all areas of PPS are included and represented.	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
PPS are included and represented.									
Task 10. Draft Practitioner Communication and Engagement Plan.	Completed	10. Draft Practitioner Communication and Engagement Plan.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 11. Obtain feedback on draft Practitioner Communication and Engagement Plan from practitioner groups.	Completed	11. Obtain feedback on draft Practitioner Communication and Engagement Plan from practitioner groups.	11/02/2015	10/30/2016	11/02/2015	10/30/2016	12/31/2016	DY2 Q3	
Task 12. Revise Community Engagement Plan based on input and feedback gathered. Provide final draft to MCC governance for review.	Completed	12. Revise Community Engagement Plan based on input and feedback gathered. Provide final draft to MCC governance for review.	12/01/2015	11/15/2016	12/01/2015	11/15/2016	12/31/2016	DY2 Q3	
Task 13. Obtain approval of Practitioner Communication and Engagement Plan.	Completed	13. Obtain approval of Practitioner Communication and Engagement Plan.	10/01/2016	11/30/2016	10/01/2016	11/30/2016	12/31/2016	DY2 Q3	
Task 14. Begin distribution of performance reports to professional groups as appropriate. Maintain records of communications sent and other evidence of active engagement.	On Hold	14. Begin distribution of performance reports to professional groups as appropriate. Maintain records of communications sent and other evidence of active engagement.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 15. Begin ongoing process of obtaining feedback on reports provided to professional groups.	On Hold	15. Begin ongoing process of obtaining feedback on reports provided to professional groups.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	05/01/2015	12/31/2016	05/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Practitioner engagement liaison will coordinate with MCC Communications Director to orchestrate the provision of initial, introductory training to MCC partners and the community. Oversight will be provided by MCC Chief Clinical Integration Officer and Chief Medical Officer, with guidance from the Physician Steering Committee.	Completed	1. Practitioner engagement liaison will coordinate with MCC Communications Director to orchestrate the provision of initial, introductory training to MCC partners and the community. Oversight will be provided by MCC Chief Clinical Integration Officer and Chief Medical Officer, with guidance from the Physician Steering Committee.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Leveraging the training needs list compiled in the Workforce workstream (milestone #5), identify additional educational needs for DSRIP practitioners related to quality of care, standards of care, and other healthcare delivery.	On Hold	2. Leveraging the training needs list compiled in the Workforce workstream (milestone #5), identify additional educational needs for DSRIP practitioners related to quality of care, standards of care, and other healthcare delivery.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Define requirements and process for initial and ongoing practitioner education programs. Programs may be purchased, developed internally, and/or created (in partnership with clinical experts, healthcare educational institutions, and education subject matter experts).	On Hold	3. Define requirements and process for initial and ongoing practitioner education programs. Programs may be purchased, developed internally, and/or created (in partnership with clinical experts, healthcare educational institutions, and education subject matter experts).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Begin development of DSRIP program-specific educational initiatives.	Completed	4. Begin development of DSRIP program-specific educational initiatives.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Begin implementation of DSRIP program-specific educational initiatives.	Completed	5. Begin implementation of DSRIP program-specific educational initiatives.	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. On an ongoing basis, collect, collate, and prioritize educational needs from MCC staff and practitioners.	Completed	6. On an ongoing basis, collect, collate, and prioritize educational needs from MCC staff and practitioners.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Begin ongoing process of obtaining feedback on education.	Completed	7. Begin ongoing process of obtaining feedback on education.	05/01/2015	09/30/2016	05/01/2015	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

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

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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✔ IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Continue to employ robust process for engaging partners across the network.	In Progress	Continue to employ robust process for engaging partners across the network.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 1. Distribute detailed Reference Guides with partner agreements to ensure partners understand their role in projects, the role of the PPS, their obligations, and the quality metrics that drive performance. Emphasize participation in all partner agreements in future years.	In Progress	1. Distribute detailed Reference Guides with partner agreements to ensure partners understand their role in projects, the role of the PPS, their obligations, and the quality metrics that drive performance. Emphasize participation in all partner agreements in future years.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 2. Use care setting-specific workgroups with representation from community partners to ensure partners are engaged, informed, and have a voice in the direction of the PPS.	In Progress	2. Use care setting-specific workgroups with representation from community partners to ensure partners are engaged, informed, and have a voice in the direction of the PPS.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 3. Relationship managers hold one-on-one meetings with partners at least once a month.	In Progress	3. Relationship managers hold one-on-one meetings with partners at least once a month.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 4. Ensure partners follow the clinical integration care coordination strategy described in the Reference Guides.	In Progress	4. Ensure partners follow the clinical integration care coordination strategy described in the Reference Guides.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 5. Continuously monitor engagement. Report engagement in quarterly reports to DOH.	In Progress	5. Continuously monitor engagement. Report engagement in quarterly reports to DOH.			01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task	In Progress	6. Review partner engagement approach on a regular basis and make			01/01/2017	09/30/2017	09/30/2017	DY3 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
6. Review partner engagement approach on a regular basis and make adjustments as needed.		adjustments as needed.						
Milestone Revise Primary Care Plan to show how baseline capacity, HPSA, and workforce needs were taken into consideration when formulating the plan.	Completed	Revise Primary Care Plan to show how baseline capacity, HPSA, and workforce needs were taken into consideration when formulating the plan.			01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 1. Collect the data that was used as a basis for the Primary Care Plan (e.g., Community Needs Assessment, HPSA data). Add a section to the plan describing these data sources used and how they were incorporated.	Completed	1. Collect the data that was used as a basis for the Primary Care Plan (e.g., Community Needs Assessment, HPSA data). Add a section to the plan describing these data sources used and how they were incorporated.			01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 2. Expand the section of the plan which describes challenges resulting from limited primary care capacity and strategies the PPS may use to address these challenges.	Completed	2. Expand the section of the plan which describes challenges resulting from limited primary care capacity and strategies the PPS may use to address these challenges.			01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 3. Work closely with MCOs to identify the number of Managed Medicaid recipients who have not visited a primary care physician in the past year.	Completed	3. Work closely with MCOs to identify the number of Managed Medicaid recipients who have not visited a primary care physician in the past year.			01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 4. Review Primary Care Plan annually and make adjustments as needed based on any newly available data.	Completed	4. Review Primary Care Plan annually and make adjustments as needed based on any newly available data.			01/01/2017	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Revise Primary Care Plan to show how baseline capacity, HPSA, and workforce needs were	ethelen		48_DY2Q4_PRCENG_MDL72_PPS1078_OTH_Millennium_Primary_Care_Plan_Revised_14824.	Millennium Collaborative Care's Primary Care Plan, revised based on feedback received at	05/31/2017 01:12 PM



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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
taken into consideration when formulating the plan.			pdf	Mid-Point Assessment	

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Continue to employ robust process for engaging partners across the network.	
Revise Primary Care Plan to show how baseline capacity, HPSA, and workforce needs were taken into consideration when formulating the plan.	



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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.

Practitioners receive continuous and extensive external personal and professional communications from multiple sources; addition of DSRIP communications could further overwhelm these already busy individuals. Uniquely engage, incentivize, and provide value-add to help ensure meaningful and effective engagement. Consider small financial incentives, free Continuing Medical Education (CME) credits, office detailing used by pharmaceutical and medical equipment representatives, dinners, and other innovative methods. Engage other entities similarly trying to engage and influence practitioner behaviors (e.g., payers). Partner/collaborate with like-minded entities to leverage strength in numbers, share costs and resources, and ultimately achieve more effective interaction.

Practitioners may disagree and/or take offense with, and perhaps actively resist DSRIP initiatives (e.g., established standards of care and quality of care reporting) which could be viewed as encroachment in the doctor-patient relationship. Make every effort to ensure inclusivity, transparency, evidence-based justification, and other consensus-building techniques to maximize practitioner buy-in and ownership of DSRIP efforts and the DSRIP program itself.

The MCC network includes a wide range of types of practitioners and participants, and serves a diverse patient population across a large and varied geographical area. There is potential fragmentation among physicians and between community resources and physicians. Providers in other areas feel this is an Erie County initiative and their voices are not being heard. Maintain a physical and virtual presence. Engage geographic councils to ensure the Southern Tier and Niagara/Orleans counties are represented.

MCC practitioners vary greatly in terms of the level of resources available to them. For example, practices that have already achieved Patient-Centered Medical Home (PCMH) certification will be in a much better position to meet DSRIP project requirements (e.g., exchange patient data via EHR) than those practices that are understaffed, and those located in areas without robust community-level resources available. These disadvantaged practices will struggle to implement the same strategies in the time allowed. Allocate resources to fill in gaps. Offer meaningful incentives (cash, workforce, or equipment). Provide IT support, software, hardware, and/or videoconferencing capability. Provide onsite outreach. Engage practitioners virtually via social media, EHR alerts, virtual CME, and videoconferencing. Provide resources through HEALTHeLINK.

There is considerable county overlap with two adjacent PPSs in WNY. Among practices there are varying degrees of clinical standards, especially in outpatient/primary care. The patient experience should be relatively uniform regardless of PPS. Ultimately it would be ideal across the PPS (and the region) to achieve consensus on clinical guidelines/protocols. Minimally we want to ensure uniformity to create a seamless experience for the patient, regardless of where he or she seeks care. PPSs will agree to share registry information, use standardized referral protocols, utilize uniform tracking and reporting systems and procedures, and maintain common messaging to educate/communicate with patients. MCC will work with Finger Lakes PPS and Community Partners of WNY (led by Catholic Medical Partners) to establish common protocols for referrals (inside or outside the PPS).

✓ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams



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Instructions :

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

IT Systems & Processes: IT capabilities will be central to the achievement of major practice/workflow transformations related to PCMH. Specific to practitioner engagement, we will need a technical solution (platform) to engage physicians and share PPS-wide and practice-specific information/messaging. This may involve utilizing existing channels (such as social media) and developing new ones that meet the participants' needs. We will establish two-way communication and use a virtual presence to share information about different workstreams within the PPS. We will host regularly scheduled virtual meetings. To communicate and share lessons learned with physicians across the state, we will encourage practitioners to use MIX (or other state-provided venues, as appropriate).

Performance Reporting: It will be critical to implement dashboards for monitoring at a central level as well as self-monitoring at the practice level.

Governance: Make certain physicians are involved in decision-making. Have physicians in different specialties (e.g., pulmonary, cardiology, etc.) review clinical guidelines. These could be ad hoc or limited-time sub-committees, formed as required.

Finance and Flow of Funds: Performance is tied to finance/flow of funds. Reduced funds flow due to lackluster or nonperformance will be passed through from PPS to practitioners, potentially resulting in practitioners not getting paid.

Workforce: Workforce redevelopment strategy involves significant redeployment and retraining.



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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
MCC Chief Medical Officer	Anthony Billittier MD	Ensure policies affecting physicians are evidence-based guidelines selected with sound medical judgment; serve as provider liaison
Practitioner engagement liaison	Jillian Barone	Implement; direct; manage; monitor; and improve practitioner communication, engagement, empowerment, and ongoing relations
MCC Clinical Integration Officer	Michele Mercer RN	Ensure providers and their support staff are aware of DSRIP policies and clinical workflows
Physician Steering Committee	Chair: Frances Ilozue MD	Ensure MCC physicians are represented and support decisions
MCC Communications Director	Peter Ciotta	Coordinate with practitioner engagement liaison to implement effective outreach strategies specifically targeted at practitioners
Geographic councils	Niagara Orleans Healthcare Organization (led by Sheila Kee, Niagara Falls Memorial Medical Center) and Southern Tier Council (led by Richard Braun, Olean General Hospital)	Implement practitioner engagement strategies in the Northern and Southern Tier counties of the PPS; report progress, challenges, and appropriate solutions to the Physician Steering Committee



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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		
All MCC practitioners	Participants	Engage in MCC projects, deliverables, and action plans
Primary care safety net practices (including SNAPCAP, VAP)	Participants	Engage safety net practices in the MCC projects, deliverables, and action plans
Primary care private practices	Participants	Engage in MCC projects
"Voice of the Consumer" Sub-Committee	Advisory	Ensure patients', families', and caregivers' voices are heard in relation to all MCC activities
Community-Based Organization (CBO) Task Force	Advisory, training	Ensure community action plans are in line with community needs; ensure selected CBO institutions are appropriate for MCC initiatives
Regional Perinatal Center of WNY	Education/training	Education of OB/GYN on use of progesterone etc.
External Stakeholders		
Local chapters of national professional societies and associations (e.g., Buffalo Chapter of National Association of Black Social Workers)	Training, outreach	Education to members regarding MCC initiatives
ASAP and NYS Council for Community Behavioral Healthcare	Regulatory oversight	Regulatory waivers
Rural health networks	Outreach	Ensure rural physicians' communication and action plans are aligned with MCC initiatives
NY Care Coordination Program (Rochester), Departments of Mental Health	Training	Regional training
Nursing organizations	Training	Nursing education
Labor partners	Outreach	Encourage buy-in and engagement from nurses and other practitioners
Patients, families, caregivers (via groups like the Parent Network of WNY)	Advocacy	Help providers understand importance of DSRIP initiatives
Physician groups/clubs (e.g., P2 Collaborative of WNY, HEALTHeLINK Physician Committee)	Outreach	Encourage buy-in and engagement from physicians
HEALTHeLINK	RHIO	Ensure providers in network are gathering consent and information is flowing across network



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✔ IPQR Module 7.7 - IT Expectations

Instructions :

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

IT capabilities to achieve major practice/workflow transformations related to PCMH

Physician participation in the development of the IT strategy and implementation plan

Technical platform to engage physicians and share PPS-wide and practice-specific information/messaging; this may involve utilizing existing channels (such as social media) and developing new ones that meet PPS needs

Easy-to-use reporting systems for practices to submit quality data; dashboard technology to share/display performance data

Patient and provider portals to facilitate communication and data sharing among providers and between providers and patients

Teleconferencing, videoconferencing, and other technology capabilities to support effective two-way communication with providers dispersed across a broad geographical area, including those with limited access to broadband

Connectivity through HEALTHeLINK, integration with EHR systems to support sharing of data across the region

Technical support and training for practices related to use of PPS-specific tools (e.g., reporting interface), RHIO connectivity/capabilities, data collecting and reporting practices, EHR/Meaningful Use, PCMH certification

✔ IPQR Module 7.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall practitioner engagement strategy. Project success and governance will be measured by the penetration within the provider community.

As the practitioner engagement strategy is developed, quarterly progress reports will include:

Hiring of a practitioner engagement liaison responsible for practitioner communication, engagement, empowerment, and ongoing relations

Development of a comprehensive practitioner network registry

A Practitioner Communication and Engagement Plan to be reviewed and approved by MCC governance



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A regular meeting schedule; meeting minutes
Comprehensive practitioner training strategy to address MCC quality improvement agenda and continuing DSRIP education

Quarterly reports will track the progress of practitioner network development, implementation, and education against project goals. Reports will include analyses of, but not be limited to, the following:

- Number of practitioners in the network
- Primary care capacity for both safety net and non-safety net organizations
- Number of practitioners by groupings (e.g., cardiovascular, diabetes, behavioral health)

The progress of the practitioner engagement training/education plans will be analyzed and reports will be developed to assess the following:

- Number of training programs delivered each quarter
- Geographical locations of trainings
- Number of participants per training session
- Percentage of practitioners who completed training
- Training satisfaction rate

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

IPQR Module 7.9 - IA Monitoring

Instructions :



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Section 08 – Population Health Management

✅ IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Finalize requirements for population health management and other business intelligence tools.	Completed	1. Finalize requirements for population health management and other business intelligence tools.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify data sources and inputs required to appropriately collect and process data for analytics.	Completed	2. Identify data sources and inputs required to appropriately collect and process data for analytics.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Establish IT requirements for initializing, maintaining, and communicating risk stratification across settings with electronic interfacing to the participating provider community.	Completed	3. Establish IT requirements for initializing, maintaining, and communicating risk stratification across settings with electronic interfacing to the participating provider community.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. IT requirements for key data sharing across the integrated delivery system (IDS) during transitions including interface with overlapping PPSs in the WNY region.	In Progress	4. IT requirements for key data sharing across the integrated delivery system (IDS) during transitions including interface with overlapping PPSs in the WNY region.	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task	Completed	5. Issue request for proposals or other action step for	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
5. Issue request for proposals or other action step for population health tools. Select vendor or implement other structure for population health and data analytics tools.		population health tools. Select vendor or implement other structure for population health and data analytics tools.							
Task 6. Select evidence-based care management model(s).	Completed	6. Select evidence-based care management model(s).	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 7. Develop strategy for primary care transformation (PCMH 2014 level 3 certification) as outlined in project 2.a.i. (requirement #7).	Completed	7. Develop strategy for primary care transformation (PCMH 2014 level 3 certification) as outlined in project 2.a.i. (requirement #7).	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Define business requirements for risk stratification methodology (high risk, moderate risk, low risk, and well) and pilot test risk criteria.	Completed	8. Define business requirements for risk stratification methodology (high risk, moderate risk, low risk, and well) and pilot test risk criteria.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 9. Produce patient registries based on risk stratification methodology.	Completed	9. Produce patient registries based on risk stratification methodology.	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 10. Define priority target population, building upon PPS project requirements and the Community Needs Assessment.	In Progress	10. Define priority target population, building upon PPS project requirements and the Community Needs Assessment.	04/01/2015	04/30/2017	04/01/2015	04/30/2017	06/30/2017	DY3 Q1	
Task 11. Compile information from steps above into Population Health Roadmap draft.	In Progress	11. Compile information from steps above into Population Health Roadmap draft.	07/01/2015	04/30/2017	07/01/2015	04/30/2017	06/30/2017	DY3 Q1	
Task 12. Submit draft Population Health Roadmap draft to MCC Board of Managers for review/approval.	In Progress	12. Submit draft Population Health Roadmap draft to MCC Board of Managers for review/approval.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 13. Identify priority practices to work with based on readiness.	Completed	13. Identify priority practices to work with based on readiness.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 14. Operationalize population health IT infrastructure, processes, and procedures based on requirements.	In Progress	14. Operationalize population health IT infrastructure, processes, and procedures based on requirements.	07/01/2016	04/30/2017	07/01/2016	04/30/2017	06/30/2017	DY3 Q1	
Task 15. Implement and deploy population health	In Progress	15. Implement and deploy population health strategy and tactical plan, including clinical resources and data analytics	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
strategy and tactical plan, including clinical resources and data analytics tools and environment leveraging data from the MCC integrated EHR and data exchange/HIE environments.		tools and environment leveraging data from the MCC integrated EHR and data exchange/HIE environments.							
Task 16. Measure, improve, and refine population health management processes.	Not Started	16. Measure, improve, and refine population health management processes.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 17. Track and monitor progress of implementation of the Population Health Roadmap to verify continuous improvement.	Not Started	17. Track and monitor progress of implementation of the Population Health Roadmap to verify continuous improvement.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 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.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Complete review (fact-based data collection) of medical/surgical inpatient bed capacity in hospitals and skilled nursing facilities (SNFs).	In Progress	1. Complete review (fact-based data collection) of medical/surgical inpatient bed capacity in hospitals and skilled nursing facilities (SNFs).	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 2. Complete review of behavioral health inpatient bed capacity.	In Progress	2. Complete review of behavioral health inpatient bed capacity.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 3. Review ED and CPEP referrals from external sources, volumes, and wait times in order to evaluate inpatient need.	In Progress	3. Review ED and CPEP referrals from external sources, volumes, and wait times in order to evaluate inpatient need.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 4. PPS-wide Bed Reduction Work Group analyzes current state, DSRIP impact on capacity, and bed redesign by sub-region.	In Progress	4. PPS-wide Bed Reduction Work Group analyzes current state, DSRIP impact on capacity, and bed redesign by sub-region.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 5. Develop recommendations for excess bed reduction.	In Progress	5. Develop recommendations for excess bed reduction.	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 6. Obtain Board of Managers approval on bed reduction plan.	In Progress	6. Obtain Board of Managers approval on bed reduction plan.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Begin quarterly reporting on bed reductions and delivery of bed reduction plan.	In Progress	7. Begin quarterly reporting on bed reductions and delivery of bed reduction plan.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User 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.	Milestone 2 deadline extended to meet implementation plan requirements.

Milestone Review Status

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



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✔ IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ 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.

Excess bed capacity. Millennium hospitals have an occupancy rate of 71% that translates into 511 beds not in use, and the NYS DOH projected (2016) 499 excess beds for residential healthcare facilities in WNY. Millennium will resolve excess bed capacity in inpatient and skilled nursing facilities by in-depth fact-finding followed by a collective recommendation process and phased-in implementation.

Gaps in electronic health record (EHR) data sharing and regional health information organization (RHIO) interoperability. Enhanced communication and care management data sharing among primary care and specialists, mental health, health homes, and community support agencies does not presently exist, and interoperability among hospitals and pharmacies needs to be enhanced. Millennium's population health management solution (Cerner) is designed to make care management data accessible to all network providers in real time. A continuum of providers including medical, behavioral, and community will use Cerner's population health solution, along with continuity-of-care document data available through the RHIO, to support population health management using a combination of claims and clinical (EHR) data. If attributed patients do not consent to allow sharing of clinical data, it will impede managing health outcomes and providing coordinated care for the community. An effort is underway to emphasize the importance of sharing clinical data and require all patient access points to educate and capture patient consent documents.

PCMH accreditation to Level 3 2014. Millennium practice transformation specialists are working with 32 primary care safety net and high-volume Medicaid practice sites to provide PCMH transformation support.

Challenges with managing complex patients in primary care settings. There are virtually no primary care personnel devoted exclusively to care management of the high-risk complex population associated with avoidable admissions and readmissions. Risk stratification through Cerner's population health management solution will support coordinated care among providers in the network (this effort includes enrolling eligible patients into health homes).

Workforce competency gaps. The roles, responsibilities, skills, and competencies for appropriate care management and transitions (of high-risk patients) are being defined. We will build training into the practice transformation process used by the primary care locations to address these gaps.

Barriers to patient engagement in population self-management. Operationally, we will embed patient education about appropriate self-management into workflows of primary care provider partners in the Millennium network. The scope of activities supporting care coordination between providers is intended to address health outcomes. However, to address social determinants impacting population health, community-based interventions for outreach and engagement include engaging patients in Patient Activation Measure surveys, community health worker-led initiatives, and partnerships with external community-based stakeholders.

Developing standards for engagement. Failure of the multiple PPSs in Western New York to cooperate in using common protocols, standardized reporting requirements, and sharing lessons learned will lead to inconsistent or even contradictory instructions by PPSs that will impede provider



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performance. Millennium, Community Partners of WNY, and Finger Lakes PPS work together routinely to share information and ideas. Wherever possible, the three PPSs will develop standards and procedures that will guide implementation of the population health roadmap in a unified way.

✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Population health management that is capable of reducing avoidable admissions and readmissions is highly dependent on all elements of the PPS.

Population health management is dependent upon PPS-wide clinical integration and protocols for defining risk stratification so care management intensity and scope is stepped according to level of patient need. To this end, Millennium has redefined its project teams based on sites of care: acute care, post-acute care, community-based care, and primary care projects. Interoperability across settings for population health is dependent upon massive IT/HIE systems and processes enhancements. The new Millennium Cerner HealthIntent Platform is intended to support registries, patient care coordination among settings, and risk stratification to manage patients at the appropriate level of care.

Population health management of high-risk panels must be high-touch and active across settings using new roles and responsibilities that are not found in encounter-based, office-based care. To be effective, the new high-risk care management and coordination must function outside the primary care office through data sharing across clinical sites. This new out-of-office intensive care management is not currently covered by encounter-based reimbursement, so it is highly dependent upon financial sustainability through value-based payments (VBP). Risk-sharing incentives such as VBP models are being designed to align hospitals, primary care, and post-acute care partners in improving the quality of care and health outcomes. Population health management is dependent upon a trained primary care, behavioral health, and health home workforce and, therefore, must rely on the expertise, planning, and work of the Workforce Development workstream. As a result of decreased (potentially preventable) inpatient admissions, Millennium's hospital partners could experience an impact on inpatient beds due to improved care management and care coordination in outpatient facilities. This impact on beds will also impact the full time equivalents necessary for these unused inpatient beds. There is an effort underway by the Workforce Development workstream to assess current inpatient workforce, determine impact to the hospital-based workforce, and assess needs of retraining staff to improve care coordination at alternative care (outpatient) settings.



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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
IT Data Committee	Various individuals, facilitated by Jon Phillips	Identify sources of data
MCC Chief Integration Officer	Michele Mercer RN	Establish performance goals, integrate population health and data tools into performance metrics
Physician Steering Committee	Chair: Frances Ilozue MD	Implement strategy for ensuring physician engagement
Chief Medical Officer	Anthony Billittier MD	Oversee strategy for ensuring physician engagement
Physician Performance Sub-Committee	Members of Physician Steering Committee	Review provider metrics, determine remediation approach for under-performing providers
MCC Administrative Director, MCC Director of HIT, data analysts, IT resources	Juan Santiago, Jon Phillips, and various individuals	Implement reporting and communication technologies, risk stratification, and data sharing across PPS
Governance Committee	Co-chairs: Anne Constantino (Horizon Health); David Smeltzer (Heritage Ministries)	Establish goals and objectives of MCC Rapid Cycle Evaluation (RCE) program with assigned representation from Physician Performance Subcommittee and Clinical/Quality Committee
Clinical/Quality Committee	Co-chairs: Michael Cummings MD (UBMD Psychiatry); Joanne Haefner FNP (Neighborhood Health Center)	Develop clinical metrics and processes to support accountability for population outcomes
MCC Population Health Manager	Priti Bangia MSc MBA	Develop clinical and community metrics for projects, support the community in education and implementation of population health techniques, work closely with clinical integration and IT business owners, monitor/ensure all metrics from the community are uploaded in a clean, secure manner allowing for accurate reporting and data collection
Other MCC staff/population health team	To be designated	Support/educate community providers on conducting and uploading population health data for successful reporting
MCC care transition coordinators	To be designated	Support outreach to patients and complete necessary metrics to measure effectiveness
Population health vendor(s)	Cerner	Supply systems that support population health management, execution, and measurement
Workforce Development Work Group	R-AHEC	Provide guidance and training/retraining as needed in relation to the PPS-wide bed reduction plan



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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		
Primary care practices	Care providers	Reduce avoidable admissions, ensure high-risk patients are monitored according to care plan, prevent patients from entering high-risk populations by deploying prevention and medicine based on evidence-based guidelines
Hospital/emergency department (ED) discharge staff	Care transition	Follow approved policies and procedures, especially when discharging high-risk patients; link all patients to PCPs and secure appointments
ED care coordinators/navigators	Care coordination	Intercept high-risk patients, follow approved protocols to identify and remove barriers to care
Community-Based Organization (CBO) Task Force	Patient outreach	Coordinate medically-appropriate and culturally-sensitive interventions with high-risk patients
MCC Administrative Director (Juan Santiago)	Lead MCC IT strategy; coordinate with lead entity (ECMCC) for IT alignment	Ensure IT solution meets clinical integration and population health business requirements
External Stakeholders		
Urgent care centers	Care access, care coordination	Ensure communication to PCPs, contribute to coordination of care
Health homes (adult and pediatric)	Care coordination	Document interventions and care coordination activities for sharing among health homes to manage populations holistically and enhance reporting
Health plans and Medicaid managed care organizations	Risk management	Risk stratification
CBOs	Patient outreach	Deploy resources to intervene with high-risk patients, follow approved protocols to identify and remove barriers to care
P2 Collaborative of WNY	Education	Educate patients and providers
Rural health networks	Patient outreach, care coordination	Ensure rural populations are supported by MCC and care is rendered
Pharmacies	Education	Educate patients and providers
School-based health services	Care access, care coordination	Provide improved access to care for school-aged population to prevent them from entering high-risk groups, connect students (and families) with primary care



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
All health service providers and community-based services	Community services	Community support of population health
Retail-based medical services ("minute clinics")	Care access	Provide medical services (including vaccinations) especially for uninsured or low utilizing patients in the community
HEALTHeLINK	Connectivity	Provide communication platform for essential clinical data to manage populations
FQHCs	Population health	Support impoverished and uninsured populations to decrease risk and improve health



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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.

Maturation of the existing HIE. The HIE (HEALTHeLINK) is well developed in terms of its capability to collect data from hospitals, laboratories, and radiology facilities. Hospital data about admissions, discharges, and transfers is critical for identifying target populations and is available from every hospital in the region. However, population health interventions across an integrated delivery system, especially for high-risk patients, require bi-directional HIE in primary care, long-term care, and home care settings. While many primary care settings have access to read data from HEALTHeLINK, very few have the ability to feed data in so that it can be accessed in other settings. Long-term care settings currently have little connectivity. WNY was one of the first communities in the nation to establish HIE connections with home care but the data shared is limited. If these connections cannot be made in a timely fashion, there is a risk that coordination of care across the system for population health will be impaired. This will limit the ability to reduce hospitalizations. To mitigate this risk, we will encourage and support the use of Direct communication, which provides a means of secure clinical communication among organizations without the use of an HIE and therefore does not depend on the ability to create the bi-directional connections to the RHIO outlined above.

EHR implementation across the system is particularly problematic in long-term settings where EHR adoption has been slower than in other settings.

Integration of primary care and behavioral health: if it is not in place then population health efforts for patients with mental health and chronic disease will be much more difficult.

✔ IPQR Module 8.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall population health management direction. Project success and governance will be measured by the establishment of a population health roadmap which identifies the IT infrastructure necessary to support data analytics for MCC including targeted patient registries and their care management which supports primary care transformation. MCC will track its performance on domain 2 and 3 metrics (for all projects) to measure improvement over DY1 baselines. Scores will be used to determine which aspects of the population's health to focus on and to track improvement of the population health related-metrics over time. The progress of population health management will be presented to the Clinical/Quality Committee on a monthly basis. This will then be reported from the Clinical/Quality Committee to the Board of Managers on a quarterly basis.

Progress towards the development and approval of this roadmap will be reported quarterly (projected timeline versus actual implementation)



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timeline/percent complete of implementation of the approved roadmap). Quarterly reports will describe progress at the project and unit level including development of the population health management roadmap approved by the Board of Managers.

The roadmap will at minimum include the following items:

- Development of physician and patient communication and education plans
- RFP process for selection of vendor
- Implementation and deployment of population health management data analytics tools
- Development of business intelligence and other data analytics reporting at the project and unit levels
- Communicating results of population health management to appropriate committees and sub-committees

Population health management project- and unit-level progress reports will measure the status of the following:

- Population health roadmap designed to meet PCMH 2014 requirements and reduce avoidable utilization
- Risk stratification criteria: definition of priority target population; rubric for risk stratification; pilot test of risk stratification criteria
- Patient registries for risk stratification, pushed electronically to physicians
- Percent of primary care offices submitting NCQA application for 2014 PCMH recognition
- Percent of primary care offices obtaining NCQA 2014 PCMH level 3 recognition

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

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'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	03/31/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Establish provider distribution list (practices).	Completed	1. Establish provider distribution list (practices).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Assess MCC's capability to perform clinical integration (CI) needs assessment. If necessary, develop RFP and/or select vendor.	Completed	2. Assess MCC's capability to perform clinical integration (CI) needs assessment. If necessary, develop RFP and/or select vendor.	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4	
Task 3. Identify validated CI needs assessment tool, such as: a. Clinical Integration Self-Assessment Tool v. 2.0 by Gosfield and Reinertsen b. Physician Alignment and Integration Readiness Assessment by The Chartis Group c. Clinical Integration Readiness Assessment by Dye and Sokolov	Completed	3. Identify validated CI needs assessment tool, such as: a. Clinical Integration Self-Assessment Tool v. 2.0 by Gosfield and Reinertsen b. Physician Alignment and Integration Readiness Assessment by The Chartis Group c. Clinical Integration Readiness Assessment by Dye and Sokolov	07/01/2015	01/01/2016	07/01/2015	01/01/2016	03/31/2016	DY1 Q4	
Task 4. Present CI needs assessment tool and	Completed	4. Present CI needs assessment tool and proposed distribution process to the Clinical/Quality Committee for	10/01/2015	01/01/2016	10/01/2015	01/01/2016	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
proposed distribution process to the Clinical/Quality Committee for review and approval.		review and approval.							
Task 5. Establish response rate goal.	Completed	5. Establish response rate goal.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Define distribution process and implementation plan.	Completed	6. Define distribution process and implementation plan.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Disseminate CI needs assessment.	Completed	7. Disseminate CI needs assessment.	02/01/2016	12/31/2016	02/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Gather, aggregate, and analyze responses to identify gaps and CI focus areas.	Completed	8. Gather, aggregate, and analyze responses to identify gaps and CI focus areas.	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. Leveraging key data points, identify opportunities for shared access and the key interfaces that will have an impact on clinical integration.	In Progress	9. Leveraging key data points, identify opportunities for shared access and the key interfaces that will have an impact on clinical integration.	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 10. Establish CI roll-out strategy informed by the data to support requirements for clinical integration (including clinical providers, care management providers, and other providers impacting on social determinants of health).	In Progress	10. Establish CI roll-out strategy informed by the data to support requirements for clinical integration (including clinical providers, care management providers, and other providers impacting on social determinants of health).	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- 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	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task	In Progress	1. Develop CI Strategy based on needs assessment and	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Develop CI Strategy based on needs assessment and MCC projects, including protocols, procedures, processes, guidelines that will be used across the projects (e.g., Million Hearts, INTERACT, PAM).		MCC projects, including protocols, procedures, processes, guidelines that will be used across the projects (e.g., Million Hearts, INTERACT, PAM).							
Task 2. Present CI Strategy to the Clinical/Quality Committee for review and approval.	In Progress	2. Present CI Strategy to the Clinical/Quality Committee for review and approval.	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 3. Identify all relevant data sources for clinical integration by all PPS members, RHIO, and SHIN-NY, e.g., EHR systems, population health and care coordination modules, data analytic tools.	In Progress	3. Identify all relevant data sources for clinical integration by all PPS members, RHIO, and SHIN-NY, e.g., EHR systems, population health and care coordination modules, data analytic tools.	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 4. Catalogue existing programs MCC-wide to leverage best practices and identify gaps.	In Progress	4. Catalogue existing programs MCC-wide to leverage best practices and identify gaps.	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 5. In compliance with HIPAA security protocols, develop and test/verify clinical data sharing process for all relevant clinical interfaces (as defined in IT Systems & Processes, milestone #1).	In Progress	5. In compliance with HIPAA security protocols, develop and test/verify clinical data sharing process for all relevant clinical interfaces (as defined in IT Systems & Processes, milestone #1).	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 6. Implement/establish clinical data sharing process.	In Progress	6. Implement/establish clinical data sharing process.	07/01/2015	03/31/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 7. Convene MCC's geographic councils (Niagara Orleans Healthcare Organization, Southern Tier Council) to review and discuss CI plan implementation.	In Progress	7. Convene MCC's geographic councils (Niagara Orleans Healthcare Organization, Southern Tier Council) to review and discuss CI plan implementation.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 8. Roll-out plan to implement a consistent use of efficient and effective evidence-based approaches to care and coordination.	In Progress	8. Roll-out plan to implement a consistent use of efficient and effective evidence-based approaches to care and coordination.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 9. Implement Care Transitions Strategy developed in 2.a.i. including protocols for hospital admission/discharge coordination, care transitions, and communication among	In Progress	9. Implement Care Transitions Strategy developed in 2.a.i. including protocols for hospital admission/discharge coordination, care transitions, and communication among	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
admission/discharge coordination, care transitions, and communication among primary care, mental health, and substance use providers.		primary care, mental health, and substance use providers.							
Task 10. Develop provider-specific/program-specific metrics and reports. Establish transparent program and reporting plan.	In Progress	10. Develop provider-specific/program-specific metrics and reports. Establish transparent program and reporting plan.	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 11. Implement Training/Education Plan outlined in Practitioner Engagement (milestone #2) including providers and operations staff.	In Progress	11. Implement Training/Education Plan outlined in Practitioner Engagement (milestone #2) including providers and operations staff.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 12. Measure and track participation rates.	In Progress	12. Measure and track participation rates.	09/01/2016	03/31/2017	09/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 13. Measure and report on participation and training topics quarterly to Clinical/Quality Committee.	In Progress	13. Measure and report on participation and training topics quarterly to Clinical/Quality Committee.	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User 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'.	End date has been extended to ensure project initiatives have been implemented
Develop a Clinical Integration strategy.	End date has been extended to ensure project initiatives have been implemented



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Milestone Review Status

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



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✔ IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✅ 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.

Over-reliance on hospital-employed physicians makes it difficult to achieve full CI across the community; they lack the breadth to serve as a foundation for building the clinically integrated, performance-focused platform. Include/engage a cross-section of both independent community-based and hospital-employed physicians in all programming.

Independent (community-based) physicians have limited availability, staff, and financial resources to implement changes in workflow to accommodate new care coordination processes and other DSRIP requirements. Provide centralized support/resources (e.g., physician assistance, care management, PCMH expertise, IT support) for CI efforts.

Stakeholders (e.g. ancillary providers, community-based organizations (CBOs), faith-based organizations, etc.) are too diffuse for organized performance achievements. Develop organized approach for connecting these stakeholders to hospital-based and independent primary care practices (e.g., by leveraging and automating the 211 resource directory). Promote collaboration among these stakeholders via the CBO Task Force. Review progress reports; identify "problem areas" and low-performing organizations for additional support/intervention.

Failure to engage contracted physician groups. Some physician groups may be resistant to the changes proposed. Include contracted physician groups in all clinical implementation strategies. Implement a comprehensive practitioner engagement strategy. Represent a variety of provider types on the Physician Steering Committee to ensure a wide range of voices are heard.

Technology/data integration is not available/ready for deployment in a timely manner. Develop interim technology and data strategies to communicate data to practitioners. For example, leverage existing hospital admission, discharge, and transfer data and push to primary care offices. Work with IT Data Committee on interim steps to integration.

HEALTHeLINK (RHIO) training staff and PPS practice support staff operate independent of each other. Practices receive multiple, uncoordinated, outreach related to practice workflow transformation, causing confusion or distrust. Active, up-front coordination of activities to embed engagement of HEALTHeLINK services into the broader PPS practice transformation service as practices are engaged.

Data is not consistent across practices and EHR vendors. This affects providers trying to interpret Continuity of Care Document data from another practice and impedes the ability to perform analytics across a population whose data is sourced from many practice settings. Practice clinical transformation staff must include EHR data standards implementation in their practice support services integrated with data upload and aggregation capabilities. Implement a data standardization function to validate CCDs from practices at go-live.

EHR vendors may not support interoperability with the RHIO at a reasonable cost, slowing the pace of implementation of interoperability. Have MCC representatives from the IT Data Committee participate in regional, state, and national conversations on this issue; apply pressure to the industry to actively support the free flow of patient data.



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Confusion, misinformation, and lack of understanding could cause delays in deployment and integration. MCC will provide detailed education and in-servicing to providers, partners, and their staff about change management, IT security/privacy policies, and other compliance and operational policies and programs.

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.)

Practitioner engagement: Successful CI implementation is dependent on active practitioner engagement
Population health strategy: CI is a means to population health
IT systems and processes: Data integration and interoperability are essential components of CI
Performance reporting: CI progress is informed by accurate performance reporting
Financial sustainability: CI transformation depends on financial sustainability for such items as interoperability and practitioner incentives
Workforce strategy: CI resources, such as care coordinators, are essential to successful CI implementation
11 projects: An interdependency exists between CI and the MCC clinical projects



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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
Clinical Quality Committee	Co-chairs: Michael Cummings MD (UBMD Psychiatry); Joanne Haefner FNP (Neighborhood Health Center)	Oversight and approval of Clinical Integration (CI) Strategy and CI Work Plan
IT Data Committee	Various individuals, facilitated by Jon Phillips	Ensure that the IT infrastructure meets the needs of the clinically integrated network
Community-Based Organization (CBO) Task Force	Coordinated by Millennium's Community Engagement Team	Provide advisory feedback on CI Strategy and CI Work Plan
Geographic councils	Niagara Orleans Healthcare Organization (led by Sheila Kee, Niagara Falls Memorial Medical Center) and Southern Tier Council (led by Richard Braun, Olean General Hospital)	Implement CI strategies in the Northern and Southern sub-regions of the PPS; report on progress, challenges, and appropriate solutions
Clinical integration liaisons	Representatives from primary care, specialties, behavioral health, CBOs, care coordination, hospice/palliative care, and population health	Act as liaisons between their respective disciplines and the CI process



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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		
Chief Integration Officer (Michele Mercer RN)	Lead development and implementation of CI Strategy and Work Plan	Develop CI Strategy and Work Plan; present to oversight committees and work groups for feedback and approval; oversee implementation of work plan; report on progress of implementation
Chief Medical Officer (Anthony Billittier MD)	Medical oversight; input into CI Strategy and Work Plan	Work with Chief Clinical Integration Officer to develop CI Strategy and Work Plan; present to oversight committees and work groups for feedback and approval; oversee implementation of Work Plan; report on progress of implementation
Chief Reporting Officer (John J. Bono)	Development of clinical metrics	Develop and implement mutually agreed-upon CI metrics; provide input into measurement criteria and development of reports to the Clinical Quality/Committee, Board of Managers, and NYS DOH.
Representatives from each partner hospital	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
FQHCs	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
Behavioral health providers	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
Health homes	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
Post-acute providers	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
Physician networks	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
MCC Administrative Director (Juan Santiago), MCC Director of HIT (Jon Phillips)	Lead MCC IT strategy; coordinate with lead entity (ECMCC) for IT alignment	Ensure IT solution meets clinical integration and population health business requirements
External Stakeholders		
Departments of Health from each MCC PPS county	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
Patients	Beneficiary of care improvements driven by CI	Response to consultation on CI Strategy
Family members	Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity	Response to consultation on CI Strategy



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Hospice/palliative care providers	Buy-in/support of new pathways, lines of accountability, responsibilities, and communications	Engagement in the process, including consultation and training
CBOs	Buy-in and support of CI Work Plan including new pathways, lines of accountability, responsibility, and communication	Engagement in the process, including consultation and training



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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.

Effective CI will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean integration into new or expanded clinical data systems. For other providers in our network, effective CI is likely to rely more heavily on the coordinated use of patient registries and risk stratification. A core element of our CI needs assessment will be identifying where new or expanded data-sharing systems are required and where a different approach is required. The involvement of the IT Data Committee will be important in ensuring that our plans for developing IT infrastructure across the PPS support better CI.

The following areas that will require IT assessment and requirement definition for CI include:

- The architecture of the PPS to support a clinically integrated system
- The data sharing and confidentiality protocols in place for the PPS
- What platforms are being used to support the PPS (EHRs, etc.)
- How will the PPS integrate manual processes
- Data reporting and performance monitoring
- Secure messaging and alerts
- Patient and physician portals

Achieving the buy-in from our large community of downstream providers to the new ways of working that fall under the CI workstream will greatly depend on the providers and the individual practitioners having easily accessible methods of communicating with one another.

✓ IPQR Module 9.8 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall CI Strategy, including clinical integration progress within the network. This will be measured by increased adoption of evidence-based clinical pathways by participating PCPs. Clinical integration will also be measured by determining the increased adoption of care coordination within PC practices and across the network. Project success and governance will be measured by the completion of a clinical IT needs assessment, current state assessment of the PPS network, and establishment of a best practice data model flow. Quarterly reports at the project level will include a validated CI needs assessment tool approved by the Clinical/Quality Committee and aggregated analyzed results of the responses to identify gaps and CI focus areas.

Results of the CI needs assessment will be utilized in the development of the CI Strategy. The strategy will include, but not be limited to, the following items:



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Inventory of all data sources
A comprehensive training program
A reporting schedule aligned with finance, governance, cultural competency/health literacy, and performance monitoring

Quarterly project- and unit-level reports will mark progress towards full implementation of the IT infrastructure development plan for interoperability, CI, and population health management.

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.

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.

Open, frequent communication is key to successful projects, and MCC is dedicated to a transparent communication process across the PPS. Project activities to improve the healthcare of the targeted population while decreasing overall admission rates will not only affect Medicaid patients attributed to MCC, but the overall health of WNY. As MCC conducts training/education and implements care improvements throughout the community, it will have a secondary effect across all segments of the population. Providers will become more educated in the use of population management metrics and "Plan, Do, Study, Act" (PDSA) cycles, causing a transformation in healthcare. Communication strategies will be critical to all projects, but are particularly important in those that span multiple disciplines or require collaboration among a broad group of stakeholders.

The 11 projects selected by MCC will require major changes—broad, systemic changes at the network level as well as specific alterations in the day-to-day lives of patients and providers. The disruptions caused by these changes, however minute, will be felt throughout the PPS. Eventually, the results (such as improved health outcomes) will stimulate increased patient buy-in and provider involvement. But as these outcomes may take a long time to observe, community-based organizations (CBOs) will be mobilized immediately to help promote the practices and principles of DSRIP. Through community-based organizations the PPS will conduct outreach education, networking, and PCP coordination to ensure patients outside of the PPS will be engaged and linked to a PCP.

The development of a shared IT infrastructure and data sharing ensures the patient information is shared and securely transferred to referring providers and members of the PPS. The ability to share data among care rendering groups will enhance the care coordination and decrease risk for the patient for readmission and enhance positive outcomes. Through the IT infrastructure, notifications of care transitional protocols will be established. Data sharing and notifications will support improved care transitions, which are critical to several projects.

MCC, through the Clinical/Quality Committee, will standardize clinical and operational flows to support Patient-Centered Medical Home (PCMH) and patient-focused models. The activities will drive the foundational steps for moving towards a value-based model through improved outcomes. Through PCMH and NYS Advanced Primary Care Model principles the PPS will set standards for identifying high-risk patients, addressing barriers for compliance, and initiating activities to effect change. These activities will be measured and shared across the PPS. PDSA cycles will be initiated to evaluate improvement activities set forth from the practice to meet the quality measures and quickly revise as necessary to continue positive growth.

MCC will work with neighboring PPSs Community Partners of WNY (led by Catholic Medical Partners) and Finger Lakes PPS to create comprehensive healthcare transformations in the region. Close coordination will be assured by encouraging the use of standardized referral protocols, utilizing uniform tracking and reporting systems, adopting universal alert messaging via the RHIO, maintaining common messaging to patients, and sharing lessons learned.



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✔ 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.

FINANCIAL

Financial concerns cut across all projects, as practices and facilities are dependent upon financial sustainability. MCC will work with payers to enhance reimbursement strategies to provide sustainability to providers within the PPS. (all projects, Financial Sustainability).

EDUCATION

Education for patients, as well as providers, is key to empowering patients to drive their own healthcare needs as well as instilling confidence in medical staff to utilize new programs/strategies/procedures (2.d.i., Practitioner Engagement, 2.b.iii., 2.b.viii., 3.a.i.)

Gaps in knowledge could hinder outcomes of programs, such as INTERACT (2.b.vii.)

Educating Medicaid beneficiaries on established alternatives to ED will reduce non-emergent ED visits. (2.b.iii., 2.b.vii., 2.b.viii., 3.a.ii.)

Culturally, Linguistically Appropriate Services (CLAS) are very important in patient engagement. (Cultural Competency and Health Literacy, all projects but particularly 2.d.i., 3.b.i., 3.f.i., 4.a.i., 4.d.i.)

STAFFING

This PPS will be seeking highly educated and skilled resources within the PPS area to staff key support roles for all projects and workstreams. (all projects, Workforce Strategy)

The PPS is dependent upon well trained, funded staff availability, and primary physicians trained in areas with current shortages, especially in behavioral health. (2.b.iii., 2.d.i., 3.a.i., 3.b.i., Practitioner Engagement)

PATIENT COORDINATION WITHIN PPS

All providers are highly dependent upon increased levels of communication and coordination for their patients. This is especially challenging due to the current highly fragmented delivery system, the target population's size, and the region's large geographical area. (2.a.i., IT Systems & Processes, Population Health Management)

Connectivity with health home and ACO population management systems will impact ED triage. (2.a.i., 2.b.iii., Population Health Management)

Note: There are no ACOs in WNY participating with MCC.



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Hospitals must help coordinate safe and successful discharges, while passing along all crucial information when patients return to skilled nursing facilities or other facilities. (2.b.iii., 2.b.vii., 2.b.viii.)

Crisis Stabilization is dependent upon ED triage to identify patients who do not need urgent care. (2.b.iii., 3.a.ii.)

IT INFRASTRUCTURE

Connectivity is the backbone for which all providers will be dependent. The ability to safely and easily access patient records is key to improving patient outcomes. (2.a.i., IT Systems & Processes)

All projects are dependent upon the PPS's ability to define data gaps, and implement data quality and content standards at the practice level. This directly impacts the PPS's practice clinical transformation and EHR utilization activities at the practice level. In particular, defining data rules and standards around Continuity of Care Documents (CCDs) as these tend to have a high rate of variability across practices and EHR vendors. This will directly impact the ability to perform population analytics across many practices. (2.a.i., IT Systems & Processes)

Cardiac project is dependent upon project 2.a.i. (Integrated Delivery System) requirement to establish disease registries. (2.a.i., IT Systems & Processes, 3.b.i.)



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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
IT Data Committee	Various individuals, facilitated by Jon Phillips	Technical oversight/direction/coordination [all projects as needed]
MCC Clinical Integration Officer	Michele Mercer RN	Achieve clinical integration through the use of best practices and techniques by healthcare facilities and primary care practices throughout WNY
MCC Community Engagement Team	Various individuals	Cultural competency, health literacy, collaboration with CBOs [especially 2.b.iii. (ED Care Triage), 2.d.i. (Patient Activation), 3.a.ii. (Crisis Stabilization), 3.f.i. (Maternal and Child Health), domain 4 projects]
MCC Workforce Education Vendor	Rural-AHEC	Devise strategies to meet training needs through cooperative arrangements with community partners
Project co-sponsor	Community Partners of WNY	Provide joint funding; collaborate on standardized cross-PPS protocols and policies; participate in open, frequent communication about project status and objectives [4.a.i. (Promote MEB Well-Being), 3.f.i. (Maternal and Child Health)]
All active project participants (e.g., SNFs implementing INTERACT, individuals being trained on PAM, PCPs offering Million Hearts)	Per project	Meet project requirements according to established timeline, follow any protocols agreed to at PPS level, accept performance-based incentives, use electronic systems to track patients as required [all projects]
MCC Chief Reporting Officer	John J. Bono	Develop and implement plan specifying process and performance metrics to be reported, manner in which data will be reported, designating entities which will receive data, systems for analyzing and responding to data and reporting date to committees and governing board.
MCC Clinical Integration Team	Led by Michele Mercer RN	Ensure workstreams and projects are coordinated, meet objectives, and contribute to the overall success of the PPS



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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		
Home care providers	Participating home health agencies	Provide/promote home healthcare as alternative to hospitalization/SNF admission
CBO Task Force	Coordination of community resources	Coordinate services provided by CBOs to prevent gaps or unnecessary duplication of services
"Voice of the Consumer" Sub-Committee	Patient advocacy and engagement	Obtain direct input from Medicaid recipients
MCC Administrative Director (Juan Santiago)	Reporting oversight	Provide oversight for reporting as it relates to projects
External Stakeholders		
Legislators	Regulatory waivers	Waive regulations that prevent project from achieving objectives
HEALTHeLINK and other RHIOs	HIE	Integration, connectivity, consent [especially project 2.a.i., Integrated Delivery System]
Departments of health from each MCC PPS county (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming)	Region-specific support/services	Assist in implementation of community health improvement strategies, provide region-specific support and services [especially 3.a.i. (Integration of Behavioral Health and Primary Care), 3.a.ii (Crisis Stabilization)]
Health plans and Medicaid managed care organizations	Reimbursement	Provide appropriate reimbursement based on project strategies and objectives, streamline authorization processes to facilitate project success, support value-based payment
Finger Lakes PPS	Coordination	Collaborate on standardized cross-PPS protocols and policies
Community-based and faith-based organizations	Service providers	Provide culturally appropriate services to various populations to support patient engagement/activation and adherence to care plans
Patients, families, caregivers	Care seekers	Care seekers



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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.

MCC is in the process of developing requirements for an Enterprise DSRIP Solution, the technical infrastructure that will support MCC's project and workstream activities. A vendor/partner will be selected via RFP to provide the enabling infrastructure and analytics foundation to pull data and push content and insights across MCC's network.

MCC intends to leverage aggregated patient data available through HEALTHeLINK and augment it with information from other service providers in the PPS such as social service agencies, schools, CBOs, and other providers that do not use electronic patient records. The infrastructure and data foundation provided by HEALTHeLINK will enable the functional capabilities of performance management, decision support, care delivery, care management, population health management, patient engagement, and support services.

The enabling infrastructure which will support implementation of all 11 MCC projects includes the following elements: EMRs, rules engine, network connectivity and security, remote monitoring and mHealth applications, enterprise data warehouse, process automation, reporting tools, portals, advanced analytic tools, and geospatial analysis tools.

A comprehensive service provider network will be created and maintained. The network will be accessible and responsive to identified member needs. This includes use of geospatial mapping to identify "hot spots" and network coverage issues. A provider/network directory will offer a streamlined, electronic means for primary care practices to connect patients to community-based services in their own neighborhoods and communities. This will enable PPS partners to coordinate medical, mental health, and non-medical care efforts (e.g., temporary housing).

A patient registry will be developed which includes patient name, address, CIN number, sex, race, top diagnoses codes, primary care provider of record, payer, risk score, and projects in which they have been engaged. Patient-level clinical data should include additional elements such as BMI, smoking status, cholesterol level, blood sugar level, PAM survey date and score, pregnancy status, most recent encounters, most recent discharge diagnosis, and date of discharge. Registry data will be used to identify care gaps for treatment of identified chronic or acute conditions and for preventative and wellness services.

A Member portal is also envisioned that will enable beneficiaries to look up their own information online and make service requests from their portals. Since most Medicaid members may not have smart phones or computers, MCC seeks to explore the use of secure text messaging to remind members of upcoming appointments or to call their care team for other information or follow up.

Community health workers (CHWs) will perform vital services in connection to several projects (e.g., 3.f.i., Support for Maternal and Child Health). MCC intends to equip CHWs with laptops, tablets, smart phones, or other mobile devices to capture data and share content with Medicaid members. This technology will facilitate easy documentation of home/remote visits, improve communication across the care continuum, provide educational material for members, and keep CHWs in the field connected to the PPS as needed. This will be facilitated through access to a Service Provider portal. MCC will engage with the CBOs to design structured documentation templates that can be accessed in their portal. As the



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CHWs open their template they will query MCC's EMPI solution using name, address and CIN number if known to determine whether the member has an existing EMPI number. The form will automatically be populated with EMPI or a new identifier if the patient is not known. This capability is foundational to creating a 360-degree view of each member.

✅ 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.

A workgroup composed of members of the Physician Performance Sub-Committee, IT Data Committee, Clinical/Quality Committee, and Finance Committee, with input from the Chief Reporting Officer, Chief Integration Officer, and Finance Director, will develop a performance measurement program, including incentive payment provisions. The workgroup will direct the IT Data Committee in implementation of project-specific performance dashboards. These dashboards will be populated with internal and external data, including the domain 1–4 measures identified in the DSRIP Measure Specification and Reporting Manual and subsequent guidance. The workgroup will develop additional measures and milestones to measure project implementation, quality, and integration and milestones/measures that will be tied to financial incentives.

MCC will establish and identify quality standards using NYS DOH metrics as a starting point. The PPS may add metrics that it deems necessary to successfully meet provider adoption and patient engagement targets for all projects.



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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 importance of member involvement in self-care is well documented. MCC will play a vital role in improving health literacy and motivating Medicaid members to improve their overall health and wellness. This includes sharing of appropriate content about their conditions that need to be managed, information about where non-emergent care can be accessed that is closest to them, and how they can be contacted.

MCC will reach out to the public directly by hosting informative events (for example, a wellness expo was hosted in September), appearing regularly in the media (e.g., weekly radio show on WUFO, appearances on television talk shows), implementing publicity/media campaigns, establishing a "Voice of the Consumer" Sub-Committee made up of Medicaid beneficiaries, and appointing a member of this sub-committee as a voting member of the Board of Managers. MCC will use these channels to engage the community and to explain DSRIP initiatives to WNY residents.

MCC will also leverage community-based organizations (CBOs) as an indispensable resource for reaching the community at large and specific targeted populations (e.g., refugees). MCC's strategy is to build a broad CBO network that is representative of all of WNY, that will play a vital role in engaging the Medicaid population in the delivery and implementation of DRSIP goals. During the first quarter of 2015, MCC conducted a major outreach campaign to urge CBOs to join the network. MCC directly contacted organizations by telephone and email and encouraged CBO involvement through its website. A total of 280 CBOs were added to the MCC PPS as a result of these outreach efforts. MCC will determine the adequacy of its CBO network as part of the additional community needs assessment work it will conduct to identify health disparities and factors causing poor health outcomes. The plan is to identify additional CBOs which currently exist or which are emerging, particularly in immigrant neighborhoods. As additional CBOs are identified, MCC will enroll them as partners and seek to involve them in PPS work.

In addition to building a broad network of CBOs, MCC will also execute contracts with individual CBOs to provide services related to the projects. Each DSRIP project team is being charged with the responsibility of identifying key CBOs that will assist with project work. A determination will be made as to the number of such CBOs required and the specific services they will perform. MCC will utilize the RFP process as the mechanism for evaluating the capacity of CBOs to provide services. Selection criteria will include experience, references, leadership/administrative capacity, financial viability, cultural and linguistic capabilities, and other characteristics as appropriate.

MCC used this process to select four CBOs to provide patient activation services in connection with the 11th project (2.d.i., Patient Activation). These CBOs, in turn, subcontracted with several additional organizations to reach the patient engagement targets for this project. Dozens of community health workers have been deployed to administer PAM surveys and help connect members with needed services.

MCC is in the process of selecting CBOs to provide services related to Cultural Competency and Health Literacy. CBOs will also be relied upon for projects 3.f.i. (Support for Maternal and Child Health), and 4.d.i. (Reduce Premature Births).

CBOs also provide advice and counsel to MCC's Board of Managers and committees via the CBO Task Force. Over 35 CBO representatives have been appointed to the Task Force, which has been meeting monthly since July. Among other things, the Task Force is responsible for tracking and



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monitoring CBO involvement in project work and pinpointing new and evolving opportunities for CBO engagement.

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.

Funding Type	Year/Quarter										Total Spending(\$)
	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)(\$)	
Retraining	285,000.00	285,000.00	142,500.00	142,500.00	71,250.00	71,250.00	42,750.00	42,750.00	28,500.00	28,500.00	1,140,000.00
Redeployment	278,400.00	278,400.00	139,200.00	139,200.00	69,600.00	69,600.00	41,760.00	41,760.00	27,840.00	27,840.00	1,113,600.00
New Hires	753,000.00	753,000.00	225,900.00	225,900.00	150,600.00	150,600.00	112,950.00	112,950.00	75,300.00	75,300.00	2,635,500.00
Other	2,160,000.00	2,160,000.00	1,080,000.00	1,080,000.00	648,000.00	648,000.00	324,000.00	324,000.00	216,000.00	216,000.00	8,856,000.00
Total Expenditures	3,476,400.00	3,476,400.00	1,587,600.00	1,587,600.00	939,450.00	939,450.00	521,460.00	521,460.00	347,640.00	347,640.00	13,745,100.00

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	06/20/2016	07/01/2015	06/20/2016	06/30/2016	DY2 Q1	NO
Task 1. Finalize appointments to Workforce Development Work Group and sub-committees; ensure labor representatives, other key stakeholders, and human resources staff from participating facilities are represented. Develop workforce governance decision-making protocols.	Completed	1. Finalize appointments to Workforce Development Work Group and sub-committees; ensure labor representatives, other key stakeholders, and human resources staff from participating facilities are represented. Develop workforce governance decision-making protocols.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. For each specific DSRIP project that has a workforce impact, the Workforce Development Work Group will identify specific workforce requirements using facility surveys and interviews with project managers and key stakeholders.	Completed	2. For each specific DSRIP project that has a workforce impact, the Workforce Development Work Group will identify specific workforce requirements using facility surveys and interviews with project managers and key stakeholders.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. The Workforce Development Work Group will perform a project-specific organizational impact assessment using recommended tools to identify level of impact by project, including the anticipated level of impact by role.	Completed	3. The Workforce Development Work Group will perform a project-specific organizational impact assessment using recommended tools to identify level of impact by project, including the anticipated level of impact by role.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. The Workforce Development Work Group will conduct a project-specific analysis that will identify the various levels of workforce resources required to support the DSRIP projects.	Completed	4. The Workforce Development Work Group will conduct a project-specific analysis that will identify the various levels of workforce resources required to support the DSRIP projects.	10/01/2015	05/31/2016	10/01/2015	05/31/2016	06/30/2016	DY2 Q1	
Task	Completed	5. The Workforce Development Work Group will aggregate	08/01/2015	05/31/2016	08/01/2015	05/31/2016	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
5. The Workforce Development Work Group will aggregate the project-specific analyses to develop an updated PPS-wide Needs Profile.		the project-specific analyses to develop an updated PPS-wide Needs Profile.							
Task 6. The Workforce Development Work Group will collect and aggregate data into a comprehensive profile of MCC's proposed Target Workforce State.	Completed	6. The Workforce Development Work Group will collect and aggregate data into a comprehensive profile of MCC's proposed Target Workforce State.	01/01/2016	05/31/2016	01/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task 7. The Workforce Development Work Group will define the structure and content of the initial Target Workforce State report as well as quarterly update reports.	Completed	7. The Workforce Development Work Group will define the structure and content of the initial Target Workforce State report as well as quarterly update reports.	01/01/2016	05/31/2016	01/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task 8. The Workforce Development Work Group will finalize the Target Workforce State and submit it to MCC Board of Managers for review and approval.	Completed	8. The Workforce Development Work Group will finalize the Target Workforce State and submit it to MCC Board of Managers for review and approval.	05/01/2016	06/20/2016	05/01/2016	06/20/2016	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.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. In partnership with MCC leadership and the Workforce Development Work Group, the Workforce Development Director will establish protocols for implementing and monitoring the workforce transition process, including but not limited to procedures for obtaining and allocating resources, providing training, recruiting and redeploying staff, and reporting.	Completed	1. In partnership with MCC leadership and the Workforce Development Work Group, the Workforce Development Director will establish protocols for implementing and monitoring the workforce transition process, including but not limited to procedures for obtaining and allocating resources, providing training, recruiting and redeploying staff, and reporting.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The MCC Workforce Development Director will work with the established sub-committees and other key stakeholders to formulate a project-specific timeline for recruitment, redeployment, and retraining.	Completed	2. The MCC Workforce Development Director will work with the established sub-committees and other key stakeholders to formulate a project-specific timeline for recruitment, redeployment, and retraining.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The Workforce Development Work Group will	Completed	3. The Workforce Development Work Group will define the structure and content of the original Workforce Transition	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
define the structure and content of the original Workforce Transition Roadmap and provide subsequent quarterly updates to the roadmap.		Roadmap and provide subsequent quarterly updates to the roadmap.							
Task 4. The Workforce Development Work Group will finalize the Workforce Transition Roadmap and submit it to MCC Board of Managers for review and approval.	Completed	4. The Workforce Development Work Group will finalize the Workforce Transition Roadmap and submit it to MCC Board of Managers for review and approval.	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The Workforce Development Director and the Workforce Development Work Group will conduct an assessment of staffing patterns at partner facilities and will analyze certifications, licenses, educational levels, skills, and competencies among a facility's staff through the use of surveys, reports, and interviews.	Completed	1. The Workforce Development Director and the Workforce Development Work Group will conduct an assessment of staffing patterns at partner facilities and will analyze certifications, licenses, educational levels, skills, and competencies among a facility's staff through the use of surveys, reports, and interviews.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. After the current state assessment is complete, the Workforce Development Work Group will compare the Target Workforce State with the current state, identifying specific retraining, redeployment, and new hire needs.	Completed	2. After the current state assessment is complete, the Workforce Development Work Group will compare the Target Workforce State with the current state, identifying specific retraining, redeployment, and new hire needs.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The Workforce Development Work Group will identify resources needed (funding, manpower, methods, metrics, partnerships, etc.) and review projected workforce budget and roadmap for each category of impacted staff.	Completed	3. The Workforce Development Work Group will identify resources needed (funding, manpower, methods, metrics, partnerships, etc.) and review projected workforce budget and roadmap for each category of impacted staff.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Define structure and content of report, conduct gap analyses, and submit quarterly updates.	Completed	4. Define structure and content of report, conduct gap analyses, and submit quarterly updates.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Finalize current state assessment and gap analysis reports and submit them to the Board of	Completed	5. Finalize current state assessment and gap analysis reports and submit them to the Board of approval.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Managers for review and approval.									
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.	09/15/2015	06/30/2016	09/15/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. The Workforce Development Work Group will design content and structure for a survey instrument to collect current compensation information from each participating facility; engage labor representatives and other key stakeholders in the process.	Completed	1. The Workforce Development Work Group will design content and structure for a survey instrument to collect current compensation information from each participating facility; engage labor representatives and other key stakeholders in the process.	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. The Workforce Development Work Group will distribute surveys, collect results, conduct follow-up interviews as needed, and compile aggregate current benefit and compensation information from each participating facility.	Completed	2. The Workforce Development Work Group will distribute surveys, collect results, conduct follow-up interviews as needed, and compile aggregate current benefit and compensation information from each participating facility.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Using the salary and compensation plan designed in the "Target State" milestone and "Current State" data, the Workforce Development Work Group will analyze and compare data by position, project, roles, employment status (FT, PT) and forecast anticipated impact on targeted employees.	Completed	3. Using the salary and compensation plan designed in the "Target State" milestone and "Current State" data, the Workforce Development Work Group will analyze and compare data by position, project, roles, employment status (FT, PT) and forecast anticipated impact on targeted employees.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Conduct meetings with HR, labor representatives, and key stakeholders to develop and implement policies which affect staff who may be impacted by redeployment or retraining.	Completed	4. Conduct meetings with HR, labor representatives, and key stakeholders to develop and implement policies which affect staff who may be impacted by redeployment or retraining.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Finalize Compensation and Benefit Analysis Report and submit to the Board of Managers for review and approval.	Completed	5. Finalize Compensation and Benefit Analysis Report and submit to the Board of Managers for review and approval.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5	Completed	Finalized training strategy, signed off by PPS workforce	01/01/2016	09/30/2016	01/01/2016	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
Develop training strategy.		governance body.							
Task 1. The Workforce Development Director will work closely with HR staff at participating facilities to conduct a comprehensive customized training needs assessment for targeted staff.	Completed	1. The Workforce Development Director will work closely with HR staff at participating facilities to conduct a comprehensive customized training needs assessment for targeted staff.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Compile a comprehensive project and individual training needs list, including specific skills and certifications required.	Completed	2. Compile a comprehensive project and individual training needs list, including specific skills and certifications required.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The Workforce Development Work Group will establish procedures for implementing and monitoring the Workforce Training Strategy, including but not limited to describing procedures for obtaining and allocating resources, providing training, and implementing reporting requirements.	Completed	3. The Workforce Development Work Group will establish procedures for implementing and monitoring the Workforce Training Strategy, including but not limited to describing procedures for obtaining and allocating resources, providing training, and implementing reporting requirements.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Evaluations will be distributed to participants for feedback on classes/course at time of participation. Revisions to classes/courses will be made based on participant feedback. Rural AHEC will follow-up with participants three months after educational event to evaluate effect of classes on employment situation.	Completed	4. Evaluations will be distributed to participants for feedback on classes/course at time of participation. Revisions to classes/courses will be made based on participant feedback. Rural AHEC will follow-up with participants three months after educational event to evaluate effect of classes on employment situation.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The Workforce Development Work Group will finalize the Workforce Training Strategy and submit it to the Board of Managers for review and approval.	Completed	5. The Workforce Development Work Group will finalize the Workforce Training Strategy and submit it to the Board of Managers for review and approval.	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found



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Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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✔ IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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✓ 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.

MCC may have difficulty recruiting sufficient numbers of staff needed. This will be an issue with lower-paying community-based positions (e.g., CHWs) and positions where a high level of education/certification/licensure is required (e.g. Licensed Clinical Social Worker). This is especially problematic since two other PPSs in WNY will be competing for the same resources. Determine appropriate incentives and promote career ladder pathways. Work with local colleges, universities, and other educational resources to build a pipeline of qualified workers. Establish retraining programs to facilitate redeployment. Consider retention bonuses for lower-paying positions. Work with other PPSs to host joint job fairs and training/retraining sessions.

Resistance to change: staff, labor representatives, workforce, and key stakeholders will resist the workforce changes needed for success. Engage all participants throughout the process through assessment, communication, and training. These efforts will promote openness and transparency and involve affected members in the decision-making process.

Managing the differences in HR policies between facilities could become a barrier to inter-PPS movement. Employees moved between organizations, even affiliated organizations, could have different in-house HR services available to support the changes. The Workforce Development Work Group, with support from the workforce vendor and in close collaboration with facility HR departments, will provide clear and consistent protocols to support the changes and address challenges across the PPS. The Work Group will facilitate the establishment of protocols for implementing and monitoring the workforce transition process.

Lack of compatible technological infrastructure for data sharing, reporting, and communication, as well as a lack of appropriately trained staff. MCC will use a phased approach to project rollout, IT development, and reporting. Early reliance on free, open source solutions for data collection and analysis provides a "fallback" option for maintaining continuity of operations. MCC will grow our internal capacities and help direct the development of IT resources across the region. Appropriate training will be offered to staff members.

Negative ramifications for employees who refuse retraining/redeployment. A segment of the employee population will find the changes untenable. In facilities that are unionized, employees may seek to avoid the changes through grievances and refusal to cooperate. The PPS will refer employees to their HR department and/or union pursuant to existing agreements. The PPS will also engage the workforce vendor to provide input into the process of addressing staffing gaps and addressing retraining/redeployment refusals. Disciplinary action will be considered only as a last resort.

Funding received is insufficient to achieve the PPS' stated achievement goals. All projects will utilize flexible, phased project plans that can be adjusted as needed. MCC will engage no-cost training provided by community experts and will share project resources when applicable (e.g., INTERACT coaches for both 2bvii and 2bviii). MCC will also work towards value-based payment reform in order to control costs and ensure sustainability.



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✓ IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

The workforce implementation plan is interrelated with every workstream and every DSRIP project. As a general overarching reality, without an effective, comprehensive workforce strategy, no workstream can be successful.

The IT Systems and Processes workstream is dependent upon an effective workforce strategy to recruit staff to build and manage systems, and to train IT staff on effective use of varied software.

Cultural Competency and Health Literacy need to be integrated into each aspect of the workforce strategy. Whether staff are retained, hired, retrained, or redeployed, it will be necessary for the workforce to be culturally competent.

Financial Sustainability: Adequate resources are key to successful transformation. Funds need to be available to support all aspects of the recruitment, training, and redeployment processes. In addition, financial delays could be detrimental to small partners attempting to participate in workforce transformation if resources are unavailable to provide needed training programs and develop required career and academic pathways.

Governance and Performance Reporting are also critical to the success of the transformation. Each participating partner needs to fully understand and participate in the process. Success is dependent upon active participation and engagement, including responding to required data needs for reporting.

Clinical Integration is dependent upon a successful transformation of the workforce. Training programs and new operational procedures will have a significant impact on successful integration into the care process.

In addition, Practitioner Engagement, through effective integration of communication processes as outlined in the Practitioner Communication and Engagement Plan, is critical for success. Continued transformation of the workforce and the care process requires active participation.



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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
MCC Workforce Development Director	Jan Brown	Oversee, develop, and implement workforce transformation plans; oversee development of job descriptions, workflow procedures, and recruitment; provide information and assure continuous communication among employees, labor reps, community-based organizations (CBOs), and MCC
Workforce vendor	Western New York Rural Area Health Education Center (R-AHEC)	Sub-contract with MCC for a variety of services including, but not limited to, co-chairing the Workforce Work Group, identifying local and regional training providers, assessing and delivering various trainings, assessing current healthcare workforce needs, providing job coaching and case management for workforce program participants, and acting as a data warehouse for training information and workforce survey information
Workforce Development Work Group	Various individuals, facilitated by Jan Brown	Facilitate employee data collection; monitor and report to Board of Managers; assist in development of job descriptions, workflow procedures, and recruitment; promote and manage communication among employees, labor reps, CBOs, and MCC
Practitioner Engagement Coordinator	Jillian Barone	Help coordinate training for providers; identify appropriate training offerings and incentives; collaborate on communication to providers
Training Strategy Sub-Committee	Nichole Meehan (R-AHEC); Siobhain Kemblowski (199 Training Fund); Jan Brown (MCC); Valerie Putney (R-AHEC); Laura Donahue (Kaleida); Honor Martin (Aspire); Christine Kemp (SNAPCAP)	Develop PPS training strategy. Established May 2016; still adding members.



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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		
Training departments/programs within PPS partner organizations	Training providers/partners	Coordinate to deliver needed training to partner staff
MCC project managers	Project managers	Identify training needs specific to projects and workstreams; coordinate with Workforce Development Director to ensure training fills these needs
Chief Medical Officer	Supervision/oversight	Coordinate with other practitioner engagement and communication activities
External Stakeholders		
Buffalo Niagara HR Associates	Professional association	Support HR activities and leadership
Training agencies	Training provider	Offer variety of training programs
1199 SEIU, NYSNA, AFSCME, CSEA, CWA, and others as identified	Labor representatives	Provide communication among employees and workforce team; provide expertise and insight into effective processes
PX 21 Coalition, Buffalo	Coalition of substance abuse/mental health agencies	Provide training (via training committee)
Community Health Workers of Buffalo, Jessica Bauer Walker, Executive Director	Training	Provide CHW training with emphasis on health education and promotion, community building, and advocacy; offer CHW certificate in partnership with Canisius
R-AHEC, Cathy Huff, CEO	Training	Provide training in rural areas
Staff education departments; nursing in-service education departments	Education	Provide clinical/nursing education; educate staff for DSRIP protocols
Colleges and universities with certificate/education programs (e.g., D'Youville, Daemen, UB, NU, Medaille, ECC, NCCC, Trocaire, BOCES, Harkness)	Education	Provide workforce education for DSRIP protocols
UB School of Social Work; Office of Continuing Education	Training and certification/credentialing support	Support DSRIP policy and procedures
Millard Fillmore College	Adult education on practice transformation	Offer certificate program (practice transformation based on AHRQ curriculum)
Empire State College; Jewish Community Center of Greater Buffalo	Adult education	Offer adult education classes



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Infant community programs (e.g., Healthy Babies, Maternal and Infant Community Health Collaborative---MICHC)	Program-specific training programs	Provide training/orientation related to specific programs
Vocational and Educational Services for Individuals with Disabilities (VESID)	Training	Provide education opportunities to disabled individuals
Other PPSs	Networking; collaboration	Collaborate with other PPSs in developing ideas, sharing, networking, and learning across the state



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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.

Data around workforce transformation will be collected, analyzed, and reported upon in order to determine the success and progress of the workforce development efforts. Appropriate data controls, collection, and analytical platforms will be needed to support these efforts. Dashboard or report card capabilities will help PPS partners understand current status/progress and highlight issues that need attention. IT support is also required to facilitate required data collection/reporting/export. It will also be important to track staff movement and changes across the PPS. A learning management system may be required to coordinate and record training/educational efforts.

✅ IPQR Module 11.9 - Progress Reporting

Instructions :

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

Progress reporting will be aligned with the phased approach to implementing the overall Workforce Strategy. As the Workforce Strategy is developed and refined, quarterly project and unit level progress reports will include:

A list of Workforce Development Work Group members and key stakeholders

A regular meeting schedule and meeting minutes

A documented assessment of project workforce needs and Target Workforce State

A Workforce Transition Roadmap, submitted to and approved by the Board of Managers

A documented Compensation and Benefit Analysis Report

Comprehensive Training Strategy

A reporting schedule aligned with finance, governance, cultural competency/health literacy, and performance monitoring

Quarterly reports help partners to gain meaningful status on their own progress towards goals. Overall project and workstream success will be reported to partners and NYS DOH. Reports will include analyses of, but not be limited to, the following:



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Number of people retrained, redeployed, and hired

Training programs/sessions conducted

Breakdown of full (95–100% of previous compensation) vs. partial (less than 95%) placement

Breakdown of new hires by staff type

Summary of compensation/benefit impacts

Specifically, we will report progress of the workforce strategy on three levels. First, working collaboratively with partnering facilities who will identify employees affected by the DSRIP project, we will be able to ensure that the proper people receive the proper training and that both employee and facility profit from the educational endeavor. For example, the INTERACT program will be rolled out to care staff at participating SNFs. A trained staff will reduce the number of acute care transfers; therefore benefiting facility, employee, and patient.

Secondly, we will evaluate progress on the percentage of workforce need that has been met. We will do that by surveying partnering facilities and reevaluating what positions have been filled and where the greatest demand/vacancies lie. After which we will change our approach to recruitment and training if needed.

Finally, we will conduct a quantitative evaluation assessing the success of each project based on collected numbers of consumers reached and reduction of ED visits.

MCC will utilize a central data warehouse and document archive to manage and track project and workstream requirements across the organization, including internal and external milestones, policies and procedures, and other key documents. This central repository will form the basis of our overall project tracking and reporting infrastructure and will allow users to access information appropriate to their role within the organization. Such a system will support project and program management by being a source for regularly scheduled reports and searchable information as dictated by project and program management requirements. This data source will be maintained as part of the PPS's critical operational infrastructure and will enable auditing, version control, and other project tracking functions across the organization.



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✔ IPQR Module 11.10 - Staff Impact

Instructions :

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

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_WF_MDL1110_OTH_Millennium_Workforce_Staffing_Impact_(Actuals)_DY2_Q3-4_14722.xlsx	Workforce staffing impact (actuals) for DY2 Q3-Q4	05/05/2017 04:06 PM
ethelen	Other	48_DY2Q4_WF_MDL1110_OTH_Millennium_Workforce_Staffing_Impact_(Actuals)_DY1_Q1-Q4_and_DY2_Q1-Q2_Revised_14721.xlsx	Revised workforce staffing impact (actuals) for DY1 Q1-Q4 and DY2 Q1-Q2	05/05/2017 03:59 PM

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

Benchmarks	
Year	Amount(\$)
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	10,128,000.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)(\$)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY2(Q1/Q2)(\$)	DY2(Q3/Q4)(\$)		
Retraining	402,511.00	583,672.00	2,844,529.00	332.69%
Redeployment	797,970.00	1,128,447.00	3,974,939.00	475.93%
New Hires	951,561.00	1,128,447.00	4,446,964.00	227.14%
Other	725,169.00	1,322,951.00	4,150,918.00	64.06%
Total Expenditures	2,877,211.00	4,163,517.00	15,417,350.00	152.23%

Current File Uploads

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

Narrative Text :

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



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 11.12 - IA Monitoring:

Instructions :



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

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

Instructions :

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

Data is not consistent across practices and EHR vendors. This affects providers trying to interpret Continuity of Care Document (CCD) data from another practice and impedes the ability to perform analytics across a population whose data is sourced from many practice settings. Practice clinical transformation staff must include EHR data standards implementation in their practice support services integrated with data upload and aggregation capabilities. Implement a data standardization function to validate CCDs from practices at go-live (this could be done at the RHIO level). Feedback to practice clinical transformation staff for intervention.

EHR vendors may not support interoperability with the RHIO at a reasonable cost, slowing the pace of implementation of interoperability. Have MCC representatives from the IT Data Committee participate in regional, state, and national conversations on this issue; apply pressure to the industry to actively support the free flow of patient data.

HEALTHeLINK (RHIO) training staff and PPS practice support staff operate independent of each other. Practices receive multiple, uncoordinated, outreach related to practice workflow transformation, causing confusion or distrust. Active, up-front coordination of activities to embed engagement of HEALTHeLINK services into the broader PPS practice transformation service as practices are engaged. Include HEALTHeLINK as part of the broader PPS activities.

Current fragmentation of services delivered in the market and wide geographic distribution of the PPS pose a risk to successful and timely development of an IDS. Clearly define goals and requirements up front, have a strong Program Management Office (PMO) and a timely and clearly defined communication plan to address at-risk activities.

The PPS's extensive and diverse membership cannot agree to appropriate IT security controls required for data exchange. A lack of confidence in the MCC PPS could cause providers and organizations to exit the PPS or not become fully committed. Establish openness, direct engagement, and strong communications between MCC and its partners' representatives. Initiate Active Monitoring of systems and make reports available to all PPS members.

Enterprise DSRIP solution cannot be completed until gap analysis concerning data capabilities and connectivity requirements is completed. Likewise, required security controls cannot be designed until the state of security is assessed via the gap analysis. Any delay will cause a cascade effect. Develop a strong PMO; clearly define goals and requirements; provide regular reports to MCC governance.



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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Create list of participating providers across the network.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Perform initial gap assessment to identify any gaps in the PPS network, particularly among community-based organizations (CBOs), pharmacists, dentists, behavioral health providers, and key primary care providers (PCPs). Utilize the Community Needs Assessment to identify key areas of focus.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Identify additional gaps by gathering information and recommendations from existing partners/members, the CBO Task Force, the "Voice of the Consumer" Sub-Committee, and geographic councils.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Issue requests for proposals (RFPs) for services to be performed by CBOs, including (but not limited to) cultural competency and health literacy training, Patient Activation coaching, and other services in connection with specific DSRIP projects (see Governance milestone #6).		Project		Completed	04/01/2015	10/03/2015	04/01/2015	10/03/2015	12/31/2015	DY1 Q3
Task 5. Implement a strategy to maximize participation of all PPS partners in MCC projects and activities, provide frequent communication and education through a variety of channels		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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including (but not limited to) biweekly newsletters emailed directly to participating providers and regular updates to the website. Conduct quarterly touchpoints to connect partners to projects and educate them on techniques for referring patients to other MCC partners.										
Task 6. As part of governance structure, establish a process to conduct periodic (quarterly) assessments of provider network in geographic areas throughout WNY to ensure that Medicaid beneficiaries have access to service providers.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Perform gap analysis of PPS providers' capabilities for EHR and data exchange (possess full EHR system, possess some EHR capabilities, or no EHR capabilities).		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Develop comprehensive PPS partner database to house all data for readiness, implementation, and ongoing reporting. Partner database will have the capability to produce the provider network list and demonstrate changes to the network list.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 9. Develop ongoing review procedures to ensure that network partners have completed the necessary privacy and participation agreements to serve as a provider in the MCC network. Establish contractual agreements with partners.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 10. Use these gaps, along with results of the Clinical Integration Needs Assessment, to develop a high-level roadmap for inclusion and integration of all partner organizations in the integrated delivery system (IDS).		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 11. Engage with local RHIO to develop increased EMR capacity.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 12. Work with HEALTHeLINK to deploy data exchange alerts and messaging environment.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 13. Establish and maintain working relationships with payers to engage them to support IDS strategy.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 14. Identify payers and ancillary social service organization connectivity requirements; build data interfaces for these entities (if applicable).		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4



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Task 15. Establish reports and secure dashboards so providers and stakeholders can monitor success and quality of data exchange and integration and make recommendations to the MCC IT Data Committee and individual providers to improve data exchange and integration.		Project		Completed	11/01/2015	12/31/2016	11/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 16. IT Data Committee monitors reports and dashboards to identify trends and makes recommendations for improved data access, exchange, integration, and use. Recommendations are reported to the Board of Managers.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Produce and maintain list of the major health home (HH) organizations in WNY (five organizations). (There are no ACOs in WNY participating with MCC.)		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Finalize and maintain written agreements with protocols for coordinating care.		Project		Completed	07/27/2015	12/31/2016	07/27/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Assess HH population health management systems and capabilities. Implement evidence-based models to establish linkages with HH population health and care management services. Create system for informing PPS partners of availability of these services.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Meet regularly with leadership from HHs to continue to refine collaborative care practices and integrated service delivery. Discuss how and the extent to which their care management		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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services are connected to EDs, hospital discharge planning, behavioral health, home care services, and safety net PCPs and develop care management linkage recommendations. Maintain evidence of interaction.										
Task 5. Conduct gap analysis to identify gaps in HH members' data exchange and data access capabilities. Verify MCC IDS and EHR solution appropriately addresses these outliers, safety net organizations, behavioral health providers, and patient support members.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Begin providing periodic progress reports to demonstrate service integration; incorporate a population management strategy towards evolving into an IDS.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Recruit and appoint qualified individual to oversee care management across PPS, enable development and dissemination of consistent information/processes, manage care management process, and promote integration and coordination among entities delivering care management.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Develop Care Transitions Strategy, as required in Clinical Integration, including process flow changes required to successfully implement IDS. Develop process flow diagrams		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3



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demonstrating IDS processes. Leverage Community Health Workers (defined in detail in projects 2.b.iii. ED Care Triage, 2.b.vii. INTERACT, and 2.b.viii. Hospital/Home Care).										
Task 3. Work with project directors, Workforce Development Work Group, and others to determine the knowledge, competencies, and licensures required for care management to effectively work with patients to ensure they receive appropriate healthcare and community support.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Using CNA and other inputs, finalize inventory of WNY agencies providing care management services, including HHs, WNY Care Management Coalition, etc. Identify PPS partners and hospitals that must be linked for effective transitions of care.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Define care management continuum. For each role along the care continuum, describe criteria for patient referral, workflows, care planning process, responsibilities associated with transitions of care, policies and procedures, outcome measure reporting techniques, etc.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Identify cultural and language issues that must be addressed in care management, linkages with medical home care management services, and system for informing PPS partners of availability of chronic disease self-management services.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Convene three sub-regional meetings of individuals with knowledge of hospital-to-home transitions, hospital-to-nursing home transitions, and nursing home-to-skilled nursing facility (SNF) transitions to assess current practices, identify data needs, review root cause analyses, and develop standards for maximizing effectiveness of transitions of care across the PPS. Maintain records including meeting schedules, agendas, minutes, and lists of attendees.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Finalize protocols for warm hand-offs of patients from intensive 30-day post-discharge care planning to HH care management services.		Project		Completed	07/27/2015	12/31/2016	07/27/2015	12/31/2016	12/31/2016	DY2 Q3
Task 9. Engage trainers to provide introductory and ongoing care management training on policies and procedures to care		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4



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managers. Provide written training materials, list of training dates, and number of staff trained.										
Task 10. Develop standards for utilizing existing EHR systems to capture key data and process measures related to DSRIP goals for reporting on care management.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 11. Implement process for tracking care outside of hospital to ensure that all critical follow-up services and appointment reminders are followed. Process will include contract, report, periodic reporting of discharge plans uploaded into EHR, and other means of demonstrating implementation of the system.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 12. In concert with IT, develop short- and mid-term IT platforms to use for tracking, monitoring, and reporting on care coordination transition processes and outcomes to ensure interoperability for all participating providers. Leverage existing PPS data exchange capabilities; reduce data redundancies.		Project		Completed	07/27/2015	12/31/2016	07/27/2015	12/31/2016	12/31/2016	DY2 Q3
Task 13. Work with payers and others to clarify and develop care coordination and transition management billing processes; provide such information to providers.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 14. Using evidence-based models, develop a plan to establish a chronic disease self-management program for use by providers throughout the PPS. Include catalog of existing chronic disease self-management providers. Collaborate with existing chronic disease self-management providers (CDSMP) to identify program offerings.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 15. Clinical/Quality Committee, PSC, and Physician Performance Sub-Committee will monitor reports and dashboards to identify trends and make recommendations for improved data access, exchange, integration, and use.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.			Primary Care Provider (PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct gap analysis to determine which providers have already completed PCMH/MU or other connectivity readiness assessment. - Is the practice/providers/patients currently connected to the HIE? - If not, is an agreement in place? - If so, what is the scope of the connectivity (% of providers; % of patients)? - Does EHR meet connectivity requirements of RHIO/SHIN-NY? - Name of EHR, version, and electronic functionalities in use		Project		Completed	05/11/2015	09/30/2016	05/11/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Develop strategy for low-cost data connectivity between Internet Service Providers (ISPs) (e.g., WNY R-AHEC) and local practice plans to determine minimum hardware and software requirements.		Project		Completed	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Gather results from readiness assessments already conducted.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Issue request for applications (RFA) or other action step for readiness assessment and transformation support services.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Select vendor or implement other structure for readiness assessment and transformation support services.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1



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Task 6. Identify funding model and/or PPS provider incentive model for EHR with the Finance Committee.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Connect PPS providers to enterprise DSRIP solution.		Project		In Progress	10/03/2016	06/30/2017	10/03/2016	06/30/2017	06/30/2017	DY3 Q1
Task 8. Systematically contact PPS providers to provide the recommended enterprise DSRIP solution.		Project		In Progress	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 9. Facilitate QE participation agreements with MCC providers.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 10. Develop and implement training on use of enterprise DSRIP solution, including development of written materials. Track training dates and number of staff trained.		Project		In Progress	01/03/2017	06/30/2017	01/03/2017	06/30/2017	06/30/2017	DY3 Q1
Task 11. Implement and deploy alerts. Provide EHR vendor documentation, screenshots, and/or evidence of use of alerts.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 12. Implement and deploy secure Direct messaging. Provide EHR vendor documentation, screenshots, and/or evidence of use of secure Direct messaging.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 13. Implement and deploy patient record look-up. Provide EHR vendor documentation, screenshots, and/or evidence of use of patient record look-up.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 14. Implement and deploy public health reporting capabilities. Provide EHR vendor documentation, screenshots, and/or samples of transactions to public health registries.		Project		Not Started	04/30/2017	03/31/2018	04/30/2017	03/31/2018	03/31/2018	DY3 Q4
Task 15. Continuously add PPS members when their EHR and data exchange capabilities reach the minimal level required to connect to the enterprise DSRIP solution.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 16. PPS providers who are not actively exchanging systems will be addressed by the Physician Performance Sub-Committee. Corrective actions will be implemented for those PPS members found noncompliant.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct Safety Net MU stage 2 CMS/PCMH level 3 readiness assessment: a. Identify site-specific IT/care management leadership b. Determine current EHR PCMH/MU certification status c. Identify site-specific barriers and risks to implementing a MU/PCMH Level 3 certified EHR system		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Facilitate engagement with MU/PCMH-certified EHR vendors as needed.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 3. Establish PCMH/MU project implementation plan based on primary care practice readiness and certification status.		Project		Completed	07/27/2015	03/31/2017	07/27/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Review PCMH implementation plan for approval by the Clinical Quality Committee		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Ensure practices have support through the PCMH implementation process either through a vendor or through MCC PCMH coordinators.		Project		In Progress	03/01/2016	06/30/2017	03/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 6. Establish a monthly review and measurement process of implementation progress and report to Clinical/Quality Committee.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Modify implementation plan as needed based on monthly review process.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Practices provide MU and PCMH Level 3 certification documentation to the PPS.		Project		In Progress	07/27/2015	03/31/2018	07/27/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4



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registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Define IT requirements for initializing/maintaining/communicating risk stratification across settings, including means for electronic interfacing to the participating provider community and key data sharing.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Implement and deploy population health management risk stratification models and data analytics system leveraging data from the MCC integrated EHR and data exchange/HIE environments.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Identify gaps in care based on established clinical practice guidelines.		Project		In Progress	09/01/2015	03/31/2019	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 4. Define priority target population, pilot test, and implement risk-stratified patient registries (high risk, moderate risk, low risk, and well).		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 5. Track and monitor registry results and reductions in gaps in care to verify continuous improvement.		Project		In Progress	09/01/2015	03/31/2019	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 6. Establish the capabilities to report on patient engagement according to project reporting requirements.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task 1. Perform PCMH and MU readiness assessment and transformation support services for primary care practices: a. Issue RFA or other action step for readiness assessment and transformation support services; b. Select vendor(s).		Project		Completed	07/27/2015	09/30/2016	07/27/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify site-specific physician champions and site-specific IT/care management leadership. Determine PCMH/MU current status and identify site-specific barriers and risks to transformation.		Project		Completed	07/27/2015	09/30/2016	07/27/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Gather results from readiness assessments already conducted.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Based on CNA results and current data, identify primary care shortages in high-need areas.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Complete gap analysis for all MU/PCMH level 3 elements based on readiness assessment results.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Each site will change policy/procedures, roles/responsibilities, workflow for population health management/care management/care coordination during transitions, performance measurement, CAHPS measurement as needed to meet PCMH/MU standards.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Implement strategies to recruit PCPs to serve high-need areas. Provide status reporting of recruitment of PCPs, particularly in high-need areas, and monitor improvements in access via CAHPS measurement.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8. Practices provide MU and PCMH Level 3 certification documentation to the PPS.		Project		In Progress	07/27/2015	03/31/2018	07/27/2015	03/31/2018	03/31/2018	DY3 Q4
Task 9. Maintain list of current/updated NCQA certified practices and EHR MU certifications.		Project		In Progress	07/27/2015	03/31/2018	07/27/2015	03/31/2018	03/31/2018	DY3 Q4
Task 10. Initiate PPS monitoring, oversight, and corrective action:		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



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a. PSC and Physician Performance Sub-Committee monitor reports and dashboards to identify trends in adherence to MU and PCMH level 3 standards b. Results will drive recommendations to improve meeting MU and PCMH measures c. Non-responsive PCPs will be addressed by the Physician Performance Sub-Committee with corrective action										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish VBP Sub-Committee to include representation from behavioral health, adult- and child-care providers, and peers.		Project		Completed	07/27/2015	01/01/2016	07/27/2015	01/01/2016	03/31/2016	DY1 Q4
Task 2. Charge VBP Sub-Committee (see Milestone #10) with responsibility of recommending structure and process to meet regularly with MCOs to review and evaluate costs, quality, utilization, and other relevant topics.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. For each of the top four MCOs serving WNY (Independent Health, Fidelis, Blue Cross Blue Shield, and YourCare) define the following: participants, meeting schedule, agenda items, and other relevant processes for building PPS partnerships. Establish a process of reporting meeting outcomes/recommendations to stakeholders and PPS leadership. Maintain records of meeting agendas, attendees, minutes, and materials.		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Ascertain from NYS DOH what recourses are available to PPS if an MCO does not agree to meet regularly or to engage in an organized VBP agenda with PPS.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Devise and secure buy-in from MCOs that they will adhere to a timetable for transitioning to a VBP system.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Establish agreed-upon data sources, utilization and performance metrics, reports, and dashboard.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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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
7. Report Medicaid managed care metrics and opportunities to MCC Board of Manager committees.										
Task 8. Publish dashboards to MCC intranet for transparency with partners.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 9. Identify opportunities for improvement based on the agreed-upon metrics and reports and develop process improvement strategies.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Measure and report progress of process improvement plans to MCC governance on a quarterly basis.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	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	04/01/2015	03/31/2019	04/01/2015	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	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Establish VBP Sub-Committee under MCC's Finance Committee with representatives from finance, legal, medical staff, executive leadership, and others, to formulate a multi-year VBP transition plan.		Project		Completed	07/27/2015	01/30/2016	07/27/2015	01/30/2016	03/31/2016	DY1 Q4
Task 2. Engage external expert/consultant to assist in and provide recommendations for development of five-year plan for transitioning to value-based reform system.		Project		Completed	07/27/2015	12/31/2015	07/27/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. As part of plan, summarize process measures and clinical outcome benchmarks that will guide PPS's work over five years.		Project		In Progress	07/27/2015	03/31/2019	07/27/2015	03/31/2019	03/31/2019	DY4 Q4
Task 4. Based on data from population health, data analytics, PAM, coordination of care, HEDIS, predictive monitoring, risk stratification, and other systems, establish PPS provider compensation tables and incentives. Develop compensation model and implementation plan.		Project		In Progress	07/27/2015	03/31/2019	07/27/2015	03/31/2019	03/31/2019	DY4 Q4
Task 5. Develop a methodology to calculate criteria for distribution of		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4



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incentive pool monies to reward performance of PPS partners.										
Task 6. Obtain both Finance Committee and Board of Managers approval of VBP transition plan.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 7. Share transition plan with MCOs and secure their buy-in.		Project		In Progress	03/01/2016	03/31/2019	03/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 8. Engage MCOs and payers to agree to specific VBP rates. Specific rates and duration are contractually established.		Project		In Progress	06/01/2016	03/31/2019	06/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 9. Utilize feedback from PPS providers to ensure that improvement of desired patient outcomes, patient engagement, positive interventions, and avoidance of negative patient events are included in analysis of MCC programs and delivery models. Establish MCC provider compensation for patient outcomes.		Project		In Progress	06/01/2016	03/31/2019	06/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 10. Communicate agreed-upon payment rates and procedures to PPS members.		Project		In Progress	06/01/2016	03/31/2019	06/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 11. Continuously monitor outcomes, trends, and other sources to verify agreed-upon measures are on target. Provide contracts, reports, payment vouchers, and/or other evidence demonstrating implementation of the compensation and performance management system.		Project		In Progress	06/01/2016	03/31/2019	06/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 12. Identify PPS providers who are not actively attempting to meet compensation and outcomes established by the Governance Committee. Corrective actions will be implemented for those PPS providers found noncompliant.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	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	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Initiate outreach and navigation activities; partner with CBOs to implement patient activation activities.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task		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
2. Document partnerships with CBOs.										
Task 3. Define roles for, hire, and train navigators. Provide evidence of community health worker hiring, co-location agreements, and/or job descriptions.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Create communication and education plans for patients for inclusion in the Engagement Strategy and Plan (see IT Systems & Processes, milestone #3).		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 5. Implement and deploy patient engagement systems including the patient portal, leveraging data from the MCC integrated EHR and data exchange/HIE environments.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Leverage the communication capabilities available in the patient portal to increase and improve patient-to-caregiver communications.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Utilize monitoring in population health management and data analytics for formative evaluation. Report on how many patients are engaged with community health workers.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 8. Verify patient engagement is having the desired positive impact on outcomes and interventions.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 9. Adjust MCC processes and procedures to address gaps in patient engagement, outcomes, and other results via the PSC and Physician Performance Sub-Committee.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	ethelen	Other	48_DY2Q4_PROJ2ai_MDL2ai2_PRES2_OTH_2ai_Milestone_2_15895.pdf	Evidence of interaction with health homes: meeting materials, presentations, universal referral form, handouts for providers and patients, Health Home Integration Proposal	06/22/2017 03:40 PM
	ethelen	Other	48_DY2Q4_PROJ2ai_MDL2ai2_PRES2_OTH_2ai_02_Health_Homes_DY2Q4_9813.pdf	List of participating health homes, evidence of interaction, progress report on implementation	04/06/2017 02:40 PM
	ethelen	Meeting Materials	48_DY2Q4_PROJ2ai_MDL2ai2_PRES2_MM_2ai_02_Health_Home_Meeting_Inventory_DY2Q4_9812.xlsx	List of meetings with health homes	04/06/2017 02:40 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	ethelen	Other	48_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_2ai_03_Clinically_Interoperable_System_15897.pdf	REMEDICATION: Clarification that the clinically interoperable system is in place for all providers	06/23/2017 11:11 AM
	ethelen	Other	48_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_2ai_03_04_Training_Materials_Clarification_15896.pdf	Metric #4 // REMEDIATION: Although the PPS prepared one curriculum, it was used on multiple occasions.	06/22/2017 04:02 PM
	ethelen	Other	48_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_2ai_03_Care_Coordination_DY2Q4_14820.pdf	Metrics #1-3: Clinical interoperability, care coordination, tracking care	05/30/2017 08:18 PM
	ethelen	Training Documentation	48_DY2Q4_PROJ2ai_MDL2ai2_PRES3_TRAIN_2ai_03_04_Training_Materials_Inventory_14758.xlsx	Metric #4: List/inventory of training materials developed to train PPS staff on IDS protocols and processes	05/10/2017 01:36 PM
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	ethelen	Meeting Materials	48_DY2Q4_PROJ2ai_MDL2ai2_PRES9_MM_2ai_09_MCO_Meeting_Inventory_DY2Q4_9814.xlsx	List of meetings with Medicaid Managed Care Organizations	04/06/2017 02:46 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
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.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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

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

Instructions :

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

Financial distributions from the NYS DOH may be impacted if quarterly goals are not attained. Resistance to change and IT system limitations may impact ability to attain project goals.

Site-specific challenges may interfere with the successful implementation and integration of this project at each site and the ability of the initiative to achieve project milestones. MCC will develop the project in a way that allows flexibility and accommodates variability across sites, while ensuring each site follows uniform procedures and reports on standardized metrics.

Limited availability of primary care appointments within 30 days of an ED visit for high-risk ED patients will negatively impact the project's ability to meet performance deliverables. Broader DSRIP initiatives will address availability of primary care in the region.

Insurance will not pay unless the patient sees their identified PCP. If an appointment with the patient's identified PCP is not available within 30 days, he or she must contact the insurance company, change PCPs, then schedule the appointment. Communication with insurance companies to streamline processes or adjust policies is needed.

Lack of open access primary care scheduling systems will affect the project's ability to schedule PCP appointments for patients and communicate this information to patients at the time of their ED visit. Work with hospital sites for open access to scheduling systems, starting with safety net providers.

As the patient navigator will be a new role for most EDs, there is risk of confusion, duplication of services, and lack of support. Role of the patient navigator must be well defined and shared with all ED personnel.

Lack of availability (or awareness) of community resources to address patient barriers will affect the patient's ability to get to the scheduled PCP appointments. Develop partnerships with community-based organizations and work with health literacy experts to publicize available resources.

Inadequate communication between EDs and PCPs creates disjointed care, causes potential duplication of tests, and affects timely treatment of patient's condition at the appropriate setting. Transmit patient ED visit information to PCPs directly following patient's ED visit. Patients will receive discharge summary/instructions to take to PCP along with appointment reminder and PCP contact information.

Failure to provide consistent messaging for patients regarding appropriate use of healthcare services at all levels of care will negatively impact the ability of MCC to change patient healthcare utilization behavior. Coordinate with other PPSs in WNY to develop standardized messaging.

High-risk ED patients are often difficult to engage and contact for follow-up. Patient navigators should partner with other agencies who may be serving the patient population to reconnect them to care.



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Patient navigators and ED staff are not properly trained to engage patients, identify barriers to care, refer patients to needed services, and motivate patients to utilize PCP services. Patient navigators will receive training to prepare them and educate them on processes and procedures. Patient navigators can then help train other ED staff as necessary.

Lack of communication or inadequate processes could lead to patients "falling through the cracks" or duplication of services. Each site will facilitate a monthly or bimonthly meeting to discuss processes for identifying patients, roles, missed patients, referrals, challenges, and corrective action plans.

A new application is built on a Salesforce.com platform to support patient encounter tracking, and the project is transitioning to the automated tool. It has been implemented at the four ED hospital sites and as patient navigators identify platform issues, we attempt to make necessary updates/corrections.



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	10,725

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	825	1,650	2,550	3,375
	Quarterly Update	2,040	3,926	5,777	7,817
	Percent(%) of Commitment	247.27%	237.94%	226.55%	231.61%
IA Approved	Quarterly Update	0	3,926	0	7,817
	Percent(%) of Commitment	0.00%	237.94%	0.00%	231.61%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ2biii_MDL2biii2_PES_OTH_2biii-ED_Care_Triage_DY2Q4_registry_14729.csv	Patient engagement registry for project 2biii, DY2	05/08/2017 03:03 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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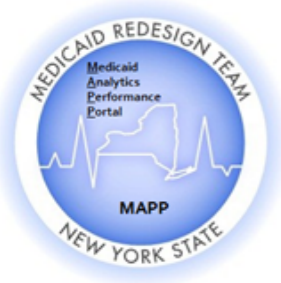
✅ IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q2	Project	N/A	In Progress	04/01/2015	06/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Stand up program based on project requirements		Project		In Progress	04/01/2015	06/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. ECMC: Identify facility participants		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2. ECMC: Execute letter of intent/participation agreement		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3. ECMC: Develop implementation approach, training program, tracking and reporting mechanisms		Project		Completed	04/01/2015	05/29/2015	04/01/2015	05/29/2015	06/30/2015	DY1 Q1
Task 4. ECMC: Refine processes based on learnings from pilot program		Project		Completed	06/01/2015	06/12/2015	06/01/2015	06/12/2015	06/30/2015	DY1 Q1
Task 5. ECMC: Introduce program and provide training		Project		Completed	06/01/2015	06/26/2015	06/01/2015	06/26/2015	06/30/2015	DY1 Q1
Task 6. ECMC: Implement program		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7. NFMCC: Identify facility participants		Project		Completed	05/01/2015	06/30/2015	05/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 8. NFMCC: Execute letter of intent/participation agreement		Project		Completed	05/01/2015	06/30/2015	05/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 9. NFMCC: Perform assessment, modify approach for facility		Project		Completed	05/01/2015	06/30/2015	05/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 10. NFMCC: Hire and train patient navigators		Project		Completed	05/01/2015	07/14/2015	05/01/2015	07/14/2015	09/30/2015	DY1 Q2
Task 11. NFMCC: Implement program		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 12. Olean and Cuba: Identify facility participants		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 13. Olean and Cuba: Execute letter of intent or participation agreement (if applicable)		Project		Completed	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3
Task 14. Olean and Cuba: Perform assessment, modify approach for		Project		Completed	08/03/2015	10/30/2015	08/03/2015	10/30/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
facility										
Task 15. Olean and Cuba: Hire and train patient navigators		Project		Completed	10/01/2015	12/18/2015	10/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 16. Olean and Cuba: Implement program		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task 17. Buffalo General Hospital: Identify facility participants		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task 18. Buffalo General Hospital: Execute letter of intent or participation agreement (if applicable)		Project		Completed	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task 19. Buffalo General Hospital: Perform assessment, modify approach for facility		Project		Completed	01/04/2016	05/15/2016	01/04/2016	05/15/2016	06/30/2016	DY2 Q1
Task 20. Buffalo General Hospital: Hire and train patient navigators		Project		Completed	01/04/2016	03/31/2017	01/04/2016	03/31/2017	03/31/2017	DY2 Q4
Task 21. Buffalo General Hospital: Implement program		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 22. Women's and Children's: Identify facility participants		Project		In Progress	05/01/2016	03/31/2017	05/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 23. Women's and Children's: Execute letter of intent or participation agreement (if applicable)		Project		In Progress	05/01/2016	03/31/2017	05/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 24. Women's and Children's: Perform assessment, modify approach for facility		Project		In Progress	05/01/2016	03/31/2017	05/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 25. Women's and Children's: Hire and train patient navigators		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 26. Women's and Children's: Implement program		Project		In Progress	01/02/2017	03/31/2017	01/02/2017	09/30/2017	09/30/2017	DY3 Q2
Task 27. Eastern Niagara: Identify facility participants		Project		Completed	04/13/2016	12/30/2016	04/13/2016	12/30/2016	12/31/2016	DY2 Q3
Task 28. Eastern Niagara: Execute letter of intent or participation agreement (if applicable)		Project		Completed	05/03/2016	09/01/2016	05/03/2016	09/01/2016	09/30/2016	DY2 Q2
Task 29. Eastern Niagara: Perform assessment, modify approach for facility		Project		Completed	05/03/2016	03/31/2017	05/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 30. Eastern Niagara: Hire and train patient navigators		Project		Completed	10/10/2016	12/30/2016	10/10/2016	12/30/2016	12/31/2016	DY2 Q3
Task 31. Eastern Niagara: Implement program		Project		Completed	10/10/2016	12/30/2016	10/10/2016	12/30/2016	12/31/2016	DY2 Q3
Task		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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32. Millard Fillmore: Identify facility participants										
Task 33. Millard Fillmore: Execute letter of intent or participation agreement (if applicable)		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 34. Millard Fillmore: Perform assessment, modify approach for facility		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 35. Millard Fillmore: Hire and train patient navigators		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 36. Millard Fillmore: Implement program		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 37. DeGraff: Identify facility participants		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 38. DeGraff: Execute letter of intent or participation agreement (if applicable)		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 39. DeGraff: Perform assessment, modify approach for facility		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 40. DeGraff: Hire and train patient navigators		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 41. DeGraff: Implement program		Project		On Hold	01/02/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 42. Lakeshore/TLC: Identify facility participants		Project		Not Started	02/01/2017	03/31/2017	04/04/2017	06/30/2017	06/30/2017	DY3 Q1
Task 43. Lakeshore/TLC: Execute letter of intent or participation agreement (if applicable)		Project		Not Started	02/01/2017	05/30/2017	04/04/2017	06/30/2017	06/30/2017	DY3 Q1
Task 44. Lakeshore/TLC: Perform assessment, modify approach for facility		Project		Not Started	02/01/2017	03/31/2017	04/04/2017	06/30/2017	06/30/2017	DY3 Q1
Task 45. Lakeshore/TLC: Hire and train patient navigators		Project		Not Started	03/01/2017	04/17/2017	04/04/2017	06/30/2017	06/30/2017	DY3 Q1
Task 46. Lakeshore/TLC: Implement program		Project		Not Started	04/03/2017	06/30/2017	04/04/2017	06/30/2017	06/30/2017	DY3 Q1
Task 47. Initiate PDSA cycles to evaluate improvement activities, determine effectiveness of approach, and allow for continuous improvement over time. Lessons learned will be shared from one implementation to the next.		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are	DY3 Q2	Project	N/A	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2



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PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Develop protocol to provide project roster updates to Chief Reporting Officer (CRO) for update to MCC provider database.		Project		Completed	08/03/2015	08/31/2015	08/03/2015	08/31/2015	09/30/2015	DY1 Q2
Task 2. Ensure that CRO has established crosswalks for NCQA and Meaningful Use certification levels in provider database.		Project		Completed	09/01/2015	10/30/2015	09/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 3. Obtain quarterly project roster reporting including provider NCQA and Meaningful Use status from CRO.		Project		Completed	10/01/2015	10/15/2015	10/01/2015	10/15/2015	12/31/2015	DY1 Q3
Task 4. Continue to monitor and report status of participating PCPs on a quarterly basis.		Project		In Progress	01/04/2016	09/30/2017	01/04/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Ensure all providers utilize HEALTHeLINK for encounter notifications.		Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive	DY3 Q2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2



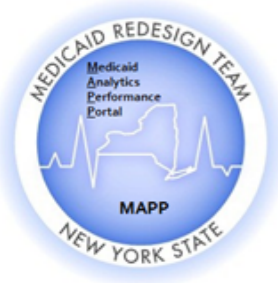
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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Develop protocols to direct patient navigators in identifying a PCP and establishing an immediate appointment for patients who do not have a PCP.		Project		Completed	04/01/2015	05/30/2015	04/01/2015	05/30/2015	06/30/2015	DY1 Q1
Task 2. Refine protocols for obtaining PCP appointments for patients without a PCP.		Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3. Develop protocols to assist patient navigators in identifying needed community support services, depending on patient need.		Project		Completed	04/01/2015	05/30/2015	04/01/2015	05/30/2015	06/30/2015	DY1 Q1
Task 4. Refine protocols for identifying needed community support services.		Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 5. Develop protocols to direct patient navigators in establishing an immediate appointment for patients who have a PCP.		Project		Completed	04/01/2015	05/29/2015	04/01/2015	05/29/2015	06/30/2015	DY1 Q1
Task 6. Refine protocols for obtaining PCP appointments for patients who have a PCP.		Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 7. Create process to export and download encounter information for quarterly reporting.		Project		Completed	09/03/2015	09/16/2015	09/03/2015	09/16/2015	09/30/2015	DY1 Q2
Task 8. Deliver first quarterly encounter reporting.		Project		Completed	10/01/2015	10/14/2015	10/01/2015	10/14/2015	12/31/2015	DY1 Q3
Task 9. Initiate PDSA cycles to evaluate improvement activities, determine effectiveness of approach, and allow for continuous improvement over time		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #4	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	<u>Safety Net Hospital</u>	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Buffalo General Hosp; Erie County Medical Ctr; Niagara Falls Mem Med Ctr; Olean General Hosp Main										
Task not applicable (optional)		Project		Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Complete development of Salesforce.com patient encounter/tracking solution.		Project		Completed	06/01/2015	07/30/2015	06/01/2015	07/30/2015	09/30/2015	DY1 Q2
Task 2. Obtain MCC licensing and instance for Salesforce.com.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Import encounters tracked in Excel spreadsheet into Salesforce.com.		Project		Completed	08/03/2015	08/07/2015	08/03/2015	08/07/2015	09/30/2015	DY1 Q2
Task 4. Manually enter any data missing from manual forms into Salesforce.com.		Project		Completed	08/10/2015	08/28/2015	08/10/2015	08/28/2015	09/30/2015	DY1 Q2
Task 5. Port data from UEMS Salesforce.com instance to new MCC license.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Delivery quarterly encounter reporting.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Established protocols allowing ED and first	ethelen	Other	48_DY2Q4_PROJ2biii_MDL2biii3_PRES4_OTH_null_1	Blank file uploaded in order to mark the milestone	06/13/2017 12:16 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)			4956.pdf	complete	
Use EHRs and other technical platforms to track all patients engaged in the project.	ethelen	Screenshots	48_DY2Q4_PROJ2biii_MDL2biii3_PRES5_SS_2biii_05_EHR_Completeness_Report_DY2Q4_14793.pdf	EHR completeness report/screenshots demonstrating completeness of EHR system	05/26/2017 10:04 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	End date revised to allow time for milestone implementation.
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Millennium chose not to implement optional milestone #4. We are marking it complete based on the following feedback received at remediation: "This is an optional milestone which has a prescribed due date of DY2Q4. The PPS has extended this milestone to the end of DSRIP. As this is the quarter this milestone is due from the PPS and if the PPS opts not to complete this milestone requirement, the PPS should articulate that intention in a narrative, change the date to the current quarter and mark the milestone complete. The IA will then review the milestone and designate a final status."
Use EHRs and other technical platforms to track all patients engaged in the project.	



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Milestone Review Status

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



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

✓ IPQR Module 2.b.vii.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.

INTERACT relies on care coordination of patients across varying levels of care which is currently not always effective. Coordination is often impeded by lack of care coordination technology, varied EHR capabilities, and difficulties relaying data to a centralized system. Ensure protocols for care transition are clearly defined. Invest in care coordination technology and train staff to coordinate patient transitions among various levels of care; tie care coordination technology into EHR systems and the RHIO to improve current connectivity standards. Ensure that information transfer includes patient EHR data which is shared among all stakeholders.

Lack of viable discharge locations for severely ill community-dwelling individuals due to lack of resources and support. Engage CBOs in project. Work through the CBO Task Force to connect patients to community health workers who can get the patients set up for appropriate care outside the SNF/hospital.

Lack of payer reimbursement for activation of INTERACT; potential for a decrease in reimbursement to SNF facilities as a result of not activating skilled services which is currently required; increased SNF costs due to higher levels of acuity among SNF residents. Continue to engage third-party payers to activate a higher level of reimbursement for treating in place vs. sending a patient to the hospital. Evaluate shared savings and bundled payment value-based performance models.

NYS DOH survey exposure related to not sending patients to ED; increase in SNF liability due to higher levels of SNF resident acuity. MCC has submitted appropriate regulatory waivers to help mitigate some of this risk. Staff from the Nursing Home Division of the Western Regional Office of the NYS DOH will be engaged to review potential impact on survey process and impact on resident-related care that could result.

Lack of buy-in from medical directorships and resident families. Some providers may resist INTERACT protocols. Inconsistent adoption will impact MCC's ability to provide effective care, negatively impacting DSRIP metrics. Encourage physicians to participate in policy planning. Offer INTERACT educational seminars to physicians and families to make them more comfortable with the process. Work with MCC Practitioner Engagement team to provide additional support for providers who are particularly resistant. Provide opportunities for providers to engage in discussion about the implementation of INTERACT at their facilities.

There is considerable county overlap with two adjacent PPSs in WNY, so hand-offs from one provider to another may cross PPS "lines." Provide a relatively uniform experience for patients regardless of where they receive care. Patient choice and patient satisfaction must remain a high priority. If a patient is handed off to a provider outside the PPS, ideally the patient would not even need to be aware of this crossover. To create a seamless transition for patients, PPSs will agree to share registry information, use standardized referral protocols, utilize uniform tracking and reporting systems, and maintain common messaging to educate patients.

INTERACT project consumes a disproportionate amount of limited staff resources which are not reimbursed by payers. PPS formulating plan to provide incentive payments to INTERACT participants to offset costs of program implementation. Organize periodic ongoing in-service training for



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all staff of participating facilities.



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✔ IPQR Module 2.b.vii.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	575

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	150	250	325	400
	Quarterly Update	2,260	2,382	3,539	5,040
	Percent(%) of Commitment	1506.67%	952.80%	1088.92%	1260.00%
IA Approved	Quarterly Update	0	2,521	0	4,895
	Percent(%) of Commitment	0.00%	1008.40%	0.00%	1223.75%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ2bvii_MDL2bvii2_PES_OTH_2bvii-INTERACT_DY2Q4_registry_14728.csv	Patient engagement registry for project 2bvii, DY2	05/08/2017 03:00 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✅ IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net .	DY2 Q2	Project	N/A	Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Task INTERACT principles implemented at each participating SNF.		Project		Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Task Nursing home to hospital transfers reduced.		Provider	<u>Nursing Home</u>	Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ct Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Greenfield Health & Rehab; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplon Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task INTERACT 3.0 Toolkit used at each SNF.		Provider	<u>Nursing Home</u>	Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ct Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Greenfield Health & Rehab; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplon Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task 1. Develop training plan/requirements for INTERACT training		Project		Completed	05/28/2015	07/17/2015	05/28/2015	07/17/2015	09/30/2015	DY1 Q2
Task 2. Contact vendor about conducting INTERACT training		Project		Completed	05/28/2015	05/28/2015	05/28/2015	05/28/2015	06/30/2015	DY1 Q1
Task 3. Obtain a contract with vendor		Project		Completed	05/28/2015	05/28/2015	05/28/2015	05/28/2015	06/30/2015	DY1 Q1
Task 4. Develop training material		Project		Completed	07/08/2015	07/08/2015	07/08/2015	07/08/2015	09/30/2015	DY1 Q2



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
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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 5. Vendor contract signed		Project		Completed	05/28/2015	05/28/2015	05/28/2015	05/28/2015	06/30/2015	DY1 Q1
Task 6. Identify training participants		Project		Completed	07/27/2015	07/31/2015	07/27/2015	07/31/2015	09/30/2015	DY1 Q2
Task 7. Develop communication for participants to be informed of training		Project		Completed	06/29/2015	06/30/2015	06/29/2015	06/30/2015	06/30/2015	DY1 Q1
Task 8. Secure training locations		Project		Completed	07/06/2015	07/24/2015	07/06/2015	07/24/2015	09/30/2015	DY1 Q2
Task 9. Schedule training		Project		Completed	07/07/2015	07/15/2015	07/07/2015	07/15/2015	09/30/2015	DY1 Q2
Task 10. Conduct training		Project		Completed	08/17/2015	08/21/2015	08/17/2015	08/21/2015	09/30/2015	DY1 Q2
Task 11. Development of SNF direct care educational materials regarding INTERACT principles		Project		Completed	08/24/2015	08/28/2015	08/24/2015	08/28/2015	09/30/2015	DY1 Q2
Task 12. INTERACT PM and coach provide facility INTERACT in-service to direct care staff following I-TEAM training		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13. Direct Care Staff complete written test/assessment of INTERACT tools and process knowledge upon completion of in-service		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Evaluation tool is created to assess facility implementation of INTERACT protocol and to identify areas of improvement		Project		Completed	08/24/2015	12/31/2015	08/24/2015	12/31/2015	12/31/2015	DY1 Q3
Task 15. INTERACT coach and PM perform quarterly evaluations of each facility and use of INTERACT tools and protocol		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 16. SNF MD/PA/NP education developed regarding INTERACT protocol and process		Project		Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2
Task 17. SNF MD/PA/NP education provided regarding INTERACT protocol and process		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 18. Develop recording template in Excel for data collection of each SNF metrics		Project		Completed	08/24/2015	08/28/2015	08/24/2015	08/28/2015	09/30/2015	DY1 Q2
Task 19. INTERACT coach records transfer data at each quarterly SNF visit		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		Completed	11/30/2015	06/13/2016	11/30/2015	06/13/2016	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
20. Quarterly summary report created compiling results of each facility separately and collectively to analyze effectiveness of program										
Task 21. Facility needs assessment created to determine EMR/hardware/software capabilities and potential IT/operational barriers		Project		Completed	08/10/2015	08/21/2015	08/10/2015	08/21/2015	09/30/2015	DY1 Q2
Task 22. Facility needs assessment completed by each facility and reviewed by PM		Project		Completed	08/24/2015	03/31/2016	08/24/2015	03/31/2016	03/31/2016	DY1 Q4
Task 23. Implementation plan for INTERACT toolkit integration created		Project		Completed	07/23/2015	08/31/2015	07/23/2015	08/31/2015	09/30/2015	DY1 Q2
Task 24. Develop recording measure for SNF staff to use when referencing INTERACT Toolkit		Project		Completed	08/24/2015	08/28/2015	08/24/2015	08/28/2015	09/30/2015	DY1 Q2
Task 25. INTERACT PM and coach to educate necessary SNF staff regarding use of recording measure		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 26. INTERACT coach and PM to create Toolkit Sharing System for each facility		Project		Completed	08/24/2015	06/01/2016	08/24/2015	06/01/2016	06/30/2016	DY2 Q1
Task 27. INTERACT coach and PM to distribute Toolkit Sharing System and educate necessary SNF staff in use at each facility		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 28. INTERACT coach records Toolkit usage data at each quarterly visit		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	DY2 Q2	Project	N/A	Completed	08/03/2015	09/30/2016	08/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Facility champion identified for each SNF.		Provider	<u>Nursing Home</u>	Completed	08/03/2015	09/30/2016	08/03/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ct Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Greenfield Health & Rehab; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplon Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task		Project		Completed	08/03/2015	08/07/2015	08/03/2015	08/07/2015	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
1. Facility champion description to be developed and distributed to SNFs										
Task 2. Each SNF to select facility champion		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Facility champion to sign participation contract		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Record facility champion name and contact information into master list		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Arrange meeting opportunities for facility champions to meet and discuss implementation successes and barriers, share lessons learned.		Project		Completed	08/27/2015	09/30/2016	08/27/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	DY2 Q2	Project	N/A	Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with SNFs to analyze INTERACT Care Pathway materials and develop reference materials for each facility		Project		Completed	08/17/2015	09/30/2016	08/17/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Develop recording measure for SNF staff to use when referencing INTERACT Care pathways and Tools		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. INTERACT Coach and PM to create Care pathway sharing system for use while providing direct patient care		Project		Completed	08/24/2015	06/01/2016	08/24/2015	06/01/2016	06/30/2016	DY2 Q1
Task 4. INTERACT Coach and PM to distribute Care pathway reference materials and sharing system to each SNF		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. INTERACT coach records Care pathway usage data at each quarterly visit		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		Completed	08/17/2015	08/21/2015	08/17/2015	08/21/2015	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
6. Facility participation in ITEAM training										
Task 7. Facility identification of Nurse Champion		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Collaboration with each SNF Nurse Champion and other necessary staff to strategize effective course of action to monitor critically ill patients		Project		Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2
Task 9. Development of implementation plan created for hospital avoidance and chronic condition monitoring		Project		Completed	08/27/2015	09/30/2016	08/27/2015	09/30/2016	09/30/2016	DY2 Q2
Task 10. Educational materials created for direct care staff in-service on hospital avoidance and chronic condition monitoring plan		Project		Completed	08/27/2015	09/30/2016	08/27/2015	09/30/2016	09/30/2016	DY2 Q2
Task 11. Education provided to facility direct care staff regarding hospital avoidance and chronic condition monitoring plan and process		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 12. Quarterly evaluations of SNF implementation of hospital avoidance and chronic condition monitoring plan		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13. Quarterly report written documenting progress and impediments to program		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task 14. As needed consultations with PM at each SNF regarding areas of weakness in program implementation		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Educate all staff on care pathways and INTERACT principles.	DY2 Q2	Project	N/A	Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.		Provider	<u>Nursing Home</u>	Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ct Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Greenfield Health & Rehab; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplon Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task 1. Facility direct care staff care pathway and INTERACT principle		Project		Completed	08/24/2015	12/31/2015	08/24/2015	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
in-service is created										
Task 2. INTERACT PM to develop training material regarding INTERACT toolkit and Care pathways to be included in each facility's orientation materials for new employees		Project		Completed	08/24/2015	05/20/2016	08/24/2015	05/20/2016	06/30/2016	DY2 Q1
Task 3. INTERACT Coach and PM to provide education to direct care staff of each facility regarding Care pathways and use in everyday practice		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. INTERACT Coach and PM to provide education to direct care staff of each facility regarding Toolkit and use in everyday practice		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	DY2 Q2	Project	N/A	Completed	07/22/2015	09/30/2016	07/22/2015	09/30/2016	09/30/2016	DY2 Q2
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	07/22/2015	09/30/2016	07/22/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Form Palliative Care Committee to identify gaps in Advance Care Planning Process and formulate policy for Advance Care Planning Procedure		Project		Completed	07/22/2015	11/23/2015	07/22/2015	11/23/2015	12/31/2015	DY1 Q3
Task 2. Collaborate with other palliative care resources within community (e.g., The Conversation Project, Hospice Buffalo) to identify areas of overlap and/or barriers to progress		Project		Completed	07/27/2015	11/23/2015	07/27/2015	11/23/2015	12/31/2015	DY1 Q3
Task 3. Advance care planning toolkit developed by PM using INTERACT tools and other palliative/geriatric care resources as reference (The Conversation Project, The Coalition for Compassionate Care, Closure.org, Caring Connections of the National Hospice Org)		Project		Completed	07/22/2015	06/29/2016	07/22/2015	06/29/2016	06/30/2016	DY2 Q1
Task 4. Advance care planning toolkit distributed to SNFs		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Social work and other applicable direct care staff educated on Advance care planning toolkit by either PM or INTERACT coach		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Develop recording measure for SNF staff to use when		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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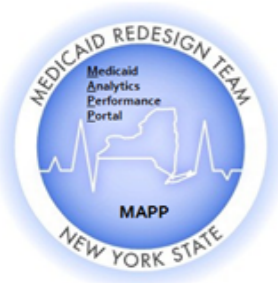
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
referencing Advanced Care Planning Tools										
Task 7. Educate necessary SNF staff regarding use of Advance Care Planning recording measure		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. INTERACT coach and PM to record Advance Care Planning metrics quarterly		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Measure effectiveness of Advance Care Planning tool and adjust as needed based on results		Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q2	Project	N/A	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task INTERACT coaching program established at each SNF.		Provider	<u>Nursing Home</u>	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ctr Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Greenfield Health & Rehab; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplou Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task 1. INTERACT Coach Job description written		Project		Completed	07/06/2015	07/06/2015	07/06/2015	07/06/2015	09/30/2015	DY1 Q2
Task 2. INTERACT Coach position(s) approved		Project		Completed	07/17/2015	07/17/2015	07/17/2015	07/17/2015	09/30/2015	DY1 Q2
Task 3. INTERACT Coach position(s) posted		Project		Completed	07/29/2015	08/21/2015	07/29/2015	08/21/2015	09/30/2015	DY1 Q2
Task 4. INTERACT Coach position(s) candidates interviewed		Project		Completed	08/03/2015	08/21/2015	08/03/2015	08/21/2015	09/30/2015	DY1 Q2
Task 5. INTERACT Coach position(s) hired		Project		Completed	08/24/2015	09/30/2015	08/24/2015	09/30/2015	09/30/2015	DY1 Q2
Task 6. PM creates schedule for SNF training and quarterly visits to each facility		Project		Completed	08/24/2015	09/30/2015	08/24/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7. INTERACT Coach and PM collaborate with each SNF to provide initial INTERACT training to direct care staff		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. INTERACT Coach and PM perform quarterly visits to each		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2



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SNF for data gathering and on site training when required										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q2	Project	N/A	Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task Patients and families educated and involved in planning of care using INTERACT principles.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with community providers regarding current state processes and engagement of family and resident in planning of care; review resources and educational materials available		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Collaborate with "Voice of the Consumer" sub-committee to ensure cultural competence within educational materials and program		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Create informational resources for resident and family regarding advance care planning and hospital avoidance, benefits to patient remaining in house		Project		Completed	01/18/2016	09/30/2016	01/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Educate Social Work and other applicable direct care staff on resident/family education and informational resource hand off to resident/family		Project		Completed	01/25/2016	09/30/2016	01/25/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Create documentation tool for staff to record when family education using provided tools has been completed		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Educate staff in use of documentation tool for data recording		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	DY2 Q2	Project	N/A	Completed	06/30/2015	09/30/2016	06/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Hospital</u>	Completed	06/30/2015	09/30/2016	06/30/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Buffalo General Hosp; Cuba Memorial Hsp Inc; Erie County Medical Ctr; Lockport Memorial Hospital; Niagara Falls Mem Med Ctr; Olean General Hosp Main; Roswell Park Cancer Inst; Tic Health Network Act Rc; Womens & Childrens Hsp Buffal; Wyoming Community Hosp Co										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	<u>Safety Net Nursing Home</u>	Completed	06/30/2015	09/30/2016	06/30/2015	09/30/2016	09/30/2016	DY2 Q2



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Providers Associated with Completion:										
1818 Como Park Blvd Operating; 200 Bassett Road Operating Company; 225 Bennett Road Operating Co Llc; 2600 Niagara Falls Blvd Operating C; 2850 Grand Island Blvd Operating Co; 4459 Bailey Ave Operating Co Llc; 5775 Maelou Drive Operating Company; Absolut Ct Nrs & Reh At Orchard Par; Absolut Ctr Nrs & Reh At Eden; Absolut Ctr /Nrs Reh At Salamanca; Absolut Ctr Nr Reh Allegany; Absolut Ctr Nrs & Reh At Dunkirk; Absolut Ctr Nrs & Reh At Gasport; Absolut Ctr Nrs Reh At Westfield; Absolut Ctr Nrs/Reh At Aurora Park; Absolut Ctr Nur/Rehab At Houghton; Amerifalls Llc; Autumn View Health Cr Facilit; Beechwood Homes; Briody Health Care Facility; Brothers Of Mercy Nurs & Reha; Cuba Memorial Hos Snf Inc; Degraff Memorial Hospital; Erie County Home; Fiddlers Green Manor Nh; Garden Gate Hlth Cr Facility; Harris Hill Nursing Facility; Heritage Green Hcc Snf; Heritage Pk Hcc Snf; Heritage Village Reh & Skilled Nrs; Highpointe On Michigan Hlth Cr Fac; Leroy Village Green Rhcf Inc; Luthern Retirement Home; Newfane Rehab & Hcc Corp; Niagara Lutheran Hm & Rehab C; North Gate Health Care Facili; Odd Fellow & Rebekah Rhcc; Pines Hlthcr & Reh Cnt Machia; Pines Hlthcr & Reh Cnt Olean; Ridge View Manor; Rosa Coplon Jewish Home Inf; Schoellkopf Health Center Snf; Schofield Residence; Seneca Health Care Center; Sheridan Manor; Williamsville Suburban; Wyoming County Comm Hosp Snf										
Task 1. Collaborate with community providers to define SNF business requirements for EHR		Project		Completed	08/24/2015	06/29/2016	08/24/2015	06/29/2016	06/30/2016	DY2 Q1
Task 2. Share requirements with 2ai IDS project		Project		Completed	09/01/2015	06/29/2016	09/01/2015	06/29/2016	06/30/2016	DY2 Q1
Task 3. Collaborate with DSRIP project 2ai to understand capabilities		Project		Completed	06/30/2015	09/30/2016	06/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a plan for implementation across SNFs		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Execute the implementation plan		Project		Completed	04/11/2016	09/30/2016	04/11/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY2 Q2	Project	N/A	Completed	07/30/2015	09/30/2016	07/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Completed	07/30/2015	09/30/2016	07/30/2015	09/30/2016	09/30/2016	DY2 Q2
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	07/30/2015	09/30/2016	07/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		Completed	07/30/2015	06/13/2016	07/30/2015	06/13/2016	06/30/2016	DY2 Q1
Task Service and quality outcome measures are reported to all stakeholders.		Project		Completed	07/30/2015	09/30/2016	07/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Create quality committee for INTERACT project.		Project		Completed	07/30/2015	09/10/2015	07/30/2015	09/10/2015	09/30/2015	DY1 Q2
Task 2. Schedule quarterly INTERACT quality committee meetings.		Project		Completed	08/06/2015	09/30/2016	08/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2



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3. Create presentation of quarterly metrics and statistics from aggregated data collected at quarterly SNF contact and site visits										
Task 4. Present findings to INTERACT quality committee, discuss problem areas, areas of success that could be applied to other facilities.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Create quarterly improvement plans based on quarterly program outcomes from each SNF. INTERACT quality committee will provide quarterly reports to the MCC Clinical/Quality Committee.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Schedule trainings with applicable SNFs who require implementation of improvement plans.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Hold improvement trainings at each applicable SNF with direct care staff.		Project		Completed	12/07/2015	09/30/2016	12/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Administer facility evaluation one month post improvement training to analyze success of remediation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Distribute improvement plans to members of quality committee via email or MCC website.		Project		Completed	12/07/2015	09/30/2016	12/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task 10. Distribute results of improvement plan implementation within facilities and lessons learned via email or MCC website.		Project		Completed	01/07/2016	09/30/2016	01/07/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q2	Project	N/A	Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Define patient tracking requirements and metrics for enterprise DSRIP solution.		Project		Completed	10/05/2015	01/29/2016	10/05/2015	01/29/2016	03/31/2016	DY1 Q4
Task 2. Share requirements with 2ai IDS project.		Project		Completed	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with DSRIP project 2ai to understand capabilities.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a plan for implementation across SNFs.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Task 5. Execute the implementation plan.		Project		Completed	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net .	
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	
Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT principles.	
Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
Use EHRs and other technical platforms to track all patients engaged in the project.	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Fail	The PPS did not complete this milestone by the prescribed deadline.
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	
Milestone #10	Pass & Complete	



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✔ IPQR Module 2.b.vii.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	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 2.b.viii – Hospital-Home Care Collaboration Solutions

✓ IPQR Module 2.b.viii.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.

In order for a patient who presents to an emergency department (ED) to safely transition back into the community and avoid a hospital admission, a physician-ordered plan of care needs to be established. ED/hospital physicians may be reluctant to sign orders to initiate the community-based plan of care for patients without a PCP. Link patients to a PCP who will assume responsibility of managing patient collaboratively with community-based resources. Educate ED/hospital physicians regarding their temporary role of initiating orders and care management until patient is linked with a PCP. Identify need for PCP linkage at ED intake.

Changing the ED utilization culture will be challenging. ED physicians do not feel confident that redirecting patient to a community-based plan of care will be safe or effective. Conduct outreach and advertising in the community to educate on the alternatives to ED visits. Educate ED/hospital physicians and staff on capabilities of community providers. Communicate expected timeliness to initiate treatment. Describe expectations for follow-up and ongoing communication between the provider and the physician.

Lack of community hospital admission avoidance process. Develop a rapid response team that initiates the hospital diversion process and implements a plan of care to safely address needs in the home to avoid an unnecessary hospitalization.

Insurance considerations become an operational challenge due to the time-of-day and urgency of delivering skilled services; insurances may not be readily accessible to grant prior authorization for the ordered services, which could lead to financial liability for the patient and providers. Work with payers to develop reimbursement authorization procedures and drug coverage protocols that will ensure the best possible outcomes for stakeholders.

Medications and medical equipment may not be dispensed soon enough to accommodate a change in treatment plan for the home care patient. Establish procedures that address "first-dose" accommodations at the facility where the patient presents. This will allow for adequate preparation of complex services that will be subsequently provided in the patient's home. Work with payers to develop protocols for medication/DME authorization.

Patients in rural areas have difficulty accessing their PCPs; due to lack of periodic monitoring and medical intervention of chronic conditions, rural patients may be prone to utilize the ED. Utilize tele-monitoring programs to remotely allow for patient/provider interaction. Establish regional triage satellites.

Willingness of PCP to maintain a patient in the home setting through use of home care during a change in condition is largest barrier to home care intervention opportunity. Many PCPs do not have the risk tolerance or ability to communicate effectively with home care agencies to change treatment protocol and monitor patients to prevent ED visit or hospitalization. Without PCP buy-in, home care agencies are unable to effectively maintain patients in the community.



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Grand scale implementation of this project can lead to failure and a loss of confidence in the home care/hospital collaboration process. Maintain consistent performance throughout the project to gain buy-in and communicate that the initiatives are safe, efficient, and patient-centric. Roll out the project in well-defined steps. Evaluate the processes' effectiveness regularly. Encourage participation from multiple providers.



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✔ IPQR Module 2.b.viii.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	1,125

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	175	325	538	750
	Quarterly Update	455	652	751	1,114
	Percent(%) of Commitment	260.00%	200.62%	139.59%	148.53%
IA Approved	Quarterly Update	0	652	0	1,114
	Percent(%) of Commitment	0.00%	200.62%	0.00%	148.53%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ2bviii_MDL2bviii2_PES_OTH_2bviii-Hospital_Home_Health_DY2Q4_registry_14727.csv	Patient engagement registry for project 2bviii, DY2	05/08/2017 02:57 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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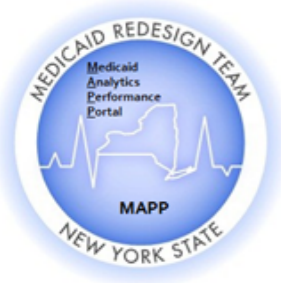
✅ IPQR Module 2.b.viii.3 - Prescribed Milestones

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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	DY2 Q2	Project	N/A	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Develop RRT model with collaboration from community providers (ED staff, HHAs, health homes).		Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Coordinate Hospital Avoidance Pilot Program training date for NFMCC ED staff.		Project		Completed	08/03/2015	10/12/2015	08/03/2015	10/12/2015	12/31/2015	DY1 Q3
Task 3. Secure venue for NFMCC Pilot Program training.		Project		Completed	08/03/2015	10/19/2015	08/03/2015	10/19/2015	12/31/2015	DY1 Q3
Task 4. Identify NFMCC training participants.		Project		Completed	08/03/2015	10/19/2015	08/03/2015	10/19/2015	12/31/2015	DY1 Q3
Task 5. Create NFMCC invitation/communication for training.		Project		Completed	08/03/2015	10/19/2015	08/03/2015	10/19/2015	12/31/2015	DY1 Q3
Task 6. Develop NFMCC presentation and training materials.		Project		Completed	08/03/2015	10/19/2015	08/03/2015	10/19/2015	12/31/2015	DY1 Q3
Task 7. Train NFMCC ED staff using presentation for Pilot Program.		Project		Completed	08/24/2015	10/19/2015	08/24/2015	10/19/2015	12/31/2015	DY1 Q3
Task 8. Develop metric recording and program procedure documents for NFMCC pilot.		Project		Completed	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3
Task 9. Train NFMCC ED staff on data collection for Pilot Program.		Project		Completed	08/24/2015	10/12/2015	08/24/2015	10/12/2015	12/31/2015	DY1 Q3
Task 10. Launch NFMCC Pilot Program.		Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	09/07/2015	12/31/2015	09/07/2015	12/31/2015	12/31/2015	DY1 Q3

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11. Hold weekly meetings to collect metrics and discuss barriers.										
Task 12. Solidify process and procedure documents for NFMCC pilot.		Project		Completed	09/07/2015	12/31/2015	09/07/2015	12/31/2015	12/31/2015	DY1 Q3
Task 13. Summarize findings from NFMCC Pilot Program and/or lessons learned from pilot programs.		Project		Completed	11/30/2015	12/31/2015	11/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task 14. Develop RRT model based on lessons learned from pilot programs.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 15. Implement RRT model at remaining hospitals.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	DY2 Q2	Project	N/A	Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management		Provider	<u>Home Care Facilities</u>	Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Cattaraugus Cnty Doh Lthhcp; People Home Hlth Serv Certi; Schofield Residence Lthhcp; Tlc Health Network Act Rc; Vna Of Western Ny Inc Lthhcp; Will Care Inc										
Task Evidence-based guidelines for chronic-condition management implemented.		Project		Completed	05/28/2015	09/30/2016	05/28/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Develop training plan/requirements for Home Health specific I-TEAM training.		Project		Completed	07/20/2015	09/30/2015	07/20/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Collaborate with Project 2bvii to obtain a contract with INTERACT training vendor.		Project		Completed	05/28/2015	09/30/2015	05/28/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Develop Home Health specific INTERACT training material.		Project		Completed	08/17/2015	09/30/2015	08/17/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Identify training participants.		Project		Completed	07/13/2015	09/30/2015	07/13/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Develop communication for participants to be informed of I-TEAM training.		Project		Completed	07/27/2015	09/30/2015	07/27/2015	09/30/2015	09/30/2015	DY1 Q2
Task 6. Secure I-TEAM training locations.		Project		Completed	07/24/2015	09/30/2015	07/24/2015	09/30/2015	09/30/2015	DY1 Q2
Task		Project		Completed	07/24/2015	09/30/2015	07/24/2015	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
7. Schedule I-TEAM training.										
Task 8. Conduct I-TEAM training.		Project		Completed	08/17/2015	09/30/2015	08/17/2015	09/30/2015	09/30/2015	DY1 Q2
Task 9. INTERACT PM and Coach create schedule for HHA training and quarterly visits to each agency.		Project		Completed	08/24/2015	12/31/2015	08/24/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. INTERACT PM and Coach collaborate with each HHA to provide initial INTERACT training to direct care staff following certified I-TEAM training.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 11. INTERACT Coach and PM perform quarterly visits to each HHA for data gathering and onsite training when required.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 12. Development of evidence-based medicine (EBM) guidelines for chronic condition management through research and collaboration of INTERACT toolkit and AHRQ Toolbox, as well as other EBM resources available.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13. Provider direct care staff educated on use of evidence-based guidelines for chronic-condition management.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
Task 14. Develop recording measure for staff to use when referencing EBM guidelines for chronic condition management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. Educate necessary HHA staff regarding use of recording measure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. INTERACT Coach and PM to create uniform reference materials for each HHA.		Project		Completed	10/05/2015	10/16/2015	10/05/2015	10/16/2015	12/31/2015	DY1 Q3
Task 17. INTERACT Coach and PM to distribute reference materials to each agency.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
Task 18. INTERACT Coach records EBM usage data at each quarterly visit.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	DY2 Q2	Project	N/A	Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.		Provider	<u>Safety Net Hospital</u>	Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Buffalo General Hosp; Cuba Memorial Hsp Inc; Erie County Medical Ctr; Lockport Memorial Hospital; Niagara Falls Mem Med Ctr; Olean General Hosp Main; Roswell Park Cancer Inst; Tlc Health Network Act Rc; Womens & Childrens Hsp Buffal; Wyoming Community Hosp Co										
Task 1. Collaborate with HHAs to analyze INTERACT Care Pathway materials and develop reference materials for each facility		Project		Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Collaborate with Project 2bvii to develop recording measure for HHA staff to use when referencing INTERACT care pathways and tools.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Collaborate with Project 2bvii to create care pathway sharing system for use while providing direct patient care		Project		Completed	08/24/2015	04/20/2016	08/24/2015	04/20/2016	06/30/2016	DY2 Q1
Task 4. INTERACT Coach and PM to distribute home health care specific care pathway and chronic condition monitoring reference materials and sharing system to each SNF		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. INTERACT Coach and PM to educate provider direct care staff on care pathway and chronic condition monitoring material		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. INTERACT Coach records care pathway usage data at each quarterly visit.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Agency participation in home health specific I-TEAM training.		Project		Completed	08/17/2015	12/31/2015	08/17/2015	12/31/2015	12/31/2015	DY1 Q3
Task 8. Agency identification of nurse champion.		Project		Completed	08/11/2015	09/30/2016	08/11/2015	09/30/2016	09/30/2016	DY2 Q2
Task 9. Collaboration with each agency nurse champion and other necessary staff to strategize effective course of action to monitor critically ill patients.		Project		Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task 10. Development of implementation plan created for hospital		Project		Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2



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avoidance and chronic condition monitoring.										
Task 11. Educational materials created for direct care staff in-service on hospital avoidance and chronic condition monitoring plan.		Project		Completed	08/24/2015	09/30/2016	08/24/2015	09/30/2016	09/30/2016	DY2 Q2
Task 12. Education provided to facility direct care staff regarding hospital avoidance and chronic condition monitoring plan and process.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13. Quarterly evaluations of agency implementation of hospital avoidance and chronic condition monitoring plan.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Quarterly report written documenting progress and impediments to program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. As needed consultations with PM at each agency regarding areas of weakness in program implementation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	DY2 Q2	Project	N/A	Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.		Provider	<u>Home Care Facilities</u>	Completed	07/31/2015	09/30/2016	07/31/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Cattaraugus Cnty Doh Lthhcp; People Home Hlth Serv Certi; Tlc Health Network Act Rc; Vna Of Western Ny Inc Lthhcp; Will Care Inc										
Task 1. Agency direct care staff care pathway and INTERACT principle In-Service is created, customized to home health care practice.		Project		Completed	07/31/2015	11/27/2015	07/31/2015	11/27/2015	12/31/2015	DY1 Q3
Task 2. INTERACT PM to develop training material regarding INTERACT toolkit and care pathways to be included in each home health agency's orientation materials for new employees.		Project		Completed	08/24/2015	11/27/2015	08/24/2015	11/27/2015	12/31/2015	DY1 Q3
Task 3. INTERACT Coach and PM to provide education to direct care staff of each agency regarding Care pathways and use in everyday practice.		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. INTERACT Coach and PM to provide education to direct care staff of each agency regarding Toolkit and use in everyday practice.		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2



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Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	DY2 Q2	Project	N/A	Completed	07/22/2015	09/30/2016	07/22/2015	09/30/2016	09/30/2016	DY2 Q2
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	07/22/2015	09/30/2016	07/22/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with Project 2bvii in forming Palliative Care Committee to identify gaps in Advance Care Planning Process within the home health setting and formulate policy for Advance Care Planning Procedure for home health care.		Project		Completed	07/22/2015	11/20/2015	07/22/2015	11/20/2015	12/31/2015	DY1 Q3
Task 2. Collaborate with Project 2bvii and other palliative care resources within community (e.g., The Conversation Project, Hospice Buffalo) to identify areas of overlap and/or barriers to progress.		Project		Completed	07/28/2015	11/23/2015	07/28/2015	11/23/2015	12/31/2015	DY1 Q3
Task 3. Advance care planning toolkit developed by PM using INTERACT tools and other palliative/geriatric care resources as reference (The Conversation Project, The Coalition for Compassionate Care, Closure.org, Caring Connections of the National Hospice Org).		Project		Completed	07/23/2015	06/22/2016	07/23/2015	06/22/2016	06/30/2016	DY2 Q1
Task 4. Advance care planning toolkit distributed to HHAs.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Social Work and other applicable direct care staff educated on Advance care planning toolkit by either PM or INTERACT coach.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Develop recording measure for HHA staff to use when referencing Advanced Care Planning Tools.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Educate necessary HHA staff regarding use of Advance Care Planning recording measure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. INTERACT coach and PM to record Advance Care Planning metrics quarterly.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Measure effectiveness of Advance Care Planning tool and adjust as needed based on results.		Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #6	DY2 Q2	Project	N/A	Completed	07/27/2015	09/30/2016	07/27/2015	09/30/2016	09/30/2016	DY2 Q2



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Create coaching program to facilitate and support implementation.										
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.		Provider	<u>Home Care Facilities</u>	Completed	07/27/2015	09/30/2016	07/27/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Cattaraugus Cnty Doh Lthhcp; People Home Hlth Serv Certi; Tlc Health Network Act Rc; Vna Of Western Ny Inc Lthhcp; Will Care Inc										
Task 1. Collaborate with Project 2bvii to leverage INTERACT Coach resource for home health consultation initially.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Hire INTERACT Coach specific to home health practice.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. INTERACT PM creates schedule for agency training and quarterly visits to each facility.		Project		Completed	08/17/2015	12/31/2015	08/17/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. INTERACT Coach and PM collaborate with each agency to provide initial INTERACT training to direct care staff.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. INTERACT Coach and PM perform quarterly visits to each agency for data gathering and onsite training when required.		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q2	Project	N/A	Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task Patients and families educated and involved in planning of care using INTERACT-like principles.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with community providers regarding current state processes and engagement of family and resident in planning of care specific to the home health care setting. Review resources and education materials available.		Project		Completed	01/04/2016	06/01/2016	01/04/2016	06/01/2016	06/30/2016	DY2 Q1
Task 2. Collaborate with "Voice of the Consumer" Sub-Committee to ensure cultural competence within educational materials and program.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Collaborate with Project 2bvii to create informational resources for resident and family regarding advance care planning, chronic condition symptoms and expected course, and hospital		Project		Completed	01/18/2016	09/30/2016	01/18/2016	09/30/2016	09/30/2016	DY2 Q2



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avoidance.										
Task 4. Educate Social Work and other applicable direct care staff on resident/family education and informational resource hand off to resident/family.		Project		Completed	01/25/2016	09/30/2016	01/25/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Collaborate with Project 2bvii to create documentation tool for staff to record when family education using provided tools has been completed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Educate staff in use of documentation tool for data recording.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	DY2 Q2	Project	N/A	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with community providers to analyze current integration of multidisciplinary team within the home health setting.		Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify needs and barriers to coordinating primary care, behavioral health, pharmacy, and other specialty services into the home health care model.		Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop implementation plan and methodology for care coordination across multidisciplinary team throughout the home health care setting.		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Collaborate with Project 2biii to facilitate primary care physician engagement in the home health setting.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Implement care coordination plan throughout providers in the community.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	DY2 Q2	Project	N/A	Completed	07/23/2015	09/30/2016	07/23/2015	09/30/2016	09/30/2016	DY2 Q2
Task Telehealth/telemedicine program established to provide care		Project		Completed	07/23/2015	09/30/2016	07/23/2015	09/30/2016	09/30/2016	DY2 Q2



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transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.										
Task 1. Collaborate with community providers to identify current utilization and anticipated future projections for telehealth capabilities in home health practice.		Project		Completed	07/23/2015	06/01/2016	07/23/2015	06/01/2016	06/30/2016	DY2 Q1
Task 2. Share information from community providers with payers.		Project		Completed	11/17/2015	09/30/2016	11/17/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop a plan for implementation of telehealth/telehealth medicine program across participating providers.		Project		Completed	12/14/2015	09/30/2016	12/14/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Execute the telehealth implementation plan.		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	DY2 Q2	Project	N/A	Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Collaborate with community providers to define business requirements for EHR.		Project		Completed	10/06/2015	03/31/2016	10/06/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Share requirements with 2ai IDS project.		Project		Completed	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with DSRIP project 2ai to understand capabilities.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a plan for implementation across participating providers.		Project		Completed	01/01/2016	07/29/2016	01/01/2016	07/29/2016	09/30/2016	DY2 Q2
Task 5. Execute the implementation plan.		Project		Completed	04/11/2016	09/30/2016	04/11/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY2 Q2	Project	N/A	Completed	08/05/2015	09/30/2016	08/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Completed	08/05/2015	09/30/2016	08/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task Quality committee identifies opportunities for quality improvement		Project		Completed	08/05/2015	09/30/2016	08/05/2015	09/30/2016	09/30/2016	DY2 Q2



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and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		Completed	08/05/2015	09/30/2016	08/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task Service and quality outcome measures are reported to all stakeholders.		Project		Completed	08/05/2015	09/30/2016	08/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Create communication regarding implementation of home health care quality committee for 2bviii project to administer to community providers.		Project		Completed	08/05/2015	09/30/2015	08/05/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Formulate 2bviii home health care quality committee from respondents to communication, assuring variety of individuals from differing provider systems are accounted for.		Project		Completed	08/09/2015	09/30/2015	08/09/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Schedule quarterly home health care quality committee meetings.		Project		Completed	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Create presentation of quarterly metrics and statistics from aggregated data collected at quarterly HHA contact and site visits.		Project		Completed	11/10/2015	09/30/2016	11/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Present findings to home health care quality committee; discuss problem areas and areas of success that could be applied to other facilities.		Project		Completed	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Create quarterly improvement plans based on quarterly program outcomes from each HHA. Home health care quality committee will provide quarterly reports to the MCC Clinical/Quality Committee.		Project		Completed	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Schedule trainings with applicable HHAs/providers who require implementation of improvement plans.		Project		Completed	11/20/2015	09/30/2016	11/20/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Hold improvement trainings at each applicable HHA/providers with direct care staff.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task 9. Administer HHA evaluation one month post improvement		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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training to analyze success of remediation.										
Task 10. Distribute improvement plans to members of home health care quality committee via email or MCC website.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Distribute results of improvement plan implementation within facilities and lessons learned via email or MCC website.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q2	Project	N/A	Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Define patient tracking requirements and metrics for enterprise DSRIP solution.		Project		Completed	10/05/2015	01/28/2016	10/05/2015	01/28/2016	03/31/2016	DY1 Q4
Task 2. Share requirements with 2ai IDS project.		Project		Completed	10/02/2015	03/31/2016	10/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with DSRIP project 2ai and 2bvii to understand capabilities.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a plan for implementation across HHAs.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Execute the implementation plan.		Project		Completed	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
medicine and chronic care management.	
Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT-like principles.	
Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
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	
Milestone #8	Pass & Complete	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	



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✓ IPQR Module 2.b.viii.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	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

✓ IPQR Module 2.d.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.

Patient activation efforts do not account for cultural and linguistic diversity and health literacy needs of the region. Beneficiary may not be willing to provide baseline information or participate in reassessments. Create cross-cultural, multilingual training team to provide IT support and training where CBOs and their teams are located. Provide cultural competency and health literacy training to CBOs, utilize "train the trainer" techniques, and include key staff. Design communication materials that are effective for their intended audiences. Equip CBOs and community health workers (CHWs) with culturally sensitive engagement tools, including understandable health education materials to encourage participation in the PAM survey. CHWs must create a trusting, working relationship to facilitate and encourage reassessment at prescribed intervals.

There is considerable county overlap with two adjacent PPSs in WNY. It will be important to provide a relatively uniform/transparent experience for patients regardless of where they seek care. MCC will work with area PPSs to coordinate logistics including registry information, standardized referral protocols, uniform tracking and reporting systems, universal alert messaging via the RHIO, and common messaging to educate patients about patient activation. Facilitate relationship between CBOs contracted to provide PAM in counties that overlap with an adjacent PPS to streamline efforts.

Medicaid managed care organizations (MMCOs) may be reluctant to disclose data about non-utilizing (NU) beneficiaries. Develop memoranda of understanding with MMCOs addressing privacy, security, and consent related to acquiring NU member data. Facilitate relationship between MMCOs and CBOs contracted to provide PAM so MMCOs and CBOs can enter into BAAs to acquire NU member data.

Lack of up-to-date patient information coupled with transient nature of NU population makes it difficult to locate and reconnect this population to PCPs. Engage efforts with community partners in navigation while creating useful tools that provide community-oriented lists of PCPs with capacity to take new patients. Help cross-reference MMCO data against a variety of databases to obtain current contact information.

NUs remain dissatisfied with their current PCP or MMCO, which accounts for disengagement. Provide training how beneficiaries can appropriately change their provider.

Complaints and grievances about project and other service components of the PPS, when not addressed and resolved, lead to consumer dissatisfaction. Create process to handle complaints quickly and effectively. Convene "Voice of the Consumer" Sub-Committee as patient advocacy team and to ensure representation from a broad range of culturally diverse patients.

Lack of common EHR and IT system to manage and track patients and provide assessment and feedback to PCPs and MMCOs. Develop common EHR and IT system for sharing of data, communication, and feedback. Organize user groups to discuss issues and share lessons learned. Periodically assess tools to determine consistency and effectiveness; provide follow-up training as needed.



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A reduction of the number of uninsured (UI), resulting from efforts by the NYSDOH to provide insurance for residents of NYS, reduces the number of UI lives attributed to MCC. Increase our efforts to reach NU and low-utilizing (LU) members through collaborating with social services, prison systems, and CBOs located or focused in hotspots.

There is a skewing of PAM levels as a result of PAM implementation, which may result in lack of improvement in scores. Implement retraining in person and electronically, create super users (experts) through intensive training provided by Insignia, and monitor activities of coaches and CBOs using Flourish system to identify patterns and create individualized remedies based on site investigations.



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✔ IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	81,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	4,000	8,000	18,000	28,500
	Quarterly Update	6,913	12,757	12,757	22,959
	Percent(%) of Commitment	172.82%	159.46%	70.87%	80.56%
IA Approved	Quarterly Update	0	12,757	0	22,959
	Percent(%) of Commitment	0.00%	159.46%	0.00%	80.56%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (22,959) does not meet your committed amount (28,500) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ2di_MDL2di2_PES_OTH_2di-PAM_DY2Q4_registry_14800.csv	Patient engagement registry for project 2di, DY2	05/26/2017 01:32 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✔ IPQR Module 2.d.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 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY2 Q4	Project	N/A	Completed	05/28/2015	03/31/2017	05/28/2015	03/31/2017	03/31/2017	DY2 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		Completed	05/28/2015	03/31/2017	05/28/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Launch community awareness and communication regarding DSRIP. Identify key areas in the north, south, and central areas to hold community forums to bring awareness to DSRIP. Hold community forums throughout the eight counties to provide community education regarding DSRIP.		Project		Completed	05/28/2015	08/31/2015	05/28/2015	08/31/2015	09/30/2015	DY1 Q2
Task 2. Work with CBO Task Force to provide outreach and education regarding DSRIP.		Project		Completed	05/28/2015	08/31/2015	05/28/2015	08/31/2015	09/30/2015	DY1 Q2
Task 3. Create CBO Implementation Plan.		Project		Completed	07/13/2015	08/31/2015	07/13/2015	08/31/2015	09/30/2015	DY1 Q2
Task 4. Select CBOs to serve as PAM vendor(s) via RFQ/RFP process.		Project		Completed	05/28/2015	08/31/2015	05/28/2015	08/31/2015	09/30/2015	DY1 Q2
Task 5. Develop materials to support PAM vendors including patient-level reporting tool; train vendors on use of materials/tools.		Project		Completed	07/20/2015	08/31/2015	07/20/2015	08/31/2015	09/30/2015	DY1 Q2
Task 6. Host first quarterly meeting with "Voice of the Consumer" Sub-Committee and MCC/PPS team.		Project		Completed	05/28/2015	06/30/2015	05/28/2015	06/30/2015	06/30/2015	DY1 Q1
Task 7. Develop and execute contracts with CBOs.		Project		Completed	07/15/2015	10/30/2015	07/15/2015	10/30/2015	12/31/2015	DY1 Q3
Task 8. Develop reporting requirements and metrics for each CBO. Continue to monitor metrics throughout project.		Project		Completed	08/14/2015	09/30/2015	08/14/2015	09/30/2015	09/30/2015	DY1 Q2



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Task 9. Identify a PAM Administrator within each CBO.		Project		Completed	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 10. For target population Non-Utilizers: Work with DOH to obtain a listing of PAM-eligible non-utilizers; distribute report to CBOs.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 11. Initiate PDSA cycles to evaluate improvement activities, determine effectiveness of approach, and allow for continuous improvement over time.		Project		Completed	09/04/2015	03/31/2017	09/04/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	05/05/2015	03/31/2017	05/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	05/05/2015	03/31/2017	05/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish PPS-wide training team (ensure participation from candidates who represent all of MCC's geographic areas); identify training team goals.		Project		Completed	05/05/2015	05/28/2015	05/05/2015	05/28/2015	06/30/2015	DY1 Q1
Task 2. Contact Insignia about conducting PAM training. Resolve the number of Flourish (PAM) licenses across the state.		Project		Completed	05/05/2015	05/28/2015	05/05/2015	05/28/2015	06/30/2015	DY1 Q1
Task 3. Develop plan for training (e.g., train the trainer). Plan to offer training in a variety of formats (onsite, web-based, teleconference).		Project		Completed	05/28/2015	05/28/2015	05/28/2015	05/28/2015	06/30/2015	DY1 Q1
Task 4. Work with selected CBOs/vendors to identify training participants.		Project		Completed	05/28/2015	05/28/2015	05/28/2015	05/28/2015	06/30/2015	DY1 Q1
Task 5. Insignia contract signed.		Project		Completed	05/05/2015	06/23/2015	05/05/2015	06/23/2015	06/30/2015	DY1 Q1
Task 6. Develop training materials for community health workers who will be administering PAM.		Project		Completed	05/05/2015	09/30/2015	05/05/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7. Identify training locations covering the 8 counties of WNY; schedule training sessions.		Project		Completed	05/28/2015	09/30/2015	05/28/2015	09/30/2015	09/30/2015	DY1 Q2
Task 8. Hold first PAM training session for community health workers.		Project		Completed	06/24/2015	06/25/2015	06/24/2015	06/25/2015	06/30/2015	DY1 Q1
Task 9. Initiate PDSA cycles to evaluate improvement activities,		Project		Completed	06/24/2015	03/31/2017	06/24/2015	03/31/2017	03/31/2017	DY2 Q4



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determine effectiveness of training, and allow for continuous improvement over time.										
Task 10. Continue to offer training as needed.		Project		Completed	06/24/2015	03/31/2017	06/24/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop hot spot maps; provide maps with zip codes to CBOs that requested the information.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. For target population Uninsured: Develop plan to outreach to and communicate with the uninsured population.		Project		Completed	08/03/2015	12/31/2015	08/03/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Promote / focus outreach efforts on target areas including local festivals, fairs, church groups, and the part-time workforce.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Continue conducting outreach.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop market share model to understand location and distribution of UI and NU populations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 6. Develop CBO workforce model to ensure adequate coverage is available to engage the target populations. Engage additional CBOs as necessary (See also Milestone#1).		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Collaborate with ED Care Triage project team to include PAM® as appropriate in "hot spot" EDs.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Renew market share model annually and assess progress vs. milestone goals and adjust plan accordingly.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	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
Task 1. Review community needs assessment, and collaborate with CBOs, P2 Collaborative, and county community action plans to update the targeted population's healthcare needs in MCC network.		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY2 Q4	Project	N/A	Completed	05/28/2015	03/31/2017	05/28/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		Completed	05/28/2015	03/31/2017	05/28/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop plan for training (e.g., train the trainer). Plan to offer training in a variety of formats (onsite, web-based, teleconference).		Project		Completed	05/28/2015	06/30/2015	05/28/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2. Develop a list of targeted providers with the "hot spots" areas.		Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task 3. Develop communication to providers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Ensure BAA is in place with all providers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Develop training material for PPS providers. Obtain state review/approve of any educational materials as required; ensure materials comply with state marketing guidelines and federal regulations as applicable.		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 6. Identify training locations covering the 8 counties of WNY; schedule training sessions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Hold first provider training session.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Initiate PDSA cycles to evaluate improvement activities, determine effectiveness of training, and allow for continuous improvement over time.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Continue to offer training as needed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4



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beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with Independent Health IT security, reporting, and MCO to develop a secure file transfer process and data formats.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop and execute a signed BAA addendum with Independent Health MCO.		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 3. Receive data from Independent Health.		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Match internal PPS attribution reporting (from DOH) against Independent Health data.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Finalize Independent Health report with PAM candidates identified.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Deliver Independent Health Non-Utilizers report to CBOs/vendors.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Receive ongoing Independent Health data feed to support measurement process (refreshed on a quarterly basis).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Work with HealthNow IT security, reporting, and MCO to develop a secure file transfer process and data formats.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
9. Develop and execute a signed BAA addendum with HealthNow MCO.										
Task 10. Receive data from HealthNow.		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task 11. Match internal PPS attribution reporting (from DOH) against HealthNow data.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 12. Finalize HealthNow report with PAM candidates identified.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 13. Deliver HealthNow Non-Utilizers report to CBOs/vendors.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Receive ongoing HealthNow data feed to support measurement process (refreshed on a quarterly basis).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. Work with Fidelis IT security, reporting, and MCO to develop a secure file transfer process and data formats.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Develop and execute a signed BAA addendum with Fidelis MCO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 17. Receive data from Fidelis.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 18. Match internal PPS attribution reporting (from DOH) against Fidelis data.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 19. Finalize Fidelis report with PAM candidates identified.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 20. Deliver Fidelis Non-Utilizers report to CBOs/vendors.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 21. Receive ongoing Fidelis data feed to support measurement process (refreshed on a quarterly basis).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 22. Work with YourCare IT security, reporting, and MCO to develop a secure file transfer process and data formats.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 23. Develop and execute a signed BAA addendum with YourCare MCO.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 24. Receive data from YourCare.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 25. Match internal PPS attribution reporting (from DOH) against		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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
YourCare data.										
Task 26. Finalize YourCare report with PAM candidates identified.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 27. Deliver YourCare Non-Utilizers report to CBOs/vendors.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 28. Receive ongoing YourCare data feed to support measurement process (refreshed on a quarterly basis).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Complete PAM target goal; determine baseline PAM scores.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Update baseline annually; re-PAM same beneficiaries.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Continue to monitor scores.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Populate CBO Task Force (as described in Governance requirement #5) by conducting outreach at community forums across PPS region and receiving nominations for CBO representatives. Ensure representation from all eight counties of WNY.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Populate "Voice of the Consumer" Sub-Committee (as described in Governance requirement #5) by conducting outreach at community forums and receiving nominations for Medicaid beneficiaries. Create protocols for engaging PAM		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2



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beneficiaries in "Voice of the Consumer" Sub-Committee.										
Task 3. "Voice of the Consumer" Sub-Committee will review materials to be presented to beneficiaries to ensure appropriateness of message, evaluate effectiveness, and account for variations in health literacy.		Project		Completed	05/15/2015	06/30/2016	05/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Attend first quarterly CBO Task Force/"Voice of the Consumer" Sub-Committee meeting. Meetings will continue quarterly.		Project		Completed	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Performance measurement reports established, including but not limited to:		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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- Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task 1. Establish protocol for data collection and reporting of screenings and bridges.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Ensure details are included in training program for CBOs.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Establish procedures for obtaining data for quarterly reporting including PAM data by activation level and scoring, clinicians trained, and CBO/CHW evidence of patient bridges established.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Establish procedures for obtaining quarterly refresh of MCO data feeds with visit information (include in report per requirement 10).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Finalize reporting processes and procedures; produce quarterly report.		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Continue to refine quarterly reporting process and produce quarterly reports.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY2 Q4	Project	N/A	Completed	01/04/2016	03/31/2017	01/04/2016	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		Completed	01/04/2016	03/31/2017	01/04/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Obtain quarterly visit info from MCOs based on original target population membership (or from DOH as available); calculate volume of non-emergent visits and report quarterly.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		Completed	01/05/2016	03/31/2017	01/05/2016	03/31/2017	03/31/2017	DY2 Q4



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2. Leverage efforts (Cultural Competency, milestone #1) to improve overall health literacy of targeted populations (e.g., when to use the ED, importance of primary care, overcoming mental health stigma, navigating the health system, and questions to ask your provider).										
Task 3. Develop materials with input from patients. Distribute materials at locations appropriate to the target population (Cultural Competency, milestone #1).		Project		Completed	01/05/2016	03/31/2017	01/05/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Use public awareness, education, and other programs to address and increase the volume of non-emergent visits in the targeted population groups.		Project		Completed	01/04/2016	03/31/2017	01/04/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators identified and contracted.		Provider	<u>PAM(R) Providers</u>	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Aids Community Ser Wny; Aspire Of Western New York In; Buffalo Fed Neighhd Ctrs; Comm Hlth Ctr Buffalo Inc; Community Action Organization Of Erie County Inc; Community Health Center Of Buffalo; Erie County Medical Ctr; Erie Niagara Area Health Education Center Inc; Greater Buffalo United Ipa; Health Community Alliance, Inc.; Kaleida Health; Lake Plains Community Care Network; Niagara Falls Mem Med Ctr; Niagara Falls Mem Med Ctr; Northwest Buffalo Comm H C; Nys Arc (Chautauqua Cnty); Olean General Hosp Main; People Inc Csz38; Planned Parenthood Of Niag Co; Planned Parenthood Of Niag Co; Planned Prthd Rochstr/Syracus; Planned Prthd Rochstr/Syracus; Southern Tier Community Hlth; Southern Tier Community Hlth; The Chautauqua Center Inc; The National Witness Project; Western New York Rural Area Health Education Center Inc										
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	<u>PAM(R) Providers</u>	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Aids Community Ser Wny; Aspire Of Western New York In; Buffalo Fed Neighhd Ctrs; Comm Hlth Ctr Buffalo Inc; Community Action Organization Of Erie County Inc; Community Health Center Of Buffalo; Erie County Medical Ctr; Erie Niagara Area Health Education Center Inc; Greater Buffalo United Ipa; Health Community Alliance, Inc.; Kaleida Health; Lake Plains Community Care Network; Niagara Falls Mem Med Ctr; Niagara Falls Mem Med Ctr; Northwest Buffalo Comm H C; Nys Arc (Chautauqua Cnty); Olean General Hosp Main; People Inc Csz38; Planned Parenthood Of Niag Co; Planned Parenthood Of Niag Co; Planned Prthd Rochstr/Syracus; Planned Prthd Rochstr/Syracus; Southern Tier Community Hlth; Southern Tier Community Hlth; The Chautauqua Center Inc; The National Witness Project; Western New York Rural Area Health Education Center Inc										
Task 1. Per the steps defined for requirement #1, ensure CBO contracts are completed and CBOs are engaged.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Continuously monitor CBO performance. Make adjustments to partnerships and/or contracts as needed.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Task 3. Per tasks in milestones 2, 13, and 15, training for navigators is planned, organized, monitored, and controlled.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	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 for customer service complaints and appeals developed.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS will research leading practice models to inform development of protocols.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. PPS will develop protocols for complaints and customer service to support PPS-wide complaint communication and individual complaint follow-up.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Review protocols with "Voice of the Consumer" Sub-Committee.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Determine process owner and MCC lead.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Determine platform for complaint tracking.		Project		Completed	09/01/2015	10/30/2015	09/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 6. Obtain MCC Board of Managers and PMO approvals.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Implement complaint tracking and follow-up processes.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 8. Initiate PDSA cycles to assess customer satisfaction and allow for continuous improvement over time.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	<u>PAM(R) Providers</u>	Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

Aids Community Ser Wny; Aspire Of Western New York In; Buffalo Fed Neighhd Ctrs; Comm Hlth Ctr Buffalo Inc; Community Action Organization Of Erie County Inc; Community Health Center Of Buffalo; Erie County Medical Ctr; Erie Niagara Area Health Education Center Inc; Greater Buffalo United Ipa; Health Community Alliance, Inc.; Kaleida Health; Lake Plains Community Care Network; Niagara Falls Mem Med Ctr; Niagara Falls Mem Med Ctr; Northwest Buffalo Comm H C; Nys Arc (Chautauqua Cnty); Olean General Hosp Main; People Inc Csz38; Planned Parenthood Of Niag Co; Planned Parenthood Of Niag Co; Planned Prthd Rochstr/Syracus; Planned Prthd Rochstr/Syracus; Southern Tier Community Hlth; Southern Tier Community Hlth; The Chautauqua Center Inc; The National Witness Project; Western New York Rural Area Health Education Center Inc



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Task 1. Develop plan for training (e.g., train the trainer). Plan to offer training in a variety of formats (onsite, web-based, teleconference).		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify who is being trained. Create attendee roster.		Project		Completed	08/03/2015	10/20/2015	08/03/2015	10/20/2015	12/31/2015	DY1 Q3
Task 3. Develop training material for community navigators.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Identify training locations covering the 8 counties of WNY; schedule training sessions.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Hold first community navigator training sessions. Capture attendee information for subsequent reporting		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 6. Initiate PDSA cycles to evaluate improvement activities, determine effectiveness of training, and allow for continuous improvement over time.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Continue to offer training as needed.		Project		Completed	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY2 Q4	Project	N/A	Completed	07/01/2015	12/30/2016	07/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	<u>PAM(R) Providers</u>	Completed	07/01/2015	12/30/2016	07/01/2015	12/30/2016	12/31/2016	DY2 Q3
Providers Associated with Completion:										
Aids Community Ser Wny; Aspire Of Western New York In; Buffalo Fed Neighhd Ctrs; Comm Hlth Ctr Buffalo Inc; Community Action Organization Of Erie County Inc; Community Health Center Of Buffalo; Erie County Medical Ctr; Erie Niagara Area Health Education Center Inc; Greater Buffalo United Ipa; Health Community Alliance, Inc.; Kaleida Health; Lake Plains Community Care Network; Niagara Falls Mem Med Ctr; Niagara Falls Mem Med Ctr; Northwest Buffalo Comm H C; Nys Arc (Chautauqua Cnty); Olean General Hosp Main; People Inc Csz38; Planned Parenthood Of Niag Co; Planned Parenthood Of Niag Co; Planned Prthd Rochstr/Syracus; Planned Prthd Rochstr/Syracus; Southern Tier Community Hlth; Southern Tier Community Hlth; The Chautauqua Center Inc; The National Witness Project; Western New York Rural Area Health Education Center Inc										
Task 1. Engage CBOs in hot spots who will participate in community events are trained in PAM and health coverage.		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 2. Develop reporting requirements for CHW placement.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Use the Care Transitions Strategy developed in 2.a.i. (IDS)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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including protocols for hospital admission/discharge coordination, care transitions, and communication among primary care, mental health, and substance use providers.										
Task 4. Deploy PPS resources including multi-disciplinary care coordination teams (developed for project 3.b.i., Disease Management of CVD) and care transition coordinators (identified in Population Health Management).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Use the referral process (defined under project 3.b.i.) for warm referrals to CBOs and partners, pharmacies, dietitians, and community health workers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY2 Q4	Project	N/A	Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Provide training to community health workers about insurance options and healthcare resources.		Project		Completed	08/03/2015	10/20/2015	08/03/2015	10/20/2015	12/31/2015	DY1 Q3
Task 2. Develop reporting requirements for CHW placement.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Monitor placement and make adjustments as appropriate.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Continue to offer training for community health workers to maintain up-to-date knowledge of changing options and resources.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop policies and procedures for intake and/or scheduling staff to receive navigator calls.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Work with clinical integration team to improve physicians'		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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understanding of this effort and willingness to provide access.										
Task 3. Initiate PDSA cycles to assess the accessibility of primary and preventive services. Continue to refine policies and procedures as needed.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/31/2015	03/31/2017	07/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/31/2015	03/31/2017	07/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Obtain registry lists from MCOs (per requirement #2).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. CHWs utilize the automated PAM system to record patient encounters.		Project		Completed	09/01/2015	10/30/2015	09/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task 3. CBOs download patient engagement information from PAM on a monthly basis and forward to project champion for quarterly reporting.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	ethelen	Contracts and Agreements	48_DY2Q4_PROJ2di_MDL2di3_PRES1_CONTR_2di_01_01_PAM_Contract_Inventory_DY2Q4_9694.xlsx	List of contracts with PAM providers	04/03/2017 01:07 PM
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES2_TRAIN_2di_02_01_Training_Inventory_14766.xlsx	List/inventory of names and respective roles of team staff trained in PAM	05/11/2017 10:21 AM
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	ethelen	Other	48_DY2Q4_PROJ2di_MDL2di3_PRES3_OTH_2di_03_Hot_Spot_Outreach_DY2Q4_REMEDIATION_15892.pdf	Evidence of CBO outreach within appropriate "hot spot" areas // REMEDIATION: Added LU category to hot spot mapping	06/22/2017 03:02 PM
Train providers located within "hot spots" on patient activation techniques, such as shared decision-	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES5_TRAIN_2di_05_01_Training_Materials_Inventory_14734.xlsx	List/inventory of training materials developed to train providers on patient activation techniques	05/08/2017 03:26 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
making, measurements of health literacy, and cultural competency.					
<p>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).</p> <ul style="list-style-type: none"> This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 	ethelen	Policies/Procedures	48_DY2Q4_PROJ2di_MDL2di3_PRES6_P&P_2di_06_01_PAM_CBO_MCO_Procedures_14788.pdf	Documented policies and procedures established to allow PPS partners to work with member's MCO and PCP to reconnect beneficiary to primary care	05/19/2017 02:19 PM
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	ethelen	Baseline or Performance Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES7_BASE_2di_07_PAM_Measurements_DY2Q4_15893.pdf	Presentations of PAM data	06/22/2017 03:06 PM
	ethelen	Baseline or Performance Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES7_BASE_2di_07_01_3_Example_Data_File_MY1_9697.csv	PAM data for MY1	04/03/2017 01:09 PM
	ethelen	Baseline or Performance Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES7_BASE_2di_07_01_4_Example_Data_File_MY2_9696.csv	PAM data for MY2	04/03/2017 01:09 PM
Include beneficiaries in development team to promote preventive care.	ethelen	Rosters	48_DY2Q4_PROJ2di_MDL2di3_PRES8_ROST_2di_08_01_Participating_Patients_9698.xlsx	Patients participating in PAM development	04/03/2017 01:11 PM
<p>Measure PAM(R) components, including:</p> <ul style="list-style-type: none"> Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. Individual member's score must be averaged to calculate a baseline measure for that year's cohort. 	ethelen	Baseline or Performance Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES9_BASE_2di_09_01_PAM_Measurements_DY2Q4_14801.pdf	Performance measurement reports and presentations	05/26/2017 04:39 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
<ul style="list-style-type: none"> The cohort must be followed for the entirety of the DSRIP program. On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. The PPS will NOT be responsible for assessing the patient via PAM(R) survey. PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 					
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	ethelen	Baseline or Performance Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES10_BASE_2di_10_01_Non-Emergent_Care_for_NU_LU_UI_DY2Q4_14802.pdf	Non-emergent volume reports for UI, NU, and LU patients	05/26/2017 04:46 PM
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES11_TRAIN_2di_PAM_Navigator_Training_REMEDIATION_14960.xlsx	Metrics #1-2: List of community navigator credentials and trainings // REMEDIATION: Updated to include nature and format of training	06/13/2017 12:36 PM
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	ethelen	Policies/Procedures	48_DY2Q4_PROJ2di_MDL2di3_PRES12_P&P_2di_12_01_Complaint_Reporting_Policy_2017_REMEDIATION_15894.pdf	Complaint reporting policy // REMEDIATION: Added section on appeals	06/22/2017 03:20 PM
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES13_TRAIN_2di_13_PAM_Training_Materials_14795.pdf	Copy of training agenda materials	05/26/2017 10:22 AM
	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES13_TRAIN_2di_PAM_Navigator_Training_14769.xlsx	List of community navigators formally trained in PAM	05/11/2017 11:52 AM
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES15_TRAIN_2di_PAM_Navigator_Training_14768.xlsx	List of navigators trained by PPS	05/11/2017 11:45 AM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	ethelen	Training Documentation	48_DY2Q4_PROJ2di_MDL2di3_PRES16_TRAIN_2di_16_01_Training_Inventory_14825.xlsx	List of provider intake staff trained by the PPS	05/31/2017 03:05 PM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	ethelen	Screenshots	48_DY2Q4_PROJ2di_MDL2di3_PRES17_SS_2di_17_EHR_Completeness_Report_DY2Q4_14794.pdf	EHR completeness report/screenshots demonstrating completeness of EHR system	05/26/2017 10:11 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). <ul style="list-style-type: none"> • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. 	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	
Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, 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	
Milestone #8	Pass & Complete	
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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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #16	Pass & Complete	
Milestone #17	Pass & Complete	



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✓ IPQR Module 2.d.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	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2
Milestone CG-CAHPS survey	Completed	PPS results for CG-CAHPS Survey of the uninsured should be included with upcoming Q3 filings as an attachment to Module 4 (PPS-defined milestones) under Project 2.d.i.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone PAM data	Completed	A template for reporting the first two years (MY1 and MY2) worth of PAM data should be populated and submitted with DY2Q3 reports as an attachment to the 2.d.i. module.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

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	
CG-CAHPS survey	
PAM data	



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

Instructions :



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

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

Instructions :

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

One primary challenge to embedding BH specialists into safety net PC practices and PC into BH sites is financial. MCC will help ease this financial burden in primary care offices (Model 1) by assisting with obtaining PCMH Level 3, 2014 status. MCC hired an outside vendor to complete PCMH assessments and develop remediation plans for our PC partner sites. MCC then hired practice transformation specialists who will engage partners and assist with achieving PCMH Level 3 2014 status, which includes BH integration, through training and support.

MCC transformation specialists will also provide instruction on how to properly bill for services while ensuring adequate funding is in place to support outcomes. If necessary, the PPS will explore satellite MH/CD clinics embedded in PC practices so both Medicaid and commercial insurance can be billed, or an enhanced rapid access referral process from PMC to BH clinics will be implemented. Through its value-based payment (VBP) transition plan, MCC will prioritize planning/execution of agreements to ensure that integration of PC and BH services does not simply become co-location.

Staff turnover and shortages are common concerns, especially among psychiatrists and licensed therapists/social workers. MCC will provide technical assistance and training, and explore the use of telemedicine to stretch available resources. Failure to build bridges with area colleges could result in longer-term gaps in availability of BH professionals. MCC's workforce development plan will incorporate short- and long-term strategies to fill gaps.

Limited access to psychiatric services in our region hinder the ability of providers to acquire consultations/medication recommendations for patients in need of services. BH organizations, private practice psychiatry, and PC practices will meet to discuss telemedicine services to fulfill this need. If telemedicine is not feasible, agreements for phone consultations, rapid access referrals, and exchange of information through EMR and the RHIO will be established.

Regulatory barriers may restrict or prohibit provision of PC services within BH settings and vice versa. MCC will review basic requirements and identify regulations that need to be changed so services can be offered in a shared setting and remain reimbursable.

BH clients not connected to PC may be reluctant, therefore MCC will offer trainings in motivational interviewing, patient activation measures, and person-centered approach to ensure client engagement.

Exchange of information across physical and mental health disciplines is lacking. MCC will work with partners to incorporate a multidisciplinary approach to case conferences sessions, warm hand-offs, and other strategies. This coordinated approach is necessary to address the high-risk BH population, and will help provide a uniform experience for patients regardless of where they receive care. Close coordination with bordering PPSs will include standardized referral protocols, uniform tracking/reporting systems, universal alert messaging via HEALTHeLINK, common messaging, and sharing of lessons learned.

Protocols for integrated service delivery/reporting may differ from one PPS to another. Millennium will work with bordering PPSs to institute policies



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for identifying PCPs participating in more than one PPS and standardize protocols for consistent reporting. True service integration depends on integration of client records so providers take a holistic approach to client care. MCC's IT program will develop interim plans to achieve this standard.

Laboratory collection services may not be available onsite at PC offices, requiring clients to be referred for testing. MCC will explore opportunities for incorporating lab testing and educational materials at participating sites.



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	17,025

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,250	6,750	9,375	13,875
	Quarterly Update	11,255	21,338	21,338	31,539
	Percent(%) of Commitment	500.22%	316.12%	227.61%	227.31%
IA Approved	Quarterly Update	0	21,197	0	31,539
	Percent(%) of Commitment	0.00%	314.03%	0.00%	227.31%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ3ai_MDL3ai2_PES_OTH_3ai-Behavioral_Health_Integration_DY2Q4_registry_14790.csv	Patient engagement registry for project 3ai, DY2	05/24/2017 01:03 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Models Selected		
Model 1	Model 2	Model 3

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q2	Model 1	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Establish a master list of primary care (PC) sites interested in the project (602 sites are listed in the application).			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Establish a master list of behavioral health (BH) providers interested in the project (165 providers are listed in the application).			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Identify with Community Partners of WNY (CPWNY, led by Catholic Medical Partners) which PC and BH care providers are in both PPSs.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Have PC and BH care site partners sign agreements or letters of intent indicating commitment to program.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Survey (such as a Survey Monkey or similar tool)			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
sent to participating PC and BH sites asking PCMH status, NCQA level, percent of Medicaid patients served, EHR status and vendor, CCD capacity to send and receive records, use of RHIO, capacity, usage of screening instruments, etc. This survey will be coordinated with the current state assessment performed under project 2.a.i. (IDS).											
Task 6. Collaborate with CPWNY where there is overlap with PC and/or BH Sites.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Leverage Clinical Integration Needs Assessment of participating partners to assess current experience with satellite clinic integration and willingness to consider, EHR status, RHIO relationship, capacity to send/receive records, use of screenings, etc.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 8. MCC and CPWNY staff jointly determine if the restrictions on integrating Article 31 clinics into Article 28 OP PC sites are DOH or Federal regulations. Seek regulatory waiver; if waiver not feasible, asses feasibility of Article 28 clinics of hiring own BH staff.			Project		In Progress	08/31/2015	03/31/2017	08/31/2015	09/30/2017	09/30/2017	DY3 Q2
Task 9. Organize and convene the first of several monthly workgroup meetings of Behavioral Health and Primary Care Programs of WNY counties (meeting and phone-in option), led by teams of physician, BH leader, MCC, and CPWNY representatives.			Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. Continue to meet with key stakeholders at regular intervals (bi-monthly) for those identified as ready to implement integrated model based on survey and meeting information.			Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 11. Perform hot spotting analysis of current practices delivered in the eight WNY counties and gaps in services for the region and evaluate the gaps.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 12. Coordinate messaging and communication strategy with MCC Communications Director and			Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
CPWNY to engage PC sites unsure of participation.											
Task 13. Evaluate budget of project to support gaps in service.			Project		Completed	12/31/2015	01/29/2016	12/31/2015	01/29/2016	03/31/2016	DY1 Q4
Task 14. Ongoing communication and collaboration with MCC management and 2ai project director, who are working to establish PCMH/MU project implementation plan based on PC practice readiness, certification status, and related activities as referenced in 2.a.i. Requirement #7.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 15. In collaboration with MCC Management and 2ai project director, analyze current status of EMR systems as outlined in 2.a.i. Requirement #7.			Project		In Progress	07/27/2015	03/31/2017	07/27/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 1. Investigate various collaborative care models, review SAMHSA best practices, and arrange phone meetings with experts at University of Washington AIMS Center.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Work with MCC Clinical Director, Chief Medical Officer (CMO) and Clinical Quality Committee with sign-off by the Physician Steering Committee (PSC) to devise protocols utilizing chosen evidence-based standards in regards to care management protocols such as warm hand-offs.			Project		Completed	08/03/2015	03/29/2017	08/03/2015	03/29/2017	03/31/2017	DY2 Q4
Task 3. Coordinate care management protocols with			Project		Completed	08/28/2015	09/30/2016	08/28/2015	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
CPWNY, where applicable to ensure that services across the eight WNY counties are provided under one set of evidence-based standards.											
Task 4. Begin to convene monthly provider stakeholder meetings with BH and PC partners; share ideas and provide feedback back to CMO.			Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Draft final plan with MCC Clinical Director, CMO, and CPWNY partners where applicable and share with key stakeholders for feedback.			Project		Completed	09/01/2015	03/29/2017	09/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 6. Finalize implementation plan with partners.			Project		Completed	10/01/2015	03/29/2017	10/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 7. Project manager will meet with each integrated site staff and leadership at least quarterly to mutually assess and problem-solve (where necessary) the established evidence-based protocols that support integrated treatment and practice.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q2	Model 1	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



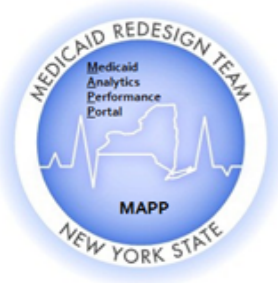
**New York State Department Of Health
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Millennium Collaborative Care (PPS ID:48)

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. PC and BH practices jointly surveyed by MCC and CPWNY, where applicable to assess which preventive screenings are currently being implemented routinely for patients in both PC and BH practices.											
Task 2. MCC 2ai team to identify best practice physical health preventive care screenings to be adopted by PCPs and BH practices.			Project		Completed	08/01/2015	10/01/2015	08/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task 3. Develop a training plan for PC and BH practices to support adoption of best practice screenings where there are current gaps in identified PCPs and BH providers. Training plan includes educating practices on the billing codes for PHQ-9 and SBIRT screens (many practices are unaware of ability to bill for these screens, and absence of billing is a barrier).			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. MCC clinical integration teams provides training to PCPs and BH providers.			Project		In Progress	06/01/2016	03/29/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Ensure PHQ9, SBIRT, or other behavioral health screenings are documented in participating provider EMRs.			Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 6. Clinical integration training teams (with CPWNY counterparts for joint PPS membership) incorporate reviews of screening protocols and implementation with quarterly technical assistance meetings with providers.			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	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	03/29/2017	07/01/2015	03/29/2017	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 1. Ongoing communication and collaboration with MCC management and 2.a.i. project team who are working to establish PCMH/MU project implementation plan including EHR requirement.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 2. Information will be shared monthly at BH and PCP stakeholder meetings.			Project		On Hold	07/01/2015	03/29/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Project manager or designee will meet with each integrated site staff and leadership at least quarterly to mutually assess and problem-solve where necessary.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 4. Collaborate with 2.a.i. clinical integration team and IT Data Committee to discuss any issues and to brainstorm and problem-solve any shared data issues.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2015	03/29/2018	07/01/2015	03/29/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/29/2018	07/01/2015	03/29/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/29/2018	07/01/2015	03/29/2018	03/31/2018	DY3 Q4
Task 1. Establish a master list of PC sites interested in the project (602 sites are listed in the application).			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Establish a master list of BH providers interested in the project (165 providers are listed in the application).			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Identify with CPWNY which PC and BH care providers are in both PPSs.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Have PC and BH care site partners sign agreements or letters of intent indicating commitment to program.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Survey (such as a Survey Monkey or similar tool)			Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3



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sent to participating PC and BH sites asking PCMH status, NCQA level, percent of Medicaid patients served, EHR status and vendor, CCD capacity to send and receive records, use of RHIO, capacity, usage of screening instruments, etc. This survey will be coordinated with the current state assessment performed under project 2.a.i. (IDS).											
Task 6. Collaborate with CPWNY where there is overlap with PC and/or BH sites.			Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Leverage Clinical Integration Needs Assessment of participating partners to assess current experience with satellite clinic integration and willingness to consider, EHR status, RHIO relationship, capacity to send/receive records, use of screenings, etc.			Project		In Progress	07/01/2015	03/29/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 8. Participating providers will assess and report to MCC on their status in regards to site readiness, regulatory issues (if applicable), and billing issues.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 9. Ensure primary care providers are culturally sensitive and aware of issues that may make clients reluctant to seek healthcare outside of the behavioral health setting. Link providers to cultural competency/health literacy trainings coordinated by the PPS.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 10. Organize and convene the first of several monthly work group of Behavioral Health and Primary Care Programs of WNY counties (meeting and phone-in option). Led by teams of physicians, BH leaders, MCC, and CPWNY representatives.			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task 11. Continue to meet with key stakeholders at regular intervals (bi-monthly) for those identified as ready to implement integrated model based on survey and meeting information.			Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 12. Perform hot spotting analysis of current practices			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
delivered in the eight WNY counties and gaps in services for the region and evaluate the gaps.											
Task 13. Coordinate messaging and communication strategy with MCC Communications Director and CPWNY to engage PC sites unsure of participation.			Project		Completed	12/31/2015	12/31/2016	12/31/2015	12/31/2016	12/31/2016	DY2 Q3
Task 14. Evaluate budget of project to support gaps in service.			Project		Completed	12/31/2015	01/29/2016	12/31/2015	01/29/2016	03/31/2016	DY1 Q4
Task 15. Ongoing communication and collaboration with MCC management and 2.a.i. project director, who are working to establish PCMH/MU project implementation plan based on PC practice readiness, certification status, and related activities as referenced in 2.a.i. Requirement #7.			Project		In Progress	07/01/2015	03/29/2018	07/01/2015	03/29/2018	03/31/2018	DY3 Q4
Task 16. In collaboration with MCC Management and 2a.i. project director, analyze current status of EMR systems as outlined in 2.a.i. Requirement #7.			Project		In Progress	07/27/2015	09/30/2017	07/27/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	07/13/2015	03/31/2017	07/13/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/13/2015	03/31/2017	07/13/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	07/13/2015	03/31/2017	07/13/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Investigate various evidence-based models, review SAMHSA best practices, and arrange phone meetings with experts and vendors for telepsychiatry services.			Project		Completed	07/13/2015	12/31/2015	07/13/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Work with MCC Clinical Director, Chief Medical Officer (CMO) and Clinical Quality Committee with sign-off by the Physician Steering Committee (PSC) to devise protocols utilizing chosen evidence-based			Project		Completed	08/03/2015	03/29/2017	08/03/2015	03/29/2017	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
standards in regards to care management protocols such as warm hand-offs.											
Task 3. Coordinate care management protocols with CPWNY, where applicable to ensure that services across the eight WNY counties are provided under one set of evidence-based standards.			Project		Completed	08/28/2015	03/29/2017	08/28/2015	03/29/2017	03/31/2017	DY2 Q4
Task 4. PC partners; share ideas and provide feedback back to CMO.			Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Draft final plan with MCC Clinical Director, CMO, and CPWNY partners where applicable and share with key stakeholders for feedback.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Finalize implementation plan with partners.			Project		Completed	10/01/2015	03/30/2017	10/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 7. Project manager will meet with each integrated site staff and leadership at least quarterly to mutually assess and problem-solve (where necessary) the established evidence-based protocols that support integrated treatment and practice.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. PC and BH practices jointly surveyed by MCC and CPWNY, where applicable to assess which preventive screenings are currently being implemented routinely for patients in both PC and BH practices.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 2. MCC 2ai team to identify best practice physical health preventive care screenings to be adopted by BH providers across and PC practices.			Project		In Progress	08/01/2015	03/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 3. Develop a training plan for PC and BH practices to support adoption of best practice screenings where there are current gaps in identified PCPs and BH providers. Training plan includes educating practices on the billing codes for PHQ-9 and SBIRT screens (many practices are unaware of ability to bill for these screens, and absence of billing is a barrier).			Project		In Progress	09/01/2015	03/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. MCC clinical integration teams provides training to PCPs and BH providers PPSs.			Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 5. Ensure PHQ-9, SBIRT, or other behavioral health screenings are documented in participating provider EMRs.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Clinical integration training teams (with CPWNY counterparts for joint PPS membership) incorporate reviews of screening protocols and implementation with quarterly technical assistance meetings with providers.			Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	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	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 1. Ongoing communication and collaboration with MCC management and 2.a.i. project team manager who are working to establish PCMH/MU project implementation plan including EHR requirement.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 2. Information will be shared monthly at BH and PCP stakeholder meetings.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 3. Project manager or designee will meet with each integrated site staff and leadership at least quarterly to mutually assess and problem-solve where necessary.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Task 4. Collaborate with 2.a.i. clinical integration team and IT Data Committee to discuss any issues and to brainstorm and problem-solve any shared data issues.			Project		Completed	07/01/2015	03/29/2017	07/01/2015	03/29/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

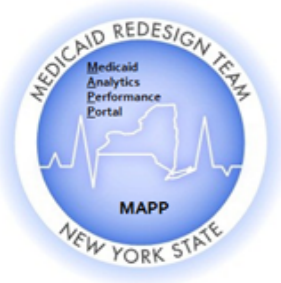


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engagement process to facilitate collaboration between primary care physician and care manager.											
Task Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Use EHRs or other technical platforms to track all patients engaged in this project.											
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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop collaborative evidence-based standards of care including medication management and care engagement process.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3ai_MDL3ai3_PRES2_P&P_3ai_02_02_Evidence-based_practice_guidelines_DY2Q4_REMEDIATION_14957.pdf	Metric #2: Evidence-based practice guidelines // REMEDIATION: updated to include evidence-based guideline standard for Alcohol and Substance Abuse Use	06/13/2017 12:26 PM
	ethelen	Meeting Materials	48_DY2Q4_PROJ3ai_MDL3ai3_PRES2_MM_3ai_Meeting_Inventory_DY2Q4_14826.xlsx	Metric #1: Inventory of meetings related to development of collaborative, evidence-based standards of care	05/31/2017 03:25 PM
Develop collaborative evidence-based standards of care including medication management and care engagement process.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3ai_MDL3ai3_PRES6_P&P_3ai_06_02_Evidence-based_practice_guidelines_DY2Q4_REMEDIATION_14959.pdf	Metric #2: Evidence-based practice guidelines // REMEDIATION: Updated to include evidence-based guideline standard for Alcohol and Substance Abuse Use	06/13/2017 12:29 PM
	ethelen	Meeting Materials	48_DY2Q4_PROJ3ai_MDL3ai3_PRES6_MM_3ai_Meeting_Inventory_DY2Q4_14827.xlsx	Metric #1: Inventory of meetings related to development of collaborative, evidence-based standards of care	05/31/2017 03:30 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	ethelen	EHR/HIE Reports and Documentation	48_DY2Q4_PROJ3ai_MDL3ai3_PRES8_EHR_3ai_EHR_Deliverable_DY2Q4_14813.pdf	Metrics #1-2: EHR screenshots	05/30/2017 03:46 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	ethelen	EHR/HIE Reports and Documentation	48_DY2Q4_PROJ3ai_MDL3ai3_PRES4_EHR_3ai_EHR_Deliverable_DY2Q4_14811.pdf	Metrics #1-2: EHR screenshots	05/30/2017 03:32 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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

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



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Milestone Review Status

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



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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	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 3.a.ii – Behavioral health community crisis stabilization services

✔ IPQR Module 3.a.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.

Resistance to change or failure to adopt consistent clinical guidelines will negatively impact DSRIP shared outcome metrics. A clinical readiness needs assessment for each participating provider will be completed. Joint efforts to ensure inclusivity, transparency, evidence-based justification, and other consensus-building techniques to maximize practitioner buy-in and ownership. Provider performance and compliance with standards will be monitored by the Physician Performance Sub-Committee (as described in project 2.a.i.), and the PPS will work with providers with low performance scores to address the gaps.

Crisis intervention resources are inconsistent and poorly understood across WNY. Additionally, first responders typically respond to behavioral health calls by transporting individuals to the ED, often resulting in an unnecessary ED visit and/or admission. MCC will lead a cross-organizational work group to assess and evaluate efforts aimed at consistent goals and outcomes. Collaborative efforts and leveraging of services towards modeling a crisis intervention team approach will assist law enforcement and providers to direct the care needed. Consideration for outreach capabilities to consult with psychiatrists/medical provider prior to taking action and sending a patient to the hospital.

Lack of established central triage system/model that will serve all eight WNY counties. One mitigation strategy would be to identify one provider as the central triage service for this model. Another possibility is for all crisis centers for designated counties to collaboratively develop a central triage tool that will be implemented to provide consistent response to crisis stabilization. Once developed, all behavioral health providers in the respective counties will be trained on the behavioral health triage system to utilize crisis/emergency services effectively. Create triage tool for project use.

The lack of respite services and emergency housing in WNY could impede the effectiveness of the crisis stabilization project. Utilization of these services are a key component to avoiding unnecessary and costly hospital services. Partner with existing housing and care agencies to expand services to help establish options.

Crisis stabilization services require a high level of service and are not consistently reimbursed by Medicaid managed care organizations. Collaborate with payers on payment structures, reporting practices, and metrics. Evaluate billing options based on regulations. Assist in translation to providers to assure clarity in procedures.

There is a shortage of behavioral health specialists and services in WNY. Work with area colleges and universities to determine how many students are in the pipeline, review curriculum options, discuss expanding clinical training opportunities, and encourage behavioral health-related internships. Assist in placement students/interns/fellows enhancing the pool of available and qualified personnel. With an expanded pool of providers much needed services can also be expanded.

Due to compatibility and regulatory issues, EHR systems may be difficult to use. Map existing EHR options and points in the crisis stabilization model where information sharing fails. Evaluate options to help eliminate the gap and/or develop compliant options for proper hand-off of information. Establish consistent mechanism for communication and guidance tools.



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It will be important to provide a relatively uniform/transparent experience for patients regardless of where they seek care. MCC will work with Finger Lake PPS and Community Partners of WNY (led by Catholic Medical Partners) to share registry information, use standardized referral protocols, utilize uniform tracking and reporting systems, adopt universal alert messaging via the RHIO, and maintain common messaging to educate patients about crisis stabilization servi



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✔ IPQR Module 3.a.ii.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	12,113

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,185	5,330	6,365	9,085
	Quarterly Update	6,034	9,587	12,125	15,247
	Percent(%) of Commitment	276.16%	179.87%	190.49%	167.83%
IA Approved	Quarterly Update	0	9,587	0	14,982
	Percent(%) of Commitment	0.00%	179.87%	0.00%	164.91%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ3aai_MDL3aai2_PES_OTH_3aai-Crisis-Stabilization-anonymous_DY2_14784.pdf	Anonymous patient engagement data for project 3aai, DY2	05/19/2017 09:34 AM
ethelen	Other	48_DY2Q4_PROJ3aai_MDL3aai2_PES_OTH_3aai-Crisis_Stabilization_DY2Q4_registry_14761.csv	Patient engagement registry for project 3aai, DY2	05/10/2017 01:56 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✓ IPQR Module 3.a.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 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/30/2018	07/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	07/01/2015	03/30/2018	07/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task 1. Convene Crisis Stabilization and Crisis Center Workgroup to plan out review of project (first meeting scheduled for 08/19/2015).		Project		Completed	08/19/2015	03/01/2016	08/19/2015	03/01/2016	03/31/2016	DY1 Q4
Task 2. Establish Crisis Stabilization Advisory Group membership list.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Host the first quarterly advisory meeting (person/phone call in).		Project		Completed	08/19/2015	08/19/2015	08/19/2015	08/19/2015	09/30/2015	DY1 Q2
Task 4. Develop monthly learning exchange meetings/calls with all crisis program providers.		Project		Completed	09/01/2015	12/01/2015	09/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task 5. Create map of current services delivered by program by county.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Evaluate gaps in services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Evaluate budget of project to support gaps in service.		Project		Completed	07/01/2015	03/01/2016	07/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task 8. Map out capacity-building plan of existing programs and implementation plan of new services.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Research and review EBP and established models that share dynamics specific to rural area challenges.		Project		In Progress	08/01/2015	03/30/2017	08/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task 10. Develop expanded crisis intervention model based on strengths identified in current model.		Project		In Progress	08/01/2015	03/30/2018	08/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	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
11. Utilize Crisis Services as lead facilitators to train partners identified to expand outreach mobile crisis and/or intensive crisis services.										
Task 12. Provide ongoing training and support to partners as needed.		Project		In Progress	01/01/2016	03/30/2018	01/01/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Evaluate gaps in services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Map out capacity-building plan of existing programs and implementation plan of new services.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Develop crisis stabilization algorithm protocol for hospital diversion for Crisis Centers, Mobile Services, Health Homes, law enforcement, other providers.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Convene Health Home leaders to review algorithm and solidify linkages.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Review algorithm with following stakeholder groups: Crisis Stabilization Advisory Committee, Crisis Center Provider committee, Crisis Center Police Mental Health Coordination Project for community feedback.		Project		In Progress	12/01/2016	06/30/2017	12/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 6. Utilize feedback and begin to test protocols at two identified sites.		Project		In Progress	12/01/2016	12/31/2017	12/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4



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1. MCC leadership to arrange meetings with payers to evaluate current requirements and reimbursement rates for existing services.										
Task 2. MCC leadership establishes agreed upon rates for existing and for any new services defined.		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Partners informed of rates and agreements and MCC signs agreements.		Project		In Progress	01/02/2017	03/31/2017	01/02/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Coordinate with project 2.b.iii. (ED Care Triage) to establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.		Project		Completed	01/31/2016	03/31/2017	01/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Meet with 2biii Project Manager to review protocols developed for ED Triage and discuss implementation strategies, lessons learned, etc. as it relates to 3aii project.		Project		Completed	01/31/2016	03/31/2017	01/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Begin to implement protocols leveraged from the ED Triage 2biii project		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Monitor changes on a quarterly basis and/or as needed.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of		Provider	<u>Safety Net Hospital</u>	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
community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
Providers Associated with Completion:										
Buffalo General Hosp; Cuba Memorial Hsp Inc; Erie County Medical Ctr; Lockport Memorial Hospital; Niagara Falls Mem Med Ctr; Olean General Hosp Main; Roswell Park Cancer Inst; Tlc Health Network Act Rc; Womens & Childrens Hsp Buffal; Wyoming Community Hosp Co										
Task 1. ECMCC CPEP is our designated hospital with specialty psychiatric services and crisis-oriented psychiatric services.		Project		Completed	07/01/2015	07/15/2015	07/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 2. Hot spot analysis and provider surveys will be completed, sent out, and reviewed by MCC leadership		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Expansion of services to be determined as a goal by MCC leadership and ECMCC leadership as a result of reviewing data gathered from CNA, hotspot analysis and provider surveys.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Key stakeholder provider group is developed and convened to		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
discuss and identify existing gaps in services and barriers to access.										
Task 2. Key stakeholder group identifies community strengths and devises a collaborative plan to address barriers and how observation beds and crisis residence beds will be coordinated.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Locations identified to expand services identified by key stakeholders (City Mission, HOME – in Niagara, Chautauqua and Cattaraugus Counties).		Project		Completed	07/02/2015	09/30/2015	07/02/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Agreements to be negotiated among MCC leadership and identified providers in regards to expansion of services.		Project		In Progress	07/16/2015	03/31/2017	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Crisis residential beds and chemical dependency services to be established at Buffalo City Mission in partnership with ECMCC CPEP and Crisis Services Mobile Outreach Services.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. HOME to establish Rose House Model Peer Respite Services in Erie County.		Project		Completed	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. HOME to establish Rose House Model Peer Respite Services in Randolph, NY to serve Chautauqua/Cattaraugus Counties.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Niagara County to establish a Rose House Plus type service of crisis respite services.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Evaluation protocols developed by key stakeholder team and MCC leadership.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 10. Evaluate protocols reviewed and data collected quarterly and/or as required.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinated evidence-based care protocols for mobile crisis		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
teams are in place.										
Task 1. Identify existing mobile teams in Erie, Niagara, and Chautauqua counties.		Project		Completed	07/01/2015	07/15/2015	07/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 2. Review criteria for protocol (NYS Mental Hygiene Law-9.45).		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Assess mobile team services in Cattaraugus, Allegany, Wyoming, Genesee, and Orleans counties to determine gaps in service to meet this requirement.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Identify implementation of new mobile services based on review of need, data evaluation, and budget.		Project		In Progress	08/19/2015	12/31/2017	08/19/2015	12/31/2017	12/31/2017	DY3 Q3
Task 5. Utilize Crisis Services to develop training on new protocols, EBP, and existing resources.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 6. Crisis Services staff will implement and train new partners on identified protocols and resources		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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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 Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Work with MCC leadership team and 2ai project to lay out plan by end of DY3.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. In collaboration with MCC Management and 2ai project director, analyze current status of EMR systems as outlined in 2ai requirement 7.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q4	Project	N/A	In Progress	08/19/2015	06/30/2017	08/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	08/19/2015	06/30/2017	08/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Collect triage tool examples for Crisis Center provider group to review.		Project		Completed	08/19/2015	05/15/2016	08/19/2015	05/15/2016	06/30/2016	DY2 Q1
Task 2. Evaluate and assess current tools, policies, and resources and commit to consistent model for all providers to use.		Project		In Progress	08/19/2015	06/30/2017	08/19/2015	06/30/2017	06/30/2017	DY3 Q1
Task 3. Coordinate training on model for all Crisis Center providers; consider targeting specific protocols for targeted participants such as Schools, Shelters, law enforcement, etc.		Project		In Progress	08/19/2015	06/30/2017	08/19/2015	06/30/2017	06/30/2017	DY3 Q1
Task 4. Implement universal triage tool for Crisis Stabilization providers.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Coordinate and help secure partner agreements with providers as outlined in 2ai Requirement 8.		Project		In Progress	09/01/2015	06/30/2017	09/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice		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
sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. MCC leadership will identify and recruit members of a Clinical/Quality development committee.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identified leaders will meet as necessary to discuss and develop metrics, action plans, etc.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Work with MCC leadership team on integration of this requirement with Clinical/Quality Committee development as outlined in 2ai requirement 7.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS 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 1. Confirm that providers participating in this project are using EHRs and other technical platforms to track patients. (Coordinate with project 2ai and other PPS-wide integration efforts.)		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Ongoing communication and collaboration with MCC		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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management and 2ai project manager who are working to establish EHR requirement										
Task 3. In collaboration with MCC Management and 2ai project director, analyze current status of EMR systems as outlined in 2ai requirement 7.		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
Develop written treatment protocols with consensus from participating providers and facilities.	ethelen	Meeting Materials	48_DY2Q4_PROJ3aii_MDL3aii3_PRES4_MM_3aii_04_01_Meeting_Inventory_DY2Q4_14763.xlsx	Metric #1: Inventory of meetings related to development of written treatment protocols	05/10/2017 02:01 PM
	ethelen	Policies/Procedures	48_DY2Q4_PROJ3aii_MDL3aii3_PRES4_P&P_3aii_04_02_Treatment_Protocols_14762.pdf	Metric #2: Documentation of protocols and guidelines	05/10/2017 02:00 PM
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	ethelen	Rosters	48_DY2Q4_PROJ3aii_MDL3aii3_PRES5_ROST_3aii_05_01_Participating_Provider_List_DY2Q4_REMEDIATION_15908.xls	Metric #1: Participating Provider List // REMEDIATION: Added addresses	06/26/2017 10:40 AM
	ethelen	Other	48_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_05_02_Community_Needs_Assessment_15906.pdf	Metric #2 // REMEDIATION: Additional information as to how access plan addresses specific gaps/issues from CNA	06/26/2017 10:35 AM
	ethelen	Other	48_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_05_02_Access_Plan_DY2Q4_14805.pdf	Metric #2: Access plan specific to psychiatric and crisis-oriented services	05/30/2017 10:21 AM
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	ethelen	Rosters	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_ROST_GV_02_02_Clinical_Governance_Contacts_DY2Q4_REMEDIATION_15910.xlsx	Metric #1: Clinical Quality Committee membership list // REMEDIATION: Added staff designations	06/26/2017 10:56 AM
	ethelen	Rosters	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_ROST_3aii_10_01_Quality_Committee_Roster_REMEDIATION_15901.xlsx	Metric #1: Behavioral health subcommittee membership list // REMEDIATION: Added staff designations	06/23/2017 02:40 PM
	ethelen	Report(s)	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_RPT_3aii_10_04_Self-Audit_Reports_Inventory_15900.xlsx	Metric #4 // REMEDIATION: Inventory of self-audit reports and recommendations	06/23/2017 02:39 PM
	ethelen	Report(s)	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_RPT_3aii_10_04_Self-Audit_Reports_15899.pdf	Metric #4 // REMEDIATION: Self-audit reports and recommendations	06/23/2017 02:38 PM
	ethelen	Meeting Materials	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_3aii_04_01_Meeting_Inventory_DY2Q4_14816.xlsx	Metric #2: List/inventory of the meeting minutes of the behavioral health rapid cycle improvement workgroup	05/30/2017 04:39 PM
	ethelen	Meeting Materials	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_GV_02_04_Clinical_Governance_Meetings_through_DY2Q4_14815.xlsx	Metric #3: List/inventory of the meeting minutes of the quality committee	05/30/2017 04:38 PM
	ethelen	Other	48_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_3aii_10_0_Clinical_quality_DY2Q4_14814.pdf	Metrics #4-5: Documentation of self-audits, reports to quality committee	05/30/2017 04:36 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Use EHRs or other technical platforms to track all patients engaged in this project.	ethelen	Screenshots	48_DY2Q4_PROJ3aii_MDL3aii3_PRES11_SS_3aii_11_EHR_Completeness_Report_DY2Q4_14797.pdf	EHR completeness report/screenshots demonstrating completeness of EHR system	05/26/2017 12:06 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	End date changed to allow time for milestone completion
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	End date changed to allow time for milestone completion
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	End date changed to allow time for milestone completion
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	



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Milestone Review Status

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



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✔ IPQR Module 3.a.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	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

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.ii.5 - IA Monitoring

Instructions :



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

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

Instructions :

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

Practice transformation requires embedding and reinforcing Million Hearts (MH) Program deliverables, trainings, workflows, protocols, and patient engagement reporting in primary care sites. Millennium is using a team of practice engagement specialists for academic detailing and to implement project deliverables. This will be discussed by practice engagement specialists when meeting our primary care sites.

Existing and new guidelines with differing recommendations has led to confusion among practitioners. Best practice recommendations, based on national guidelines and standards of care to manage chronic conditions, will be reviewed and vetted in collaboration with the CVD Best Practice Sub-committee. These best practices will also be shared with the Physician Steering Committee and communicated to providers at meetings and educational sessions on the website. Training is a core part of the care team reorientation.

A comprehensive training initiative will be required within primary care sites. Collaborative learning models and content will be communicated through meetings and written documents, and embedded in the medical decision support systems of regional EHRs. Longer-term, participation will improve provider reimbursement rates via specific programs such as Meaningful Use of EHR and PCMH. A functional database of network partners is being developed to track PCMH accreditation and Meaningful Use certification. To meet program deliverables related to patient engagement, participating primary care sites use electronic health registries and a secure file transfer process to record, analyze, and report on clinical data on a quarterly basis.

Sharing data and improving transitions of care between settings will be key to reducing avoidable hospitalizations and ED visits. Clinical integration of multiple data sources (e.g., labs) will be critical to managing "ABCs" metrics for blood pressure and cholesterol control. Through project 2.a.i, the PPS is collaborating with HEALTHeLINK to lead connectivity, enhanced communication, and care management data-sharing among primary care and cardiovascular specialists, mental health, health homes, and community support agencies.

It may be difficult for some providers to accept and use blood pressure data generated at home. Policies around home blood pressure monitoring will be included for monitoring care outside the clinical setting, per Medicaid regulations.

Sustained progress in cardiovascular health requires a campaign to change deeply ingrained beliefs and behaviors in providers and patients. Millennium is working closely with practices to develop referral tools and access to health and wellness workshops, critical to addressing lifestyle behaviors (e.g., smoking, physical activity, and nutrition). Social determinants of health play a major role in determining one's risk for developing CVD and are very prevalent in WNY. There are efforts underway to address health disparities through the community-based MH screening program.

Close coordination with bordering PPS Community Partners of WNY (CPWNY) will be necessary to address CVD in the Medicaid target population. To avoid conflicting or inconsistent messages regarding CVD and risk factor management, PPSs will use materials developed by and made available through the MH Program. Following MH protocols will further ensure that patients encounter a comparable experience regardless



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of where they seek care. The PPS will also work closely with the DOH's medical record review partners to collect medical records for performance measure reporting. Some data collection sites may occur outside of the PPS provider network based on patient attribution. Representatives from MCC will meet regularly with CPWNY to coordinate timing of messaging, address issues, and share lessons learned.



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	24,600

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,500	3,375	5,625	8,990
	Quarterly Update	5,346	14,359	14,359	18,837
	Percent(%) of Commitment	356.40%	425.45%	255.27%	209.53%
IA Approved	Quarterly Update	0	14,359	0	18,829
	Percent(%) of Commitment	0.00%	425.45%	0.00%	209.44%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ3bi_MDL3bi2_PES_OTH_3bi-CVD_DY2Q4_registry_14789.csv	Patient engagement registry for project 3bi, DY2	05/23/2017 10:26 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY3 Q4	Project	N/A	In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	08/03/2015	09/30/2017	08/03/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Develop comprehensive MCC partner database for MCC partners included in the management of CVD. Partner database will categorize partners by provider type (including ambulatory care or community care partner) and demonstrate changes to the network list.		Project		Completed	08/03/2015	09/30/2016	08/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Collect appropriate clinical tools necessary for the different goals of the Million Hearts Program (MHP): blood pressure guidelines, cholesterol management guidelines, and the tools for smoking cessation.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Disseminate written evidence-based treatment protocols for managing CVD using the techniques and resources provided on the Million Hearts Campaign program website.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Define priority target population, and develop a framework for patient database to include risk stratified registries and blood pressure measurements.		Project		Completed	09/02/2015	03/31/2017	09/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify pilot PCP sites to implement MHP.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Meet with each practice site on identified list.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. List all PCP sites that plan on using Million Hearts registries and work on process flows at each PCP site to manage CVD		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
population using Million Hearts criteria.										
Task 8. Develop process and identify vendor for patient registry/database development. Vendor to interface with data points available through the regional RHIO (HEALTHeLINK) to integrate information from disparate EHRs from primary care offices.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 9. Pilot test patient database to integrate EHR data points from a variety of Primary Care offices relevant to risk stratification, blood pressure, and cardiovascular medications.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 10. Track and monitor patient engagement at each PCP practice site and build quarterly performance metrics related to the four program areas in Million Hearts to verify continuous improvement.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 11. Begin reporting on implementation of project requirements quarterly according to project milestone reporting requirements.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct gap analysis to determine which providers have already completed PCMH/MU or other connectivity readiness assessment. Include the following questions: Is the practice/providers/patients currently connected to the HIE?		Project		Completed	08/03/2015	12/31/2016	08/03/2015	12/31/2016	12/31/2016	DY2 Q3



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If not, is an agreement in place? If so, what is the scope of the connectivity (% of providers; % of patients)? Does EHR meet connectivity requirements of RHIO/SHIN-NY? Name of EHR, version, and electronic functionalities in use										
Task 2. Develop strategy for low-cost data connectivity between ISPs (e.g., WNY R-AHEC) and local practice plans to determine minimum hardware and software requirements.		Project		Completed	09/07/2015	03/31/2017	09/07/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Gather results from readiness assessments already conducted.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Issue request for applications (RFA) or other action step for readiness assessment and transformation support services.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Select vendor or implement other structure for readiness assessment and transformation support services.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Identify funding model and/or PPS provider incentive model for EHR with the Finance Committee.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Connect PPS providers to MCC enterprise DSRIP solution.		Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 8. Implement enterprise DSRIP solution and start data exchange.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task 9. Implement PPS providers in waves grouped by the partner's ability to connect and integrate into the solution; start with the most able to connect; add others as they establish their capabilities.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task 10. Systematically contact PPS providers to provide the recommended enterprise DSRIP solution.		Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 11. Facilitate QE participation agreements with MCC providers.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 12. Implement and deploy patient record look-up training.		Project		Not Started	09/04/2017	12/31/2017	09/04/2017	12/31/2017	12/31/2017	DY3 Q3
Task 13. Implement and deploy MCC DSRIP dashboard reporting capabilities. Provide EHR vendor documentation, screenshots, and/or samples of transactions to public health registries.		Project		Not Started	09/04/2017	12/31/2017	09/04/2017	12/31/2017	12/31/2017	DY3 Q3



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Designate experts at each PCP site for ongoing support.										
Task 14. Implement and deploy alerts. Provide EHR vendor documentation, screenshots, and/or evidence of use of alerts.		Project		Not Started	10/02/2017	12/31/2017	10/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task 15. Implement and deploy secure Direct messaging. Provide EHR vendor documentation, screenshots, and/or evidence of use of secure Direct messaging.		Project		Not Started	10/02/2017	12/31/2017	10/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task 16. Continuously add MCC providers when their EHR and data exchange capabilities reach the minimal level required to connect to the MCC EHR and data exchange/HIE.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 17. Maintain list of all PPS safety net providers with secure Direct messaging capabilities who completed training. Report to Physician Performance Sub-Committee.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 18. MCC providers who are not actively exchanging systems will be reviewed by the Physician Performance Sub-Committee. Corrective actions will be implemented for those members found noncompliant.		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	08/03/2015	03/31/2018	08/03/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct Safety Net MU stage 2 CMS/PCMH level 3 readiness assessment: (a) identify site-specific IT/care management leadership, (b) determine current EHR PCMH/MU certification status, and (c) identify site-specific barriers and risks to implementing a MU/PCMH Level 3 certified EHR system.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Facilitate engagement with MU/PCMH-certified EHR vendors as needed.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Task 3. Establish PCMH/MU project implementation plan based on primary care practice readiness and certification status.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Review PCMH implementation plan for approval by the Clinical/Quality Committee.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Ensure practices have support through the PCMH implementation process either through a vendor or through MCC PCMH coordinators.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 6. Establish a monthly review and measurement process of implementation progress and report to Clinical/Quality Committee.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Modify implementation plan as needed based on monthly review process.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Practices provide MU and PCMH Level 3 certification documentation to the PPS.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Define IT requirements for initializing/maintaining/communicating risk stratification across settings, including means for electronic interfacing to the participating provider community and key data sharing.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. MCC vendor solution will include communication channels to track targeted patients in the database for monitoring blood pressure, cholesterol, smoking status, and cardiovascular medications.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. MCC vendor solution will implement and deploy population health management by leveraging data from the data exchange/HIE environments.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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4. Select pilot test sites for Million Hearts implementation of patient engagement registries.										
Task 5. Review Million Hearts program goals and work with PCMH coordinator to get buy-in to implement as a QI program for PCMH accreditation.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Identify criteria required to develop registry and create patient registries.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Work with identified practices on Million Hearts focused clinical criteria on monitoring registries at PCP offices for care coordination outreach (PCMH Standard 4 requirement) and verify engagement.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Report on patient engagement and engaged safety net practices according to project milestone reporting requirements.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Assess continuous improvement by monitoring clinical quality measures (PCMH Standard 6).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Engage NYS Quitline to ensure that resources are available and referral information can be shared with primary care practice staff for referral of patients to community-based smoking cessation resources.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop written training materials, resources, list training dates.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Work with Quitline team to offer primary care practice staff trainings on available Quitline resources.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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4. Work with Quitline team to develop training modules for practices (on available patient engagement resources, telephonic motivational coaching, web-based peer coaching, personalized text messaging, and screening for NRT eligibility).										
Task 5. Promote Opt to Quit™ opt-out policy at practices. Promote integration of Tobacco Use screening workflows (including EHR prompt within practice EHRs to automate completion of 5As of Tobacco control).		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Use EHR to build automated referral processes to facilitate coordination of care and transition through Quitline referrals.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Integrate tobacco cessation counseling in PCMH 2014 Level 3 accreditation workflow for managing CVD including assessment and monitoring of tobacco use (PCMH Std 3 includes recording comprehensive health assessment, using data in EB decision support).		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		Completed	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Request an American Heart Association (AHA) Spotlight Series Speaker offering CME/CE and grand rounds presentation on topics related to cardiovascular disease in a hospital setting in collaboration with partner PPS organizations (FLPPS and CPWNY).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Define the need to adhere to clinical algorithms in master services agreement (MSA) for all PCPs participating in Domain 3 projects.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Support MCC PCP partners who have signed MSA by educational detailing to make practices aware of the Million Hearts website resources (patient education web, video tools and printed materials, practice management tools, lifestyle management website resources).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Task 4. Define protocols in EHR at participating PCPs to identify patients in the Million Hearts registry.		Project		Completed	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Conduct analysis to see if clinical protocols exist and determine if gaps are present.		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Plan to close gaps in workflows and protocols to support patients in the Million Hearts registry at participating sites.		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. To close gaps, support MCC PCP partners by educational detailing for decision support tools and treatment algorithms to assess CVD including clinical treatment algorithms/guideline pocket cards for cholesterol, blood pressure, lifestyle management, and obesity management.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Evaluate the need to offer CME to clinical teams for training related to the use of clinical treatment algorithms to manage blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. List all training dates and number of staff trained along with training materials provided.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Build MCC partner database to include CBOs with health, wellness, and prevention programs. MCC will document evidence of agreement to allow CBOs to accept warm referrals. Partner database available to all MCC PCP sites and updated on a quarterly basis as new partners are added.		Project		Completed	10/02/2015	03/31/2017	10/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task 11. Begin providing periodic reports of the clinical quality measures for CVD management to the Clinical/Quality Committee. Work with Practitioner Engagement Liaison to track adoption of protocols that are aligned with national guidelines.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q4	Project	N/A	Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4



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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	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. MCC PCMH project lead will identify and recruit a project champion at PCP site to assist with EHR integration to MCC HIE and RHIO for building a clinically interoperable system.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. MCC PCMH project lead to assist with identifying practice champions at PCP sites to support MHP goals for PCMH Std 4 (care management support). Establish practice level workflows to identify patients in CVD registry, address and record patient goals. Create a list of participating PCP partner sites.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Build training on BP and LDL management protocols to help identified PCP partners develop workflows and treatment protocols for care management. Use AHA-approved protocols and MHP clinical treatment algorithms. List all training dates for offered trainings.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Increase the adoption of standard clinical protocols and treatment plans available for CVD management through MHP.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Provide a list of care coordination resources in the community including community programs such as free or low-cost community wellness classes.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. For ongoing care coordination, facilitate a referral process for warm referrals to CBOs (who have signed agreements with MCC) and partners (health home care managers where applicable, pharmacists, dietitians, and community health workers).		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. MCC to develop a PPS partner database for coordination resources available outside the practice setting (e.g., CDSMP/Stanford model, tobacco cessation classes, Baby and Me Tobacco Free, nutrition counseling, community cooking classes).		Project		Completed	09/07/2015	03/31/2016	09/07/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4



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8. MCC PCMH project lead to document workflows to increase referrals to resources such as medication therapy management, dietician referrals, community health workers (and health homes if eligibility requirements are met).										
Task 9. MCC partner database will be disseminated to practice champions. MCC partner database will contain regional categories of partners, provider type and primary contacts for these referral services. Database will be updated as new partners are engaged		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. MCC Clinical Outreach team will support the PCMH project lead in monitoring and tracking the number and location of primary care practices using the team-based care model for managing cardiovascular disease.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. MCC will work with the PCMH project lead to ensure that practices are documenting self management goals in medical record (diet, exercise, medication management, nutrition, etc.).		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 12. MCC will collaborate with the RHIO, HEALTHeLINK, to establish a clinically interoperable system for data sharing with participating providers.		Project		Completed	08/03/2015	03/31/2017	08/03/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	Completed	04/01/2016	09/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		Completed	04/01/2016	09/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work on sustainable strategies with the Health Plans for PCP practice sites to offer blood pressure checks to patients without a copayment or appointment.		Project		Completed	01/02/2017	06/30/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Task 2. Train care coordination team and other non-clinical practice team members in proper blood pressure measurement technique so patients can obtain drop in blood pressure readings.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Work with each participating PCP site to develop EHR alerts to the site if blood pressure check is overdue.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2016	06/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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4. At each practice, update patient registry with blood pressure check dates recorded. Update patient roster at regular intervals to monitor patients at different practice sites who have received follow up blood pressure checks.										
Task 5. Ask PCP sites to run quarterly reports for patients who have received follow up blood pressure checks		Project		Completed	04/01/2017	06/30/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Practice-wide policy instituted to ensure that practice staff are trained in BP measurement. MCC Clinical Outreach team to build workflow to recheck BP reading and establish future interventions/self management goals if blood pressure above goal.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. To track accurate measurement of blood pressure by staff, workflows will be established within the practice to alert team members about patterns of high blood pressure taken by support team.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Offer CME to coordination team members for blood pressure measurement technique, AHA guidelines for BP management, and develop training protocol for BP measurement. List of training dates and staff in attendance for all trainings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	DY3 Q4	Project	N/A	In Progress	10/03/2016	09/30/2017	10/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	01/02/2017	09/30/2017	01/02/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	10/03/2016	09/30/2017	10/03/2016	09/30/2017	09/30/2017	DY3 Q2



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Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		In Progress	10/03/2016	09/30/2017	10/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. Create process to monitor in PPS patient database, targeted registry for patients at PCP offices with elevated BP (SBP >140 mmHg and DBP >90 mmHg) but no diagnosis of hypertension (indicated in the medical record).		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work with PCP champion identified at each practice site on workflows for team to identify, target, and schedule appointment for patients with repeated elevated BP (SBP >140 mmHg and DBP >90 mmHg) but no diagnosis of hypertension is indicated in the medical record.		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Offer training to staff to ensure effective patient identification and visit scheduling for documentation of hypertension visit. List all training dates and number of staff trained along with written training materials provided.		Project		In Progress	12/01/2016	09/30/2017	12/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. MCC Clinical Outreach team working with the PCP should ensure that a medical management policy is in place for primary care practice partners.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Get list of PCP offices with signed medical management policy.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Policy should include adoption of workflows on medication adherence/reminders, potential side effects of medication, prescription of medications included in patient covered formulary, fixed dose combination pills or once daily regimen (if possible to promote medication adherence), refill strategy to manage medication refills as necessary.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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4. Run a query using MCC HIE solution for Rx claims data for each PCP site to identify list of PCP offices instituting medical management policy.										
Task 5. Obtain a list of participating PCPs who have not prescribed once-daily regimens or fixed combination therapy for MCC recipients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Set up appointments at each PCP site to review results on an annual basis. Record all dates for medication review and report annually to the Clinical/Quality Committee.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY3 Q4	Project	N/A	In Progress	01/01/2016	12/29/2017	01/01/2016	12/29/2017	12/31/2017	DY3 Q3
Task Self-management goals are documented in the clinical record.		Project		In Progress	01/01/2016	12/29/2017	01/01/2016	12/29/2017	12/31/2017	DY3 Q3
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		In Progress	01/01/2016	12/29/2017	01/01/2016	12/29/2017	12/31/2017	DY3 Q3
Task 1. MCC Clinical Outreach team will help develop web-based training modules on PCMH Stds for PCP partners (non-safety net and safety net PCP). Training module includes documenting patient self-engagement goals and periodic self audit.		Project		Completed	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 2. Work with MCC Clinical Director to identify PCMH practices seeking PCMH accreditation and interested in adopting Million Hearts as the Quality Improvement program.		Project		Completed	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 3. Create a list of practices using the Million Hearts program and conduct a needs assessment to determine gaps in each practice for processes, clinical tools and workflows.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. Use findings from Needs Assessment to support MCC PCMH lead in implementation of MHP interventions for PCMH Std 4 - Care Management measures. (PCMH Measure 4 Element B includes practice team documenting patient self-management goals in the EHR.)		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Monitor PCMH accreditation process and workflows to incorporate MH protocols and processes at determined PCP		Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2



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sites.										
Task 6. Use EHR to establish registries of patients eligible for the MH interventions and monitor documentation required (self-management goals in the medical record) to meet requirements for Patient Engagement Speed.		Project		Completed	04/01/2016	06/30/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. A list of resources to support the patient's self-management goals should be offered and noted in the medical record. May include referrals for CDSMP/Stanford Model, tobacco cessation resources, nutrition counseling, and community cooking classes.		Project		In Progress	12/01/2016	03/31/2017	12/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. MCC Clinical Outreach team will periodically facilitate training on motivational interviewing strategies to improve patient self-management.		Project		In Progress	10/03/2016	06/30/2017	10/03/2016	06/30/2017	06/30/2017	DY3 Q1
Task 9. A list of training dates and staff trained should be maintained by the PPS and reported periodically to the practice engagement team.		Project		In Progress	01/02/2017	09/30/2017	01/02/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. MCC will document evidence of agreement with CBOs. Partner database list will be available to MCC PCP sites.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. If patient is eligible for health home, MCC clinical outreach team will work with PCP practices on a workflow or warm referrals to health homes.		Project		In Progress	01/02/2017	09/29/2017	01/02/2017	09/29/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	06/30/2016	09/29/2017	06/30/2016	09/29/2017	09/30/2017	DY3 Q2



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3. Maintain a list of MCC PCP sites who have established a process for warm referrals.										
Task 4. Develop process to track referrals made to community-based programs and health homes by MCC PCP practices.		Project		In Progress	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Practices will be provided with an MCC partner database for direct referral for CBO services (for patients who may not be eligible for health home interventions).		Project		In Progress	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Train practices on making warm referrals to health homes and CBOs. Maintain list of training dates for each PCP site.		Project		In Progress	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. MCC clinical outreach team will provide written training materials on making warm referrals.		Project		In Progress	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Evaluate and track warm referrals made by each MCC PCP practice to health homes and/or community based organizations every quarter. Review count of referrals made to CBOs to facilitate feedback. Report to Clinical/Quality Committee on count of warm referrals made to CBOs and health homes by PCP practice sites.		Project		In Progress	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify which MCOs in the MCC network cover the majority of the attributed members and work with the benefit managers of these plans to promote coverage for validated Self Monitoring of Blood Pressure (SMBP) monitors.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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2. MCC Clinical Outreach team will identify and work with academic detailers to support primary care practice team on securing and using SMBP monitors.										
Task 3. MCC Clinical outreach team to facilitate trainings for PCP team to teach cuff selection, patient positioning, measurement without talking, and accurate blood pressure observation.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Trainings for the practice team on ways to support self monitoring including educating patients about the importance of self monitoring for BP, training patient on using the device, and providing BP logs to the care team.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Development of workflows and policies to support patients on self monitoring of BP at home: during follow up visits, PCP team will review patient SMBP readings, request medication fills, provide summaries of clinic visits.		Project		Completed	01/02/2017	03/31/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Task 6. MCC clinical outreach team will support staff on referral mechanisms for ongoing patient outreach support and follow up if blood pressure results above goal through periodic recording of self-recorded BP.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Support for the PCP team to include resources for patient referrals to community classes for lifestyle management (CDSMP/Stanford model programs, dietician referrals, Quitline resources, and medication therapy education).		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. PCP team trainings on protocols to review patient support tools (such as written information or videos on how to self monitor blood pressure, a contact for patients at the practice to call with questions).		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Clinical outreach team to support PCP practice staff through training for protocols during follow up visits including reviewing patient SMBP readings, requesting medication fills, providing summaries of clinic visits.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. List training dates and number of MCC PCP partners attending training sessions. Record all additional resources provided to trainees including a list of community based classes		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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available through the MCC Partner Database.										
Task 11. Work with MCC vendor solution to build alerts into patient registry for patients diagnosed with high blood pressure but no documentation of recent PCP visit in rolling six-month timeframe.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. MCC clinical outreach team schedule training sessions for primary care practice team on workflows to outreach to roster of identified patients who need to schedule a follow up visit.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. MCC Clinical outreach team help develop workflows for (a) reminder calls for follow up visit and (b) a system to connect with external MCC care coordination team (community health workers) to engage patients if practice is unsuccessful in telephonic outreach.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. MCC will document list of practices trained on scheduling follow up visit.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Documentation of patients engaged through a follow up visit to manage their hypertension will be recorded in the vendor system.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. MCC will collaborate with Health Systems Centers for a Tobacco Free WNY (Roswell Park) to assist in creation and adoption of policies and programs to help patients quit using tobacco products.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Maintain a list of MCC PCP sites participating in the Million Hearts program to target for ongoing training on warm referrals.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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3. Facilitate training sessions for MCC primary care practice partners on available NYS Quitline cessation resources.										
Task 4. Implement training at participating MCC PCP sites (on NYS Quitline and cessation services offered through the program). Maintain a list primary care practice sites trained in making warm referrals.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. MCC will monitor a list of PCP sites demonstrating evidence of warm referrals to the NYS Quitline.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
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		In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. MCC to implement collection of REAL (Race Ethnicity and Language) data via the EHR vendor systems of MCC PCP partners. REAL data collection is critical for Population Health in 2014 Level 3 PCMH Std and MU Stage 2 core requirement.		Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 2. Demographic information and REAL data are collected as structured data to be imported into the MCC Population Health management system to target high risk populations.		Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 3. REAL data collected will be used by MCC in understanding health education needs in "hot spot" areas.		Project		In Progress	01/02/2017	06/30/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 4. REAL data collection will guide MCC population health program delivery and education through partnering with cultural		Project		Not Started	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2



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CBOs in hot spot areas.										
Task 5. REAL data collection will help MCC connect PCP practices to local MCC cultural CBO partners. MCC to maintain documentation of training support including written training materials and training dates along with number of staff trained.		Project		Not Started	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2
Task 6. If patient is eligible for health home services, MCC Clinical Outreach Team will work with PCP practices on workflows for warm referrals to Health Homes.		Project		In Progress	10/03/2016	09/30/2017	10/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. The warm referral to Health Home Case management will leverage information from the RHIO, HEALTHeLINK.		Project		In Progress	01/02/2017	09/30/2017	01/02/2017	09/30/2017	09/30/2017	DY3 Q2
Task 8. The referral process will secure complete and signed PHI disclosure for referral to Health Home Case management.		Project		In Progress	01/02/2017	09/30/2017	01/02/2017	09/30/2017	09/30/2017	DY3 Q2
Task 9. Training dates will be recorded along with the number of primary care practice staff and trained in making linkages to health homes for care coordination. All trainings will be reported to the Practice Engagement team.		Project		In Progress	10/03/2016	09/30/2017	10/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task 10. MCC Partner Database to list all CDSMP/Stanford Model CBO sites.		Project		In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task 11. Community program sites listed by county and region are available through the NY State Health Data. Program training for the Stanford model is available through the New York State Quality and Technical Assistance Center (NYS_QTAC).		Project		In Progress	10/02/2015	09/30/2017	10/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task 12. For ongoing care coordination, facilitate a referral process for warm referrals to CBOs (who have signed agreements with MCC) to enroll patients in CDSMP/Stanford Model.		Project		In Progress	10/03/2016	06/30/2017	10/03/2016	06/30/2017	06/30/2017	DY3 Q1
Task 13. MCC will provide training on the referral process and written training materials on available CDSMP resources , program locations, how to explain the program to patients, and how to refer patients to the programs.		Project		Not Started	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2
Task 14. MCC will record all training dates and number of staff trained along with written training materials provided to the primary care		Project		Not Started	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2



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<p>Duca Emily; Lafountain Richard Md; Langan Thomas J Md; Lanigan Joseph J Md; Leddy John J Md; Lehman Heather; Lele Amol S Md; Lele Shashikant B Md; Lerman Jerrold Md; Levine Michael Ira Md; Lewis Fred H Md; Lewis Paul Jeffrey Md; Lillie David B Md; Lippes Howard A Md; Loeffke Melinda L; Lopez Oscar S Md; Lutnick Robert Edward Md; Mack Cindy Jane Cnm; Mannone Antonino Md; Mastrandrea Lucy Diane Md; Matthews George E Md; Maulucci Marina A Dpm; Mckenna Peter Francis; Mclean Terrence R Dds; Mechtler Laszlo L Md; Menza Lynn A; Merhige Michael E Md; Meyer Sabrina Zanowick; Meyers Suzanne J; Millhouse David Carson Dds; Mogavero Herman S Jr Md; Montgomery Carolyn A; Montgomery Paul Md; Moore Michael C Md; Morris William Md; Mostert Marcelle A Md; Mukkamala Somasekhara R Md; Murray Brian Michel Md; Muscarella Joseph L Jr Md; Musial Wanda Marie; Myers Jeffrey W Md; Nadler Dennis Md; Nadler Jamie Norman; Naeser Karen M; Nagalla Bhanu Prakash Md; Nagra Balwant S; Nair Jayasree; Najdzionek Jan Stanley Md; Namassivaya Nalini J Md; Nanjunde Gowda Madan Kumar; Napierala Robert F Jr; Napoli John U Md; Narby George Michael Md; Narby Lorraine; Nazareth Michael; Nenno Donald Joseph Ii; Neu Jeffrey R Md; Neufeld Robert J Md Pc; Newall Janet Fay Cnm; Newell Katie M; Nickolova Maria Md; Niedermayer Cathleen Marie Np; Nigalye Sanil Balkrishna Dds; Nilam Sridhar; Nina Marie Strollo; Nisbet Patricia A; Niswander Philip R Md; Noe Michael F Md; Nolan James; Noor Sonya S Md; Norris, Katrina, Mhc; Nuessle, Gregg, Lcswr; O'Connell Kevin Anthony; O'Donnell Tanni M Rpa; O'Mara Sarah Anne; O'May, James, Rpac; Oberkircher Adam Pa; Oconnor Tracey; Odonnell Jane Kontos; Odunsi Adekunle Md; Ogra Sanjay Ray; Oliveira Maria Lurdes; Oliverios Roseanne Md; Olsen Erica; Ondracek Theodore; Oneill Jenna Lyn; Orie Joseph D Md; Orlick Arthur Edward Md; Osawa Ryosuke; Ostolski Penelope Lyn Rpa; Ostrom Elizabeth Anne; Ouweleen Kevin Michael Md; Ozcan Cevher; Paczos Tamera A Md; Paddock Carol; Pagano Christina M Rpa; Page Brian John Md; Painton J Frederick Jr Md; Pamela Anne Hennesen; Panahon Norma C Md; Panchal Narhari M Md; Panek William Nicholas Dpm; Panesard Mandip Md; Pankewycz Oleh G Md; Paolini Raymond Vincent Jr Md; Parashar Akash Md; Parentis Michael A Md; Paris Joseph A Md; Park Etern; Park Seung Kyoan Md; Park Wonhoon Md; Parker Kirsten Foster; Parker, Maria, Msw; Paroski Margaret W Md; Parrish Joy B; Parsons David W; Parthasarathy Kondai L; Patel Dilipkumar J Md; Patel Malti Jairam Md; Patel Nikhil C Md; Patel Sangita Pankajkumar; Patel Simal Jayant Md; Patel Sonal; Patel Suketu Dds; Patel Sunil; Patel, Anish, Pac; Patil Trupti; Patino Erica Ann J; Paul Sucharita; Pawkett, Michelle,; Pawlowski Jill M Md; Pearsen Kenneth D Md; Perese Kerime L; Peterson Marti Dds; Pflzer David; Pierce William S Dpm; Piotrowski Deborah Mary; Polisoto Thomas Daniel Md; Pranikoff Kevin Md; Rajendran Kalaiselvi Md; Ralbovsky Michael; Rein Jason; Riemer Sara Np; Robinson Luther K Md; Roehmholdt Mary Elizabeth Md; Rohrbacher Bernhard Md; Rowles Cynthia Jean; Sabir Mohammed Md; Sadler Laurie Md; Samant Arvind Ramchandra; Sawyer Rita M Np; Sciandra Joseph A Dpm; Shaman Majid Md; Sharf Zvi Md; Sheehan Daniel W Md; Shenoy Sadashiv S Md; Shiel Marcia; Shin In Sook Jeong Md; Simmons Edward Donald Md; Sinha Animesh A Md; Smith Kirsten Adelle; Sobie Stephen R Md; Somayaji Prabhakara Md; Spigel G Thomas Md; Spurgeon Paul S Md; Stegemann Philip Martin Md; Stevens John B Iii Md; Sufrin Gerald Md; Swiantek Philip A Pc Md; Switzer Donald F Md; Talevski Julie; Tangeman John C Md; Tanhehco Meliton L Md; Ten Brock Eric Md; Toufexis George Md; Tuoti Raymond Joseph Md; Valvo Laurie Cohen; Visco John Patrick Md; Waghmarae Romanth Md; Waz Wayne R Md; Weinhold John R Jr Md; Weinstock Arie L Md; Weiss Paul A Dds; Wheeler Dale Robert Md; White Laurel M Md; Wiktor Kyle; Wild Daniel R Md; Williot Pierre Emile Md; Willis Daniel J Md; Wojcik Thaddeus S Md; Wolentarski Kimberly; Yager Sharon; Yap Dedenia D Md; Yu Taechin Md; Zirna Harry I Dpm; Zitzka Wendy Elaine Cnm; Zornek Nicholas Frank Jr Md</p>										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	<u>Mental Health</u>	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
<p>Abbasi Israr A Md; Ackerman Constance Diane Csw; Adragna Michael S; Arana Belito; Bailey Kristine E; Baker Hall,Inc; Bakhai Yogesh D; Belen Alfred Dennis; Bennett Richard Gordon Md; Bierdeman Brenda; Brooks Victoria Lynn Md; Buffalo Fed Neighhd Ctrs; Buffalo General Hosp; Buffalo Pc Act Team Risp Cnsta; Buffalo Psychiatric Center Act Team; Buffalo Psychiatric Ctr; Burkhouse Kelly Ann Phd; Capote Horacio A Md; Cartagena Maria; Casassa David; Cattaraugus Cnty Mh Guidepost; Cattaraugus Cnty Mntl Hlth Sv; Cattaraugus Rehabilitation Center I; Chautauqua County Department Of Mh; Chemung Co Nys Arc Children'S; Child & Family Services; Child & Family Srvs Erie Co; Child And Adolescent Psy Cl; Child And Family Services; Comm Mission Niagara Frontier; Community Concern Of Wny; Community Miss/Niagara Fron; Conboy Sarah L; Cummings Michael R Md; Dale Association,Inc The; Davis Matthew Hunt; De Paul Community Svcs Inc; Del Regno Paula A; Denny Kevin; Depaul Mental Hlth Svcs B; Dewey Seth G Md; Drew Kerry Dahl; Englert Jessica Jane; Erie County Medical Ctr; Erie County South East Corp V; Frankiewich Kathryn; Gannon Angela; Gateway Longview; Genesee Cty Mh; Gerard Vivian K; Ghosh Biswarup Manojkumar; Gokhale Vinayak S Md; Greenawalt Heather Rayee; Guppenberger Michael Thomas; Gupta Sanjay Md; Haak Jennifer Lynn Md; Haque Shabrin Anjum Md; Hays Thomas Md; Hernandez Sergio Md; Hillside Childrens Ctr; Hoffman Martin T Md; Horizon Health Services Mh; Hughes Sharon; Jackson Lisa A; Jaffri Naureen R Do; Jaffri Syed S U Pc Md; Jewish Family Svc Psy Clinic; Kashin Jeffrey D Md; Kaye David L Md; Kennelley Danielle S; Ko Hak J Md; Lake Shore Behavioral Health; Lake Shore Behavioral Hlth In; Lauer Kristy L; Leo Raphael Jerome Md; Living Opp Of Depaul Mh; Lockport Memorial Hospital; Longdon Marlene Carolyn; Lopez Oscar S Md; Ludwig Carol J; Lynch Lisa A; Marshall-Hobika Dori Md; Mclaughlin Ann Marie; Meer Shah Nawaz; Meglio Frank A Md; Mental Health Serv Se Corp V; Mental Health Services-Erie County; Mh Svc Erie Southeast Corp V; Mid Erie Mental Health Svc; Miller Brad J; Miller Bruce D Md; Molina Isabel B; Naeser Karen M; Niagara Cnty Mntl Hlth N Fall; Niagara Falls Mem Med Ctr; Nys Arc (Chautauqua Cnty); O'Donnell Tanni M Rpa; Olean General Hosp Main; Oliveira Maria Lurdes; Orleans County Comm Svc Mh; Ostrom Elizabeth Anne; Palmer Briana; Roorda Cheri L; Roy Adrienne; Saeed Mohammad Arshad; Sainsbury Dawn; Schlemm Laura M; Tlc Health Network Act Rc; Transitional Services Inc Mh; Verleni Gust P Rpa; Weis Herbert; Wiktor Kyle; Wolfe Jennifer Lynn; Womens & Childrens Hsp Buffal; Wright Carol L; Wyoming Community Hosp Co; Young Susan A</p>										
Task 1. MCC will identify PCP sites and maintain a list of sites implementing the four main program components of MHP. The MHP initiatives will be used to meet PCMH 2014 level 3 Std 4 (care management of chronic conditions) and Std 6 (Evaluating quality improvement).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. PCMH lead will work with sites to create a workflow that		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

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
includes identification, tracking, and outreach for patients with a diagnosis of hypertension and who have not had a PCP visit within the last six months. PCMH lead will maintain a list of all PCP sites trained in workflow implementation.										
Task 3. Policies and workflows developed will ensure that patients are contacted to confirm appointments and instructed to bring in all their medication for review at their appointment.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Policies will be established to record BP measurement at each PCP visit as well as screen patients for cholesterol and tobacco use according to the MHP.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. The workflow will detail monitoring patients with vascular disease for Aspirin use. Patients at high risk for ASCVD using the risk calculator tool will be treated according to goal based on the established treatment guidelines.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. A self management plan will be provided to each patient at the end of each office visit.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 7. Training will be offered to PCP staff on warm transfers to MCC CBOs on customized self management support for lifestyle changes (CDSMP Programs), medication adherence, NYS Quitline, and other resources as needed.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 8. Workflows will detail warm transfer to MCC CBO partners for ongoing MCC CBO support and documentation of referrals made.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Written training materials will also be provided: training to the clinical care coordination team on BP measurement, motivational interviewing strategies, and workflows for warm transfer of patients for ongoing community support.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 10. Training will be provided to MCC partners on accepting a warm transfer from the primary care practices.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. All trainings dates and locations will be recorded and a list of trainings dates and written materials provided will be reported to the Practice Engagement Team on an ongoing basis.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

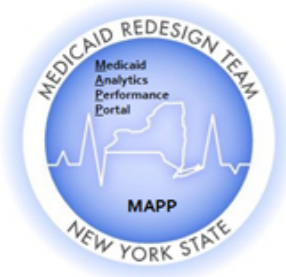


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

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 #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY3 Q4	Project	N/A	In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Assess ability to contract with MCOs for coordination of services (hypertension screening, smoking cessation referral, cholesterol screening and other preventative services) related to CVD management.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 2. Elicit input from MCOs on elements of a multi-year plan to transition to VBP system; present proposed plan (including coordination of services for high-risk populations) to MCOs.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 3. Explain to MCOs the goals for managing high-risk population through collaboration: a) educating providers on MHP components, b) support implementation of MHP to manage patients for Level 3 2014 PCMH accreditation, c) refer patients to MCC CBO partners.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Seek MCOs' revisions and approval of plan to coordinate services under this project. Catalog the main issues and data needs necessary for resolution as a part of the plan approval process.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Establish incentives based on utilization and quality metrics related to managing cardiovascular disease in the affected Medicaid population.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Use the VBP transition plan to guide agenda in monthly MCO meetings.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Obtain signed agreement with MCOs and list dates of signed agreements. Medicaid Managed care metrics and opportunities reported to MCC Board of Manager committees.		Project		Not Started	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #20	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

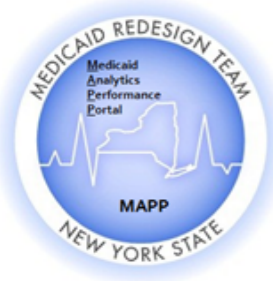


**New York State Department Of Health
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DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

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
Penepent Philip A Jr Md; Pepe Marjorie Md; Perry Jesslyn Louise Md; Perry Mark Franklyn Md; Persaud Amanda; Persaud Andre A Md; Pervez Yasmin Md; Peterman Arkady Md; Peters Nancy J Md; Pickhardt Donald F Md; Piwko Jennifer Gennuso; Polowy Patricia K; Poppenberg Kristin Elizabeth; Potempa Michele A Md; Press Shalom Md; Printup Elizabeth Np; Przybelinski Krista; Purizhansky Polina Md; Putnam Thomas A Md; Quinn Heather Ann; Qutubuddin K Dar; Rabice Michael D Md; Radovic Marija; Raiken Deborah Faye Md; Raja Quratul Ain; Rajan Gulati Physician Pc Md; Rajeswary Jyotsna; Ram Raghu; Rapha Family Medicine Pc; Rasalingam M Md; Raza Shafi; Reagan J Thomas Md; Rebecca Jean Beardsley; Reddington Madonna Marie; Reden Peter J Md; Redhead Antonia J Md; Reed Pamela Diane Md; Reimer Tara Lin Md; Reubens Harold Vernon Md; Rich Ellen Paige Md; Riedy Nicole; Roehmholdt Sheliah J Md; Roetzer Gloria Maria; Rohini Dilip Thodage; Roland Jayson Md; Roller Jennifer Lynn Md; Roosa Christina Patricia; Rosenbloom Stephen Md; Rosenthal Thomas Md; Ross Lynne S Md; Roth Carl Do; Rozmus Zuzanna Maria; Ruh Jennifer Marie Md; Rush Theresa A Md; Ruth Willard Dale Pc Do; Rykert-Wolf Mary Md; Rzepkowski Neal Richard Md; Sadiq Riffat Md; Safarzadeh-Amiri Sara; Sahaf Ashraf M; Sajdak Ashley A; Salazar Moreno Wayra Ysi; Salis Robertus J; Salman Nasir Abbasey; Salzmann Pamela Teresa Do; Sanfilippo Diane Marie Md; Saravanan Rohith; Sasankan Krishnakanthan Md; Satra Ankita; Sayalolipavan Thihalolipavan; Schaeffer Christopher Md; Schamann Mary E Md; Schenk Gregory P Md; Schenk Thomas Edgar Md; Schifeling Richard William Md; Schreck Frank Thomas Md; Schueler William C Do; Schuler Marianne L; Schultz Douglas Allen Md; Scime Christine E Np; Sciolino Melissa Nancy Md; Scirto Kirk Anthony; Scrivani Stephen P Md; Segal Barbara A Md; Sekulovski Katie Weart; Shafik Ihab Mahmoud Md; Shanthi Rajendran Phys Pc; Sharma Nisha Md; Shea Patricia M; Shehata Nady Md; Sheikh Zia Mohammed; Sherif Jenia Md; Sheriff Fuad Habib Md; Sherwood Karla A; Sheth Gaurang S Md; Shon Alyssa So Young; Shulman David S Md; Siaw Patrick A Md; Sickels Eric Md; Siddiqui Abrar; Siegel Myron Md; Sielski Lester S Md; Sifontes Lionel Anthony Pc Md; Silliker Michelle A; Silverstein David Md; Simons Rebecca; Sinatra Lawrence Thomas Md; Singh Ashok Md; Singh Ranjit Md; Singh Sonjoy Md; Sinha Ravi Nandan Md; Siracuse Kristen Marie; Slater Michael D Do; Smith Beth M; Smith Blackwell Olivia Md; Smith Mary M; Snitzer Joel A; Snow Irene Sharon Md; Sofat Suresh Md; Sood Prerna; Southard Eric R Md; Sperry Howard E; Spiropoulos Constantina; Sridhar Nagaraja R Md; Srinivas P Thandla; Steinacher Robyn Sara; Stewart Scott H Md; Stone Steven Md; Storm Donald F Md; Sulaiman Rosalind Nolan; Sundquist Janet C Md; Sutter Diane J Md; Symons Andrew B Md; Szalkowski Thomas J Md; Szimonisz Susan Marie Md; Szumigala Julie A Md; Szumigala Maxine Elizabeth Md; Tarabotti Lynn M Md; Tazwar Fahim M; Teller Amy; Tempfer Tamara; Tenney Emily F Md; Terranova Michael David Md; Territo Heather M; Thierman Eric J Md; Thomas Bridget; Thomas David M Md; Thornton Sharon Elaine Rose; Thurairajah Arunan; Thurlow Juliane M Md; Tiu-Snyderman Zerline Md; Tollini Lisa Ann Md; Trask Jennifer Louise Md; Trock Daniel Md; Trzaska Susan M; Turkovich Stephen J Md; Ulatowski Jerome J Ii; Usen Joshua Michael Do; Uslinov Stephen; Varallo Nicholas Md; Varma Chelikani P Md; Vaughan Russell S Md; Vazquez Raul Md; Ventry Kathleen Susan; Venuto Rocco C Md; Vergos Katherine A Md; Vetrano Anthony T Md; Vienne Richard P Jr Do; Violanti Paul Joseph; Voelker Frank James Md; Wadhwa Arvind K Md; Waffner Eric J Md; Wagner Sheri Lynn Md; Wajid Faiza; Wang Raphael Piu-Si Md; Wang Yubao; Warner Andrew W Md; Wasson Allison Leigh; Watson Erin Lynn Md; Wegman Theresa M Md; Wehr Matthew D Md; Weiss Steven D Md; Welliver Josephine R; Wen Hongyu; Weppner Dennis M Md; White Thomas Gerard Md; Wild Christine A; Wild James E Md; Wilkins Diana Garber Md; Williams Aston B Md; Willis Misty L; Winkelstein Peter Md; Witte Gilbert N Md; Wittmann Joseph Carl Jr Md; Wolf Judi Lettman; Worczak Marianna; Wymer Dana Lynn Do; Yale Sandra D Do; Yang Min; Yasin Ghous A Md; Yates Charles W Md; Yates Ferdinand D Jr Md; Yedlapati Siva; Young Karisa; Yoviene Joel Md; Yu Jeffrey John; Yunker Jennifer L Md; Zambron Mark Richard Md; Zerbe Daniel Lee Md; Zhang Mei; Zimmermann Annmarie Md; Zions Michael Evan Md; Zmuda Joyce Leanne; Zorich Daniel Wayne Md; Zulqarni Naz Jabeen										
Task 1. Design project goals, interventions, metrics, and reporting measures; work with PCMH coordinator to implement these interventions as a part of the QI standards (Standard 6) required for Level 3 PCMH certification.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Create a list of providers engaged in PCMH accreditation using the Million Hearts Quality Improvement Program.		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 3. Assess percentage of providers engaged using the Million Hearts/Cardiovascular disease management as a QI project for Level 3 PCMH certification.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Work with Clinical Outreach team and PCMH practice engagement coordinator to implement MH interventions and record staff trainings. Provide MCC Partner database of community resources as a continued resource.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Establish quarterly touch points to PCP to communicate with providers on a) Performance measures related to the MHP, b) ongoing management as a QI program for Standard 6 Level 3 PCMH accreditation, and c) referral of patients to community resources.		Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4



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Millennium Collaborative Care (PPS ID:48)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 6. Determine number of MCC PCP sites engaged in Million Hearts and conduct annual reviews to identify new PCP sites for ongoing support/outreach/training until 80 % of PCPs are engaged.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Use EHRs or other technical platforms to track all patients engaged in this project.	ethelen	EHR/HIE Reports and Documentation	48_DY2Q4_PROJ3bi_MDL3bi3_PRES4_EHR_3bi_04_01_EHR_completeness_14806.pdf	EHR completeness report/screenshots demonstrating completeness of EHR system	05/30/2017 11:09 AM
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_3bi_06_01_HTN_and_Chol_Policies_and_Procedures_9703.pdf	Hypertension and cholesterol policies and procedures	04/03/2017 01:21 PM
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	ethelen	Documentation/Certification	48_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_3bi_EM_R_Vendor_Certifications_14777.pdf	Metric #1: Vendor system documentation	05/18/2017 11:01 AM
	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES7_P&P_3bi_07_02_Care_Coordination_Policies_and_Procedures_14776.pdf	Metric #2: Care coordination policies and procedures	05/18/2017 10:58 AM
	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES7_P&P_3bi_07_03_Care_Coordination_Process_and_Workflow_14775.pdf	Metric #3: Documentation of care coordination process and workflow	05/18/2017 10:57 AM
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES8_P&P_3bi_Blood_Pressure_Monitoring_Policies_and_Procedures_14783.pdf	Blood pressure monitoring polices and procedures	05/18/2017 06:54 PM
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES9_P&P_3bi_Blood_Pressure_Monitoring_Policies_and_Procedures_9704.pdf	Blood pressure monitoring polices and procedures	04/03/2017 01:24 PM
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES11_P&P_3bi_11_01_Medication_Policies_and_Procedures_9708.pdf	Medication polices and procedures	04/03/2017 01:26 PM
Develop and implement protocols for home blood pressure monitoring with follow up support.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES14_P&P_3bi_Blood_Pressure_Monitoring_Policies_and_Procedures_14779.pdf	Policies and procedures for home blood pressure monitoring (metric 1) and ongoing blood pressure monitoring and follow-up (metric 2)	05/18/2017 11:43 AM
	ethelen	Training Documentation	48_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_3bi_Million_Hearts_Training_Materials_Inventory_14778.xlsx	Metric #3: Inventory of training materials on warm referral and follow-up process	05/18/2017 11:43 AM
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	ethelen	Documentation/Certification	48_DY2Q4_PROJ3bi_MDL3bi3_PRES15_DOC_3bi_EM_R_Vendor_Certifications_14780.pdf	Vendor system documentation	05/18/2017 01:06 PM
Facilitate referrals to NYS Smoker's Quitline.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES16_P&P_3bi_16_01_Smoking_Cessation_Policies_and_Procedures_97	Smoking cessation polices and procedures	04/03/2017 01:28 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			11.pdf		
Adopt strategies from the Million Hearts Campaign.	ethelen	Policies/Procedures	48_DY2Q4_PROJ3bi_MDL3bi3_PRES18_P&P_3bi_Million_Hearts_Training_Materials_Inventory_14781.xlsx	Inventory of training materials used for Million Hearts program	05/18/2017 01:26 PM
Engage a majority (at least 80%) of primary care providers in this project.	ethelen	Rosters	48_DY2Q4_PROJ3bi_MDL3bi3_PRES20_ROST_3bi_20_01_Participating_PCPs_REMEDIATION_15898.xlsx	List/inventory of total participating PCPs/PCPs engaged in this activity // REMEDIATION: Provided addresses for all providers	06/23/2017 02:30 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or ACPM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	End dates were changed to align with DOH guidance from January 2017.
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #11	Pass & Complete	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Complete	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Complete	



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

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.b.i.5 - IA Monitoring

Instructions :



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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.

Patient hand-off not always consistent or effective between varying levels of care. Establish clearly defined care transition with training available. Ensure information transfer includes the timely exchange of patient data among all stakeholders.

The lack of centralized information on the status of clients could lead to service duplication or gaps. The MCC IT program will provide for the use of standardized care coordination software to be utilized across DSRIP projects. Selection criteria for this software include ease of use (so as to minimize the amount of time it takes to train a cross-section of workers) and interoperability (improving its applicability to practices). Project timeliness will require a short-term electronic solution that will be developed to track and report on the status of clients. An interim solution is essential since it will pave the way for the use of standard workflows that will be a crucial part of utilizing the software. Participation in the Maternal and Child Health (MCH) project by community-based organizations and other entities will be predicated on their willingness to utilize the prescribed software.

Failure to consistently deploy evidence based techniques associated with MCH (e.g., Healthy Families) will lead to poor outcomes that fall short of targeted metrics. Project team will reach out to regional MCH experts to seek their input on the use of a set of evidence-based techniques that will guide operation of the project both administratively and in the field. Project team members will receive training on evidence-based standards initially and throughout the duration of the project.

Insufficient pool of community health workers (CHWs) to support MCH programs due to large geographical and culturally diverse regions of WNY. Implement strategies identified in MCC's Workforce Strategy Roadmap to recruit CHWs from urban and rural communities throughout WNY that comprise diverse racial and ethnic compositions. Tap the expertise of existing agencies that have a proven track record for training and retaining CHWs in target key geographical areas, including the ability to host training at locations throughout WNY.

State funding for current programs proposed will be pooled in "maternal and infant health block grants" in 2015 NYS budget. Continue to lobby the state to maintain current funding methodologies for MCH programs.

Failure to provide third-party payer reimbursement for MCH CHW services will not sustain the program after the waiver period. Rank value-based payments (VBP) for MCH project as a priority in MCC's VBP Transition plan. As part of this plan, work with local payers to create reimbursement methodologies to support the outreach services provided by CHWs.

MCC and Community Partners of WNY (led by Catholic Medical Partners) will both implement project 3.f.i., utilizing different models (CHW vs. nurse/family partnership). Cooperation in the form of mutual referrals will be necessary to provide comprehensive support across the whole region and ensure patients are matched up with the most appropriate services. If providers are reluctant to refer patients out of network, the effectiveness of the programs could be reduced. To create a seamless transition for patients, MCC will work with our partnering PPSs to standardize processes, tracking mechanisms, and reporting tools while maintaining common messaging to educate/communicate with patients. MCC will work

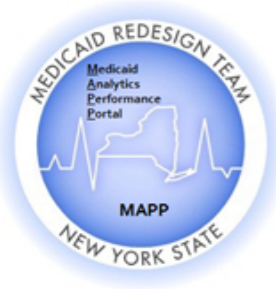


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collaboratively with WNY PPSs to expand the scope and expertise of the Regional Perinatal Center and the Regional Perinatal Outreach grant.



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✓ 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.

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	750

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	225	563	638	750
	Quarterly Update	328	456	547	682
	Percent(%) of Commitment	145.78%	80.99%	85.74%	90.93%
IA Approved	Quarterly Update	0	456	0	680
	Percent(%) of Commitment	0.00%	80.99%	0.00%	90.67%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (682) does not meet your committed amount (750) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PROJ3fi_MDL3fi2_PES_OTH_3fi-Maternal_and_Child_Health_DY2Q4_registry_14785.csv	Patient engagement registry for project 3fi, DY2	05/19/2017 10:37 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✔ IPQR Module 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.

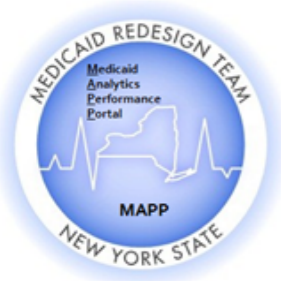
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement			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
methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.											
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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Service and quality outcome measures are reported to all stakeholders.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	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 #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			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.											
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			Provider	Safety Net Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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RHIO's HIE and SHIN-NY requirements.											
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
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	06/18/2015	03/31/2017	06/18/2015	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	06/18/2015	03/31/2017	06/18/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Select vendor(s) via RFQ/RFP process.			Project		Completed	06/18/2015	03/15/2016	06/18/2015	03/15/2016	03/31/2016	DY1 Q4
Task 2. Identify work team participants.			Project		Completed	08/25/2015	11/30/2015	08/25/2015	11/30/2015	12/31/2015	DY1 Q3
Task 3. Design CHW model program.			Project		Completed	10/01/2015	01/18/2016	10/01/2015	01/18/2016	03/31/2016	DY1 Q4
Task			Project		Completed	08/25/2015	01/18/2016	08/25/2015	01/18/2016	03/31/2016	DY1 Q4

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4. Define CHW role within the multidisciplinary team.											
Task 5. Define training needs for each role. Coordinate with the Workforce Development Work Group, as appropriate.			Project		Completed	08/25/2015	03/31/2016	08/25/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Work in partnership with Cultural Competency/Health Literacy workstream to address cultural and linguistic needs.			Project		Completed	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Schedule/conduct onboarding training.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Assure training plan is in place for ongoing needs.			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Define ongoing education requirements. Coordinate with the Workforce Development Work Group, as appropriate.			Project		Completed	01/01/2016	10/28/2016	01/01/2016	10/28/2016	12/31/2016	DY2 Q3
Task 10. Assure funding for training in place.			Project		Completed	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 11. Complete work plan document.			Project		Completed	08/25/2015	03/31/2017	08/25/2015	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	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).			Project		Completed	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify workgroup team.			Project		Completed	09/24/2015	11/30/2015	09/24/2015	11/30/2015	12/31/2015	DY1 Q3
Task 2. Work in partnership with Cultural Competency/Health Literacy workstream to address cultural and linguistic needs.			Project		Completed	09/24/2015	01/10/2017	09/24/2015	01/10/2017	03/31/2017	DY2 Q4
Task 3. Develop job description for CHW coordinator (supervisory).			Project		Completed	09/24/2015	01/18/2016	09/24/2015	01/18/2016	03/31/2016	DY1 Q4
Task 4. Define staffing model utilizing DOH standards (1			Project		Completed	09/24/2015	01/18/2016	09/24/2015	01/18/2016	03/31/2016	DY1 Q4

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supervisor to 4-6 CHWs).											
Task 5. Utilize data, CNA, and patient input to determine number of teams needed.			Project		Completed	09/24/2015	09/15/2016	09/24/2015	09/15/2016	09/30/2016	DY2 Q2
Task 6. Develop employee evaluation process.			Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Employ qualified candidates.			Project		Completed	09/24/2015	03/31/2016	09/24/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Define training needs for role.			Project		Completed	09/24/2015	03/30/2016	09/24/2015	03/30/2016	03/31/2016	DY1 Q4
Task 9. Schedule/conduct onboarding training.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 10. Assure training plan is in place for ongoing needs.			Project		Completed	07/05/2016	12/15/2016	07/05/2016	12/15/2016	12/31/2016	DY2 Q3
Task 11. Evaluate effectiveness and adjust as needed.			Project		Completed	06/01/2016	01/10/2017	06/01/2016	01/10/2017	03/31/2017	DY2 Q4
Task 12. Complete staffing roster.			Project		Completed	09/24/2015	03/30/2017	09/24/2015	03/30/2017	03/31/2017	DY2 Q4
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	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 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.			Project		Completed	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	09/24/2015	01/18/2016	09/24/2015	01/18/2016	03/31/2016	DY1 Q4

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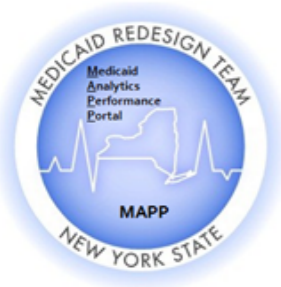
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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Design workplan for deployment of CHW (workforce strategy).											
Task 2. Work in partnership with Cultural Competency/Health Literacy workstream to address cultural and linguistic needs.			Project		Completed	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop job description.			Project		Completed	09/24/2015	03/15/2016	09/24/2015	03/15/2016	03/31/2016	DY1 Q4
Task 4. Develop employee evaluation process.			Project		Completed	09/24/2015	09/12/2016	09/24/2015	09/12/2016	09/30/2016	DY2 Q2
Task 5. Employ qualified candidates.			Project		Completed	09/24/2015	09/30/2016	09/24/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Schedule/conduct onboarding training.			Project		Completed	03/30/2016	03/31/2017	03/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Assure training plan is in place for ongoing needs.			Project		Completed	09/24/2015	12/15/2016	09/24/2015	12/15/2016	12/31/2016	DY2 Q3
Milestone #15 Establish protocols for deployment of CHW.	DY2 Q4	Model 3	Project	N/A	Completed	09/24/2015	03/31/2017	09/24/2015	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	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed plans to develop operational program components of CHW.			Project		Completed	09/24/2015	03/31/2017	09/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create list of needed policies/protocols with completion timeline.			Project		Completed	09/25/2015	03/31/2016	09/25/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop policies and protocols.			Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Approval process.			Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Coordinate with the Workforce Development Work Group as appropriate to determine training needs.			Project		Completed	09/25/2015	12/15/2016	09/25/2015	12/15/2016	12/31/2016	DY2 Q3
Task 5. Schedule/conduct training.			Project		Completed	04/01/2016	11/15/2016	04/01/2016	11/15/2016	12/31/2016	DY2 Q3
Task 6. Assure training plan is in place for ongoing needs.			Project		Completed	09/24/2015	11/15/2016	09/24/2015	11/15/2016	12/31/2016	DY2 Q3
Task 7. Implement training for CHW.			Project		Completed	09/24/2015	10/15/2016	09/24/2015	10/15/2016	12/31/2016	DY2 Q3

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Task 8. Utilize planning team to develop workplan.			Project		Completed	09/25/2015	03/01/2016	09/25/2015	03/01/2016	03/31/2016	DY1 Q4
Task 9. Work in partnership with 4.d.i. (Reduce Premature Births) and care management (ability to re-enforce applicable education).			Project		Completed	09/25/2015	03/01/2016	09/25/2015	03/01/2016	03/31/2016	DY1 Q4
Task 10. Implement training (work in partnership with Cultural Competency/Health Literacy workstream to ensure training addresses cultural and linguistic needs).			Project		Completed	10/01/2015	06/01/2016	10/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task 11. Operationalize plan.			Project		Completed	06/01/2016	09/05/2016	06/01/2016	09/05/2016	09/30/2016	DY2 Q2
Task 12. Deploy workers.			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 13. Develop QA process.			Project		Completed	09/25/2015	02/28/2017	09/25/2015	02/28/2017	03/31/2017	DY2 Q4
Task 14. Implement QA process.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 15. Update workplan document (deployment outlined).			Project		Completed	07/01/2016	03/31/2017	07/01/2016	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	08/25/2015	03/31/2017	08/25/2015	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	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Coordinate Medicaid MCO outreach with project 2.a.i. (Integrated Delivery System) and the Value-Based Payment (VBP) Sub-Committee to coordinate and prioritize efforts across the projects.			Project		Completed	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Coordinate discussions with partnering PPSs as appropriate.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Present project and objectives to top four Medicaid MCOs serving WNY (Independent Health, Fidelis, Blue			Project		Completed	09/25/2015	03/15/2016	09/25/2015	03/15/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Cross Blue Shield, YourCare) within the monthly schedules and priorities created in 2.a.i. (coordinated effort with higher level leadership coordination).											
Task 4. Engage Medicaid MCOs in discussion for coverage agreements within the monthly schedules and priorities created in 2.a.i. (coordinated effort with higher level leadership coordination).			Project		Completed	03/15/2016	03/31/2017	03/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Continue dialogue to meet objectives including the metrics and outcomes to be evaluated.			Project		Completed	03/15/2016	03/31/2017	03/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Complete coverage agreements.			Project		Completed	03/15/2016	03/31/2017	03/15/2016	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	09/25/2015	03/31/2017	09/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	09/25/2015	03/31/2017	09/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Define metrics.			Project		Completed	09/25/2015	09/30/2016	09/25/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Work in partnership with project 2.a.i. (Integrated Delivery System).			Project		Completed	09/25/2015	03/31/2017	09/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Determine data elements required.			Project		Completed	09/25/2015	09/30/2016	09/25/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Complete gap analysis (partner/CBO capabilities for EHR and data exchange).			Project		Completed	04/15/2016	09/30/2016	04/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Determine strategy.			Project		Completed	04/15/2016	12/30/2016	04/15/2016	12/30/2016	12/31/2016	DY2 Q3
Task 6. Design training requirements.			Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Identify equipment needs.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Obtain and deploy equipment.			Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Schedule/conduct training.			Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 10. Develop technical support process.			Project		Completed	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Design dashboard strategy for monitoring and QA.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	ethelen	Other	48_DY2Q4_PROJ3fi_MDL3fi3_PRES12_OTH_3fi_Maternal_and_Child_Health_Community_Health_Worker_Program_9829.pdf	Metric #1: Documentation of roles within multidisciplinary team - see pp. 2-6 in the CHW Program document	04/07/2017 04:52 PM
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	ethelen	Other	48_DY2Q4_PROJ3fi_MDL3fi3_PRES13_OTH_3fi_Maternal_and_Child_Health_Community_Health_Worker_Program_9828.pdf	Metric #1: Documentation of CHW Coordinator job description - see page 4 in the CHW Program document	04/07/2017 04:49 PM
	ethelen	Rosters	48_DY2Q4_PROJ3fi_MDL3fi3_PRES13_ROST_3fi_13_01_CHW_Evidence_of_Hiring_9824.xlsx	Metric #1: Documentation of hiring of CHW Coordinator(s) - the attached list shows the CHWs and CHW Coordinators (Supervisors) hired for this project	04/07/2017 04:45 PM
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	ethelen	Other	48_DY2Q4_PROJ3fi_MDL3fi3_PRES14_OTH_3fi_Maternal_and_Child_Health_Community_Health_Worker_Program_9823.pdf	Metric #1: Qualifications included in job description - see pp. 2-3 in the CHW Program document	04/07/2017 04:43 PM
Establish protocols for deployment of CHW.	ethelen	Implementation Plan & Periodic Updates	48_DY2Q4_PROJ3fi_MDL3fi3_PRES15_IMP_3fi_15_01_CHW_Deployment_Work_Plan_with_Timeline_9822.pdf	Metric #1: Work plan showing timelines	04/07/2017 04:37 PM
	ethelen	Other	48_DY2Q4_PROJ3fi_MDL3fi3_PRES15_OTH_3fi_Maternal_and_Child_Health_Community_Health_Worker_Program_9821.pdf	Metric #2: Work plan addressing deployment of CHWs - see page 8 in the CHW Program document	04/07/2017 04:35 PM
Coordinate with the Medicaid Managed Care organizations serving the target population.	ethelen	Contracts and Agreements	48_DY2Q4_PROJ3fi_MDL3fi3_PRES16_CONTR_3fi_16_01_MCO_Contract_Inventory_DY2Q4_14803.xlsx	Inventory of MOUs/agreements between PPS/partners and MCOs	05/26/2017 05:49 PM
Use EHRs or other IT platforms to track all patients engaged in this project.	ethelen	EHR/HIE Reports and Documentation	48_DY2Q4_PROJ3fi_MDL3fi3_PRES17_EHR_3fi_17_01_EHR_completeness_DY2Q4_14821.pdf	EHR completeness report/screenshots demonstrating completeness of EHR system	05/31/2017 11:02 AM



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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 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 ACPM 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	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
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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✔ 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 Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2

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

Instructions :



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Project 4.a.i – Promote mental, emotional and behavioral (MEB) well-being in communities

✓ IPQR Module 4.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.

Mental, emotional, and behavioral (MEB) well-being media campaign fails to attain awareness levels among target audiences. Provide evidence-based (Substance Abuse and Mental Health Services Administration-approved) programs at targeted locations. Work with health literacy subject matter experts to develop programs that reflect cultural health literacy issues of target audiences. Test/pilot campaigns with focus groups to ensure effectiveness and appropriateness across various cultures, languages, socioeconomic, and geographic subgroups. Align with experts in public relations and marketing fields. Collaborate with established social science evaluators and website analytics experts to gather baseline data. Assess effectiveness of media campaign quarterly.

Programs are not age and/or culturally appropriate. Test/pilot programs with focus groups to gauge appropriateness. Provide cultural diversity and health literacy training to staff involved with the MEB well-being project. Leverage training and other activities that are part of project 2.d.i. (Patient Activation). Develop/facilitate initial training and provide ongoing training opportunities to staff at least quarterly. MEB well-being project leaders will meet routinely with members of the "Voice of the Consumer" Sub-Committee and CBO Task Force to obtain insights on what services will best meet the needs of those in specific community settings.

School-based MEB disorder prevention programs do not meet the projected level of engagement of clients and provide fewer than anticipated levels of referrals due to scheduling or engagement conflicts. Phase in programs over multiple years to lessen the risks of not reaching target audiences in educational settings. If school-based program schedules do not allow for engagement, target nearby community-based locations for programming, including after-school programs, YMCA recreational activities, sports programs, community centers, etc.

MEB health programs and services are duplicated by other agencies. Meet with Mental Health Association, ECCPASA, health plans, and other organizations to present details of the MEB well-being strategy, share information on targeted audiences, and explain messaging. The aim of sharing information on programs and targeted audiences will be to devise a comprehensive program that eliminates the possibility of service duplication and maximizes the benefits of a coordinated effort. This will be in coordination with the DOH Population Health Improvement Program which covers the same eight counties in the MCC PPS. The exchange of information on program activities and results among the MEB well-being program, health plans, and other groups will occur at least twice annually throughout this five-year project.

Stigma about accessing mental health or addiction treatment services prevents patients from taking advantage of these services. Lessen stigma via appropriate evidence-based messaging that is incorporated into wellness programs and media campaigns. Adapt programs to reflect demographic/cultural considerations; offer incentives to encourage participation. Test effectiveness of stigma-related messaging using focus groups, and partner with agencies experienced with multicultural populations to obtain continuous feedback. Support and empower MEB champions across the network to encourage participation among their peers. In the event that focus group results and outcome data show that existing stigma-related messaging is not effective, be prepared to examine shortfalls in existing strategy and make necessary revisions to messaging and program approaches.



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✓ IPQR Module 4.a.i.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone [4ai_01] Identify and implement evidence-based practices and environmental strategies that promote MEB health. A menu of interventions is found on the Prevention Agenda website.	In Progress	[4ai_01] Identify and implement evidence-based practices and environmental strategies that promote MEB health. A menu of interventions is found on the Prevention Agenda website.	07/01/2015	03/29/2019	07/01/2015	03/29/2019	03/31/2019	DY4 Q4
Task 1. Convene a workgroup to discuss criteria needed for selecting a vendor. Solicit involvement from local agencies (e.g., Native American Community Services, WNY United, Compeer of Greater Buffalo, WNY Independent Living Center, Jewish Family Services, Chautauqua County Council, Cattaraugus County Council, Niagara County Council, and Mental Health Associations (MHA)s and substance abuse councils in all eight WNY counties). In addition Community Partners of WNY (CPWNY, led by Catholic Medical Partners) and MCC will identify the MHA of Erie County, and the Erie County Council for the Prevention of Alcohol and Substance Abuse (ECCPASA) as lead partners on this project.	Completed	1. Convene a workgroup to discuss criteria needed for selecting a vendor. Solicit involvement from local agencies (e.g., Native American Community Services, WNY United, Compeer of Greater Buffalo, WNY Independent Living Center, Jewish Family Services, Chautauqua County Council, Cattaraugus County Council, Niagara County Council, and Mental Health Associations (MHA)s and substance abuse councils in all eight WNY counties). In addition Community Partners of WNY (CPWNY, led by Catholic Medical Partners) and MCC will identify the MHA of Erie County, and the Erie County Council for the Prevention of Alcohol and Substance Abuse (ECCPASA) as lead partners on this project.	08/03/2015	08/21/2015	08/03/2015	08/21/2015	09/30/2015	DY1 Q2
Task 2. Conduct external workgroup meeting; review current direction/approach with workgroup.	Completed	2. Conduct external workgroup meeting; review current direction/approach with workgroup.	08/18/2015	09/08/2015	08/18/2015	09/08/2015	09/30/2015	DY1 Q2
Task 3. Select CBOs to implement evidence-based programs via RFQ/RFP process or other action step. Preference will be given to contractor(s) capable of serving the 8 county region in collaboration with their identified partners.	Completed	3. Select CBOs to implement evidence-based programs via RFQ/RFP process or other action step. Preference will be given to contractor(s) capable of serving the 8 county region in collaboration with their identified partners.	09/15/2015	09/30/2015	09/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop reporting requirements and metrics for	Completed	4. Develop reporting requirements and metrics for each CBO.	09/15/2015	10/30/2015	09/15/2015	10/30/2015	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
each CBO.								
Task 5. Develop and execute contracts with CBOs (as applicable).	Completed	5. Develop and execute contracts with CBOs (as applicable).	09/15/2015	10/30/2015	09/15/2015	10/30/2015	12/31/2015	DY1 Q3
Task 6. Lead agencies will structure agreements (MOUs) with identified partners to formalize goals, schedules, and budgets. Potential new partners will be identified and engaged on an ongoing basis throughout the life of the project.	Completed	6. Lead agencies will structure agreements (MOUs) with identified partners to formalize goals, schedules, and budgets. Potential new partners will be identified and engaged on an ongoing basis throughout the life of the project.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Work with selected contractors, P2 Collaborative, Community Partners of WNY (CPWNY, led by Catholic Medical Partners), county community action plans, and the Prevention Agenda website to identify tools that can measure community well-being.	Completed	7. Work with selected contractors, P2 Collaborative, Community Partners of WNY (CPWNY, led by Catholic Medical Partners), county community action plans, and the Prevention Agenda website to identify tools that can measure community well-being.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Use community needs assessment to identify priority needs and projects targeting programming at identified high-need and high-Medicaid attribution zip codes and school districts.	Completed	8. Use community needs assessment to identify priority needs and projects targeting programming at identified high-need and high-Medicaid attribution zip codes and school districts.	07/27/2015	03/31/2016	07/27/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Select programs from SAMHSA's approved registry related to four focus areas identified jointly with CPWNY: (a) prescription drug abuse, (b) child and adult depression, (c) substance abuse, and (d) suicide.	Completed	9. Select programs from SAMHSA's approved registry related to four focus areas identified jointly with CPWNY: (a) prescription drug abuse, (b) child and adult depression, (c) substance abuse, and (d) suicide.	07/27/2015	12/31/2015	07/27/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. Host kickoff meeting of workgroup consisting of selected contractors, P2 Collaborative, Community Partners of WNY (CPWNY, led by Catholic Medical Partners), and other stakeholders. Workgroup will review "DSRIP Domain 4 and the Prevention Agenda: A Reference Guide for DSRIP Domain 4 Projects Implementation Planning" and other guidance as applicable.	Completed	10. Host kickoff meeting of workgroup consisting of selected contractors, P2 Collaborative, Community Partners of WNY (CPWNY, led by Catholic Medical Partners), and other stakeholders. Workgroup will review "DSRIP Domain 4 and the Prevention Agenda: A Reference Guide for DSRIP Domain 4 Projects Implementation Planning" and other guidance as applicable.	09/08/2015	12/31/2015	09/08/2015	12/31/2015	12/31/2015	DY1 Q3
Task 11. Provide administrative oversight to ensure implementation of evidence-based programming	In Progress	11. Provide administrative oversight to ensure implementation of evidence-based programming by community partners.	10/02/2015	03/29/2019	10/02/2015	03/29/2019	03/31/2019	DY4 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
by community partners.								
Task 12. Begin implementing and rolling out selected programs.	In Progress	12. Begin implementing and rolling out selected programs.	10/02/2015	03/29/2019	10/02/2015	03/29/2019	03/31/2019	DY4 Q4
Task 13. Continually engage additional partners, agencies, and other stakeholders as needed throughout the project, and establish MOUs when applicable.	In Progress	13. Continually engage additional partners, agencies, and other stakeholders as needed throughout the project, and establish MOUs when applicable.	10/02/2015	03/29/2019	10/02/2015	03/29/2019	03/31/2019	DY4 Q4
Task 14. Use community needs assessments and NYS DOH data to establish program/project benchmarks.	Completed	14. Use community needs assessments and NYS DOH data to establish program/project benchmarks.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 15. Establish process measures and use them to track implementation success and short-term achievements. For example, track attendance at program-related events or educational sessions.	In Progress	15. Establish process measures and use them to track implementation success and short-term achievements. For example, track attendance at program-related events or educational sessions.	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 16. Set annual goals for program duration.	In Progress	16. Set annual goals for program duration.	07/01/2015	03/31/2017	07/01/2015	03/29/2019	03/31/2019	DY4 Q4
Task 17. Measure program impact at annual intervals.	In Progress	17. Measure program impact at annual intervals.	03/30/2017	03/30/2018	03/30/2017	03/30/2018	03/31/2018	DY3 Q4
Task 18. Make program adjustments as necessary.	Not Started	18. Make program adjustments as necessary.	04/30/2017	03/30/2018	04/30/2017	03/30/2018	03/31/2018	DY3 Q4
Task 19. Identify opportunities to integrate social determinants of health into existing and/or new programs: MCC PM will engage workgroup of MEB CBOs and partners to meet quarterly to discuss status, current opportunities, and priorities.	In Progress	19. Identify opportunities to integrate social determinants of health into existing and/or new programs: MCC PM will engage workgroup of MEB CBOs and partners to meet quarterly to discuss status, current opportunities, and priorities.	09/08/2015	03/29/2019	09/08/2015	03/29/2019	03/31/2019	DY4 Q4
Task 20. MCC and CPWNY public relations (PR) vendor(s) will be engaged.	Completed	20. MCC and CPWNY public relations (PR) vendor(s) will be engaged.	11/02/2015	03/31/2016	11/02/2015	03/31/2016	03/31/2016	DY1 Q4
Task 21. PR firm(s) will research for the social stigma campaign focusing on general awareness campaign. They will provide creative development, production, PR, social media services, and website development for MCC and CPWNY.	In Progress	21. PR firm(s) will research for the social stigma campaign focusing on general awareness campaign. They will provide creative development, production, PR, social media services, and website development for MCC and CPWNY.	10/01/2015	03/29/2019	10/01/2015	03/29/2019	03/31/2019	DY4 Q4
Task 22. Use public awareness, education, and other programs to address and	In Progress	22. Use public awareness, education, and other programs to address and	10/15/2016	03/29/2019	10/15/2016	03/29/2019	03/31/2019	DY4 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
22. Use public awareness, education, and other programs to address and positively impact outcomes for the selected programs in the targeted population groups.		positively impact outcomes for the selected programs in the targeted population groups.						
Milestone [4ai_02] Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.	In Progress	[4ai_02] Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.	07/01/2015	03/29/2019	07/01/2015	03/29/2019	03/31/2019	DY4 Q4
Task 1. Check program fidelity and collect pre- and post-test survey data annually beginning in July 2016.	In Progress	1. Check program fidelity and collect pre- and post-test survey data annually beginning in July 2016.	06/01/2016	03/29/2019	06/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 2. All participants will utilize knowledge and/or skills gained from specific training/program. Targeted number of individuals for each program TBD based on RFP response and capacity to serve 8 counties.	In Progress	2. All participants will utilize knowledge and/or skills gained from specific training/program. Targeted number of individuals for each program TBD based on RFP response and capacity to serve 8 counties.	07/01/2015	03/29/2019	07/01/2015	03/29/2019	03/31/2019	DY4 Q4
Task 3. Offer skill-building programs for elementary and middle school students (e.g., Too Good for Violence).	In Progress	3. Offer skill-building programs for elementary and middle school students (e.g., Too Good for Violence).	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 4. Offer skill-building programs for high school students (e.g., Teen Intervene).	In Progress	4. Offer skill-building programs for high school students (e.g., Teen Intervene).	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 5. Offer skill-building programs for adults (e.g., Wellness in the Workplace, Mental Health First Aid, parenting classes).	In Progress	5. Offer skill-building programs for adults (e.g., Wellness in the Workplace, Mental Health First Aid, parenting classes).	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 6. Identify and use process measures to evaluate the success of these skill-building programs (e.g., number of attendees, number of counties served, number of sessions).	In Progress	6. Identify and use process measures to evaluate the success of these skill-building programs (e.g., number of attendees, number of counties served, number of sessions).	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 7. Identify and use outcomes measures to evaluate effectiveness of these programs.	In Progress	7. Identify and use outcomes measures to evaluate effectiveness of these programs.	04/01/2016	03/29/2019	04/01/2016	03/29/2019	03/31/2019	DY4 Q4
Task 8. Promote and coordinate public awareness campaign/information for MEB.	In Progress	8. Promote and coordinate public awareness campaign/information for MEB.	10/01/2015	03/29/2019	10/01/2015	03/29/2019	03/31/2019	DY4 Q4
Milestone	Completed	The Mid-Point Assessment Project Narrative Template must be submitted	06/01/2016	08/05/2016	06/01/2016	08/05/2016	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
[4ai_03] Mid-Point Assessment		with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.						

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
[4ai_01] Identify and implement evidence-based practices and environmental strategies that promote MEB health. A menu of interventions is found on the Prevention Agenda website.	
[4ai_02] Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.	
[4ai_03] Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :



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Project 4.d.i – Reduce premature births

✓ IPQR Module 4.d.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.

Some at-risk pregnant women may not comply with prenatal care standards. Sufficient resources must be allocated to provide management and support of at-risk pregnant women. Community health workers (CHWs) will be utilized to decrease barriers including referral to services and system navigation as well as to reinforce health education and preventive strategies. CHWs will be trained in and utilize Patient Activation Measures software to assess client motivation levels and guide appropriate interventions.

Without a central repository where project-specific outcome data is stored and analyzed, prenatal agencies serving the community are unable to measure how their work is contributing to overall metrics reported on by the NYS DOH. This project will establish data collection and reporting requirements and provide instruction to participating agency personnel on data analysis techniques so analytical functions can be integrated in their daily work and improvement strategies.

CHW is a lower-paid position which may experience high turnover rates; this can disrupt program operations, particularly when pregnant women lose their assigned workers. The project will require CHWs to complete training and certification. Certification will increase the status of workers, elevate their self-esteem, and curb turnover. Working in concert with the Workforce Development Work Group, CHWs will be encouraged to continue their education as pathways for advancement to supervisory positions or other related careers.

CHWs will not be able to adequately communicate with clients about risks that could endanger their or their baby's health if the training approach is over-generalized—not geared to the special needs of the population. It will be critical to develop and include specific modules in the training curriculum.

Third-party payer reimbursement for CHW services provided to pregnant women is imperative to the survival of the program at the end of the five-year waiver period. With its adherence to evidence-based protocols and heavy reliance on outcomes data, the project will routinely report outcomes to payers so they become well-educated on the effectiveness of the CHW approach to reducing premature births.

Project outcomes can be negatively impacted by reluctance among third-party payers to pay for at-home nursing care for pregnant women and to approve authorizations for prescription treatments that help maintain pregnancy to full-term. The project will prepare and submit information to health plans on the value of at-home nursing care and treatments for pregnant women and how this is an important component of a standardized, evidence-based protocol for avoiding premature births. Additionally, to increase accessibility to home nursing services and appropriate treatments, the project will work with health plans on streamlining the prior approval process for these services.

A lack of cooperation among WNY PPSs regarding the use of standardized protocols and policies related to this project could cause confusion among providers, prevent referrals, negatively impact reporting of data, and generally result in poor outcomes. The project is designed to serve all Medicaid-funded pregnant women regardless of what PPS they or their providers are affiliated with. To create a seamless transition for patients, MCC will work with partnering PPSs to utilize standardized referral protocols, use uniform tracking and reporting systems and procedures, and



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maintain common messaging to educate and communicate with patients.



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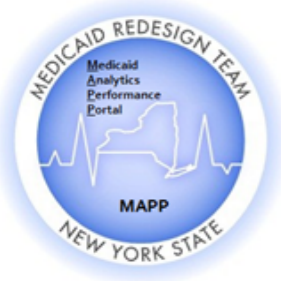
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✅ IPQR Module 4.d.i.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone [4di_01] Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for smokers.	Completed	Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for smokers.	09/25/2015	03/31/2017	09/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Determine PPS provider list.	Completed	1. Determine PPS provider list.	09/25/2015	10/15/2016	09/25/2015	10/15/2016	12/31/2016	DY2 Q3
Task 2. Conduct a kickoff meeting with overview of program and goals; invite stakeholders.	Completed	2. Conduct a kickoff meeting with overview of program and goals; invite stakeholders.	11/16/2015	03/09/2016	11/16/2015	03/09/2016	03/31/2016	DY1 Q4
Task 3. Determine stakeholders to develop planning team.	Completed	3. Determine stakeholders to develop planning team.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Work in partnership with project 3.f.i. (Maternal Child Support/CHW program).	Completed	4. Work in partnership with project 3.f.i. (Maternal Child Support/CHW program).	09/25/2015	04/10/2016	09/25/2015	04/10/2016	06/30/2016	DY2 Q1
Task 5. Evaluate best practice models. Determine model (e.g., Baby and Me Tobacco Free).	Completed	5. Evaluate best practice models. Determine model (e.g., Baby and Me Tobacco Free).	10/01/2015	10/15/2016	10/01/2015	10/15/2016	12/31/2016	DY2 Q3
Task 6. Define protocol.	Completed	6. Define protocol.	03/01/2016	10/15/2016	03/01/2016	10/15/2016	12/31/2016	DY2 Q3
Task 7. Determine training needs (offices, clinics, CHWs).	Completed	7. Determine training needs (offices, clinics, CHWs).	03/01/2016	03/01/2017	03/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task 8. Create/obtain written materials.	Completed	8. Create/obtain written materials.	10/15/2016	02/01/2017	10/15/2016	02/01/2017	03/31/2017	DY2 Q4
Task 9. Determine documentation needs (documentation and metrics to track, including QA system to monitor compliance).	Completed	9. Determine documentation needs (documentation and metrics to track, including QA system to monitor compliance).	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Roll out training.	Completed	10. Roll out training.	08/01/2016	01/10/2017	08/01/2016	01/10/2017	03/31/2017	DY2 Q4
Task 11. Adoption of protocol by providers.	Completed	11. Adoption of protocol by providers.	08/01/2016	01/30/2017	08/01/2016	01/30/2017	03/31/2017	DY2 Q4



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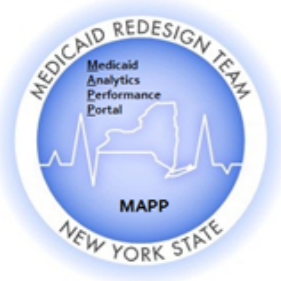
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 12. Develop communication method or plan for CHW to assist with reinforcing education related to smoking behavior.	Completed	12. Develop communication method or plan for CHW to assist with reinforcing education related to smoking behavior.	02/15/2016	08/01/2016	02/15/2016	08/01/2016	09/30/2016	DY2 Q2
Milestone [4di_02] Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines.	In Progress	Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Determine partner list (contacts and work team).	Completed	1. Determine partner list (contacts and work team).	09/25/2015	11/02/2015	09/25/2015	11/02/2015	12/31/2015	DY1 Q3
Task 2. Complete gap analysis.	In Progress	2. Complete gap analysis.	08/01/2016	02/12/2018	08/01/2016	02/12/2018	03/31/2018	DY3 Q4
Task 3. Determine list of protocols.	Completed	3. Determine list of protocols.	12/01/2015	09/01/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Standardize protocols.	In Progress	4. Standardize protocols.	08/01/2016	06/30/2017	08/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5. Determine/create tools and support needs.	In Progress	5. Determine/create tools and support needs.	10/24/2016	08/30/2017	10/24/2016	08/30/2017	09/30/2017	DY3 Q2
Task 6. Determine training needs (as protocols are completed and/or as a package).	In Progress	6. Determine training needs (as protocols are completed and/or as a package).	10/24/2016	08/30/2017	10/24/2016	08/30/2017	09/30/2017	DY3 Q2
Task 7. Implement training (dependent on needs).	In Progress	7. Implement training (dependent on needs).	01/10/2017	12/29/2017	01/10/2017	12/29/2017	12/31/2017	DY3 Q3
Task 8. Adoption of protocols by providers.	In Progress	8. Adoption of protocols by providers.	06/01/2016	09/28/2018	06/01/2016	09/28/2018	09/30/2018	DY4 Q2
Task 9. Determine and implement reassessment/review process.	In Progress	9. Determine and implement reassessment/review process.	04/10/2016	08/30/2017	04/10/2016	08/30/2017	09/30/2017	DY3 Q2
Task 10. Consider recognition program with provider adoption and success.	In Progress	10. Consider recognition program with provider adoption and success.	10/02/2016	09/28/2018	10/02/2016	09/28/2018	09/30/2018	DY4 Q2
Task 11. Assure ongoing touchpoints for feedback and evaluation.	In Progress	11. Assure ongoing touchpoints for feedback and evaluation.	10/02/2017	09/28/2018	01/01/2017	09/28/2018	09/30/2018	DY4 Q2
Milestone [4di_03] Work with paraprofessionals, including peer counselors, lay health advisors, and community health workers to reinforce health education and health care service utilization and	In Progress	Work with paraprofessionals, including peer counselors, lay health advisors, and community health workers to reinforce health education and health care service utilization and enhance social support to high-risk pregnant women.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
enhance social support to high-risk pregnant women.								
Task 1. Work in partnership with 3fi Maternal Child support (CHW program)	Completed	1. Work in partnership with 3fi Maternal Child support (CHW program)	09/25/2015	06/30/2016	09/25/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Determine health education priorities.	In Progress	2. Determine health education priorities.	04/01/2016	08/01/2017	04/01/2016	08/01/2017	09/30/2017	DY3 Q2
Task 3. Determine communication and documentation methods.	In Progress	3. Determine communication and documentation methods.	08/01/2016	08/30/2017	08/01/2016	08/30/2017	09/30/2017	DY3 Q2
Task 4. Create/obtain tools and written materials.	In Progress	4. Create/obtain tools and written materials.	08/01/2016	09/29/2017	08/01/2016	09/29/2017	09/30/2017	DY3 Q2
Task 5. Standardize protocols.	In Progress	5. Standardize protocols.	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 6. Determine training needs (including ongoing education).	In Progress	6. Determine training needs (including ongoing education).	10/15/2016	08/30/2017	10/15/2016	08/30/2017	09/30/2017	DY3 Q2
Task 7. Implement training.	In Progress	7. Implement training.	10/15/2016	12/29/2017	10/15/2016	12/29/2017	12/31/2017	DY3 Q3
Task 8. Implement program(s).	In Progress	8. Implement program(s).	04/01/2016	02/01/2018	04/01/2016	02/01/2018	03/31/2018	DY3 Q4
Task 9. Coordinate with participating counties Community Action Plans that selected a focus on preventing premature births.	In Progress	9. Coordinate with participating counties Community Action Plans that selected a focus on preventing premature births.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 10. Coordinate with P2 Collaborative community programs specific to preventing premature births, as applicable.	In Progress	10. Coordinate with P2 Collaborative community programs specific to preventing premature births, as applicable.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Milestone [4di_04] Implement innovative models of care that demonstrated to improve preterm birth rates, and other adverse pregnancy outcomes (prenatally, post-partum, family planning).	In Progress	Implement innovative models of care that demonstrated to improve preterm birth rates, and other adverse pregnancy outcomes (prenatally, post-partum, family planning).	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Utilize data to determine population needs/gaps.	Completed	1. Utilize data to determine population needs/gaps.	09/25/2015	08/30/2016	09/25/2015	08/30/2016	09/30/2016	DY2 Q2
Task 2. Assess program models (determine fit and applicability to address outcome need).	Completed	2. Assess program models (determine fit and applicability to address outcome need).	09/25/2015	01/29/2016	09/25/2015	01/29/2016	03/31/2016	DY1 Q4
Task 3. Engage partners to implement model(s).	In Progress	3. Engage partners to implement model(s).	11/02/2015	02/01/2018	11/02/2015	02/01/2018	03/31/2018	DY3 Q4



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3. Engage partners to implement model(s).								
Task 4. Create protocols.	In Progress	4. Create protocols.	10/15/2016	06/30/2017	10/15/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5. Determine training needs (including ongoing education).	In Progress	5. Determine training needs (including ongoing education).	04/01/2016	08/30/2017	03/01/2017	08/30/2017	09/30/2017	DY3 Q2
Task 6. Implement training.	In Progress	6. Implement training.	04/01/2017	12/29/2017	03/01/2017	12/29/2017	12/31/2017	DY3 Q3
Task 7. Implement program model.	In Progress	7. Implement program model.	06/01/2016	02/01/2018	06/01/2016	02/01/2018	03/31/2018	DY3 Q4
Task 8. Determine metrics to determine success.	In Progress	8. Determine metrics to determine success.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Milestone [4di_05] Provide clinical management of preterm labor in accordance with current clinical guidelines.	In Progress	Provide clinical management of preterm labor in accordance with current clinical guidelines.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Engage Perinatal Center and perinatal subject matter experts.	Completed	1. Engage Perinatal Center and perinatal subject matter experts.	09/25/2015	06/30/2016	09/25/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Standardize protocols.	In Progress	2. Standardize protocols.	03/01/2017	06/30/2017	03/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task 3. Assess gaps and barriers.	In Progress	3. Assess gaps and barriers.	03/01/2017	08/01/2017	03/01/2017	08/01/2017	09/30/2017	DY3 Q2
Task 4. Identify and create needed tools/checklists.	In Progress	4. Identify and create needed tools/checklists.	03/30/2017	08/30/2017	03/30/2017	08/30/2017	09/30/2017	DY3 Q2
Task 5. Determine training needs.	In Progress	5. Determine training needs.	03/30/2017	08/30/2017	03/30/2017	08/30/2017	09/30/2017	DY3 Q2
Task 6. Implement training.	In Progress	6. Implement training.	03/30/2017	12/29/2017	03/30/2017	12/29/2017	12/31/2017	DY3 Q3
Task 7. Determine metrics to determine success.	In Progress	7. Determine metrics to determine success.	09/25/2015	01/30/2017	09/25/2015	08/30/2017	09/30/2017	DY3 Q2
Milestone [4di_06] Implement practices to expedite enrollment of low-income women in Medicaid, including presumptive eligibility for prenatal care and family planning coverage.	In Progress	Implement practices to expedite enrollment of low-income women in Medicaid, including presumptive eligibility for prenatal care and family planning coverage.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Work in partnership with PAM project (alignment 2di).	In Progress	1. Work in partnership with PAM project (alignment 2di).	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 2. Work in partnership with 3fi Maternal Child support (CHW program).	Completed	2. Work in partnership with 3fi Maternal Child support (CHW program).	09/25/2015	06/30/2016	09/25/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 3. Outline standardized process (protocol).	In Progress	3. Outline standardized process (protocol).	09/25/2015	08/01/2017	09/25/2015	08/01/2017	09/30/2017	DY3 Q2
Task 4. Assess implementation into this program (system gaps and barriers).	In Progress	4. Assess implementation into this program (system gaps and barriers).	09/25/2015	08/30/2017	09/25/2015	08/30/2017	09/30/2017	DY3 Q2
Task 5. Create implementation plan.	In Progress	5. Create implementation plan.	09/25/2015	08/30/2017	09/25/2015	08/30/2017	09/30/2017	DY3 Q2
Task 6. Assess training needs including whether there are additional components to consider for this population.	In Progress	6. Assess training needs including whether there are additional components to consider for this population.	02/01/2017	08/30/2017	02/01/2017	08/30/2017	09/30/2017	DY3 Q2
Task 7. Implement training.	In Progress	7. Implement training.	03/15/2017	12/29/2017	03/15/2017	12/29/2017	12/31/2017	DY3 Q3
Task 8. Identify equipment needs.	In Progress	8. Identify equipment needs.	09/25/2015	12/01/2017	09/25/2015	12/01/2017	12/31/2017	DY3 Q3
Task 9. Deploy equipment.	Not Started	9. Deploy equipment.	06/01/2017	02/01/2018	06/01/2017	02/01/2018	03/31/2018	DY3 Q4
Task 10. Deploy enrollment procedures.	Not Started	10. Deploy enrollment procedures.	06/01/2017	12/29/2017	06/01/2017	12/29/2017	12/31/2017	DY3 Q3
Task 11. Assure IT support and access needs are met.	Not Started	11. Assure IT support and access needs are met.	06/01/2017	09/28/2018	06/01/2017	09/28/2018	09/30/2018	DY4 Q2
Task 12. Monitor success.	Not Started	12. Monitor success.	02/01/2018	09/28/2018	02/01/2018	09/28/2018	09/30/2018	DY4 Q2
Task 13. Create feedback system to identify previously unidentified or new barriers.	Not Started	13. Create feedback system to identify previously unidentified or new barriers.	02/01/2018	09/28/2018	02/01/2018	09/28/2018	09/30/2018	DY4 Q2
Milestone [4di_07] Utilize health information technology to facilitate more robust intake/enrollment, screening/risk assessment, referral, follow up and care coordination practices across health and human service providers.	In Progress	Utilize health information technology to facilitate more robust intake/enrollment, screening/risk assessment, referral, follow up and care coordination practices across health and human service providers.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Work in partnership with integrated health system project (alignment 2ai).	In Progress	1. Work in partnership with integrated health system project (alignment 2ai).	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 2. Work in partnership with 3fi Maternal Child Support.	Completed	2. Work in partnership with 3fi Maternal Child Support.	09/25/2015	09/30/2016	09/25/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Utilize EHR solution implemented across PPS.	In Progress	3. Utilize EHR solution implemented across PPS.	01/10/2017	09/28/2018	01/10/2017	09/28/2018	09/30/2018	DY4 Q2



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4. Identify metric needs.	In Progress	4. Identify metric needs.	12/31/2015	02/01/2017	12/31/2015	08/01/2017	09/30/2017	DY3 Q2
Task 5. Work with vendor to assure metrics and reporting needs.	In Progress	5. Work with vendor to assure metrics and reporting needs.	09/25/2015	02/01/2017	09/25/2015	08/01/2017	09/30/2017	DY3 Q2
Task 6. Test system.	In Progress	6. Test system.	12/31/2015	02/01/2017	12/31/2015	08/01/2017	09/30/2017	DY3 Q2
Task 7. Determine educational needs.	In Progress	7. Determine educational needs.	12/31/2015	02/01/2017	12/31/2015	08/01/2017	09/30/2017	DY3 Q2
Task 8. Implement training.	In Progress	8. Implement training.	09/25/2015	10/28/2017	09/25/2015	10/28/2017	12/31/2017	DY3 Q3
Task 9. Create dashboard monitoring ability.	In Progress	9. Create dashboard monitoring ability.	10/28/2016	01/10/2017	10/28/2016	08/10/2017	09/30/2017	DY3 Q2
Task 10. Assess system and compliance gaps.	In Progress	10. Assess system and compliance gaps.	01/30/2017	08/28/2018	01/30/2017	08/28/2018	09/30/2018	DY4 Q2
Milestone [4di_08] Refer high-risk pregnant women to home visiting services in the community.	In Progress	Refer high-risk pregnant women to home visiting services in the community.	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 1. Work in partnership with home health collaboration project (alignment 2bviii).	In Progress	1. Work in partnership with home health collaboration project (alignment 2bviii).	09/25/2015	09/28/2018	09/25/2015	09/28/2018	09/30/2018	DY4 Q2
Task 2. Design criteria.	In Progress	2. Design criteria.	02/01/2017	06/10/2017	02/01/2017	06/10/2017	06/30/2017	DY3 Q1
Task 3. Determine training needs.	In Progress	3. Determine training needs.	02/01/2017	08/30/2017	02/01/2017	08/30/2017	09/30/2017	DY3 Q2
Task 4. Implement training.	In Progress	4. Implement training.	08/01/2017	01/15/2018	03/01/2017	01/15/2018	03/31/2018	DY3 Q4
Task 5. Implement plan.	In Progress	5. Implement plan.	08/01/2017	01/15/2018	03/01/2017	01/15/2018	03/31/2018	DY3 Q4
Task 6. Gap analysis (when services are not covered).	In Progress	6. Gap analysis (when services are not covered).	02/01/2017	12/29/2017	02/01/2017	12/29/2017	12/31/2017	DY3 Q3
Task 7. Determine barriers to referrals.	In Progress	7. Determine barriers to referrals.	02/01/2017	12/29/2017	02/01/2017	12/29/2017	12/31/2017	DY3 Q3
Task 8. Engage Medicaid MCOs in discussion as needed (follow 3fi requirement 5 steps).	In Progress	8. Engage Medicaid MCOs in discussion as needed (follow 3fi requirement 5 steps).	12/29/2017	09/28/2018	01/15/2017	09/28/2018	09/30/2018	DY4 Q2
Milestone [4di_09] Mid-Point Assessment	Completed	The Mid-Point Assessment Project Narrative Template must be submitted with the DY2, Q1 Quarterly Report via MAPP to the "PPS Defined Milestone" module. The PPS should add a milestone entitled "Mid-Point Assessment" and upload a Project Narrative Template for each project the PPS is implementing there.	06/01/2016	08/05/2016	06/01/2016	08/05/2016	09/30/2016	DY2 Q2



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Millennium Collaborative Care (PPS ID:48)

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
[4di_01] Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for smokers.	
[4di_02] Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines.	
[4di_03] Work with paraprofessionals, including peer counselors, lay health advisors, and community health workers to reinforce health education and health care service utilization and enhance social support to high-risk pregnant women.	
[4di_04] Implement innovative models of care that demonstrated to improve preterm birth rates, and other adverse pregnancy outcomes (prenatally, post-partum, family planning).	
[4di_05] Provide clinical management of preterm labor in accordance with current clinical guidelines.	
[4di_06] Implement practices to expedite enrollment of low-income women in Medicaid, including presumptive eligibility for prenatal care and family planning coverage.	
[4di_07] Utilize health information technology to facilitate more robust intake/enrollment, screening/risk assessment, referral, follow up and care coordination practices across health and human service providers.	
[4di_08] Refer high-risk pregnant women to home visiting services in the community.	
[4di_09] Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Instructions :



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

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

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

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

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

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

Primary Lead PPS Provider:	ERIE COUNTY MEDICAL CTR
Secondary Lead PPS Provider:	
Lead Representative:	Christine Blidy
Submission Date:	06/26/2017 12:23 PM

Comments:



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Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY2, Q4	Adjudicated	Christine Blidy	mrurak	06/30/2017 01:22 PM



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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The DY2, Q4 Quarterly Report has been adjudicated.	mrurak	06/30/2017 01:22 PM
Returned	The IA has returned the DY2, Q4 Quarterly Report for Remediation. The deadline for the PPS to return the revised report is June 26, 2017.	mrurak	06/12/2017 04:30 PM
Returned	The IA has returned the DY2, Q4 Quarterly Report for Remediation. The deadline for the PPS to return the revised report is June 26, 2017.	mrurak	06/12/2017 04:30 PM



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



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



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



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



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



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



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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete		
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	



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Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Ongoing	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass (with Exception) & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
Section 08	Module 8.1 - Prescribed Milestones		



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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	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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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Complete	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Complete	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Complete	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	 
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.vii	Module 2.b.vii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.vii.3 - Prescribed Milestones		
	Milestone #1 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net .	Fail	
	Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Pass & Complete	
	Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Complete	
	Milestone #4 Educate all staff on care pathways and INTERACT principles.	Pass & Complete	
	Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Complete	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Complete	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Complete	
	Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Pass & Complete	
	Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Complete	
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete		
2.b.viii	Module 2.b.viii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.viii.3 - Prescribed Milestones		
	Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Pass & Complete	
	Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Pass & Complete	
	Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early	Pass & Complete	



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Project ID	Module Name / Milestone #	Review Status	
	identification of potential instability and intervention to avoid hospital transfer.		
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Pass & Complete	
	Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Complete	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Complete	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Complete	
	Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Pass & Complete	
	Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pass & Complete	
	Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Pass & Complete	
	Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Complete	
	Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Complete	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Complete	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Complete	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Complete	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Complete	
	Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Pass & Complete	
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R)	Pass & Complete	



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Project ID	Module Name / Milestone #	Review Status	
	during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.		
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Complete	
	Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. <ul style="list-style-type: none"> • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. 	Pass & Complete	
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Complete	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Complete	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Complete	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Complete	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Complete	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Complete	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Complete	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Complete	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	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 & Complete	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Complete	
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Complete		



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	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Complete	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Complete	
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass & Complete	
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Complete	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Complete	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete		



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Complete	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Complete	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Complete	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Complete	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Complete	
3.f.i	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 & Ongoing	
	Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Pass & Ongoing	
	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.	Pass & Ongoing	
	Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	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	
	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		



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Project ID	Module Name / Milestone #	Review Status	
	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.i	Module 4.a.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.d.i	Module 4.d.i.2 - PPS Defined Milestones	Pass & Ongoing	



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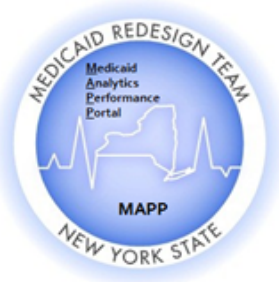
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Providers Participating in Projects

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

Provider Category		Project 2.a.i	Project 2.b.iii	Project 2.b.vii	Project 2.b.viii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.b.i	Project 3.f.i	Project 4.a.i	Project 4.d.i											
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed											
Practitioner - Primary Care Provider (PCP)	Total	645	620	0	-	0	-	119	-	465	-	140	571	5	-	642	570	166	-	0	-	166	-
	Safety Net	135	137	0	119	0	-	119	119	121	119	119	119	2	119	134	119	113	95	0	-	114	-
Practitioner - Non-Primary Care Provider (PCP)	Total	549	1,999	0	-	0	-	63	-	92	-	185	245	186	-	360	346	133	-	0	-	133	-
	Safety Net	95	132	0	-	0	-	63	56	92	76	9	76	8	76	94	40	84	75	0	-	84	-
Hospital	Total	12	10	5	-	11	-	11	-	12	-	3	-	11	-	11	-	12	-	1	-	12	-
	Safety Net	10	10	4	7	10	10	10	10	10	10	2	-	10	10	10	-	10	10	1	-	10	-
Clinic	Total	30	34	10	-	1	-	3	-	28	-	13	27	13	-	27	27	28	-	1	-	28	-
	Safety Net	26	30	9	26	0	-	2	-	26	22	12	26	12	26	26	26	26	26	1	-	26	-
Case Management / Health Home	Total	22	26	3	-	0	-	0	-	20	-	7	-	7	-	20	26	21	-	1	-	21	-
	Safety Net	19	16	2	15	0	-	0	-	19	-	6	-	6	16	19	16	19	16	1	-	19	-
Mental Health	Total	117	107	1	-	0	-	36	-	2	-	40	107	43	-	117	107	6	-	0	-	6	-
	Safety Net	39	36	1	-	0	-	36	36	2	-	9	36	10	36	39	36	5	-	0	-	5	-
Substance Abuse	Total	18	13	1	-	0	-	16	-	1	-	8	13	8	-	4	13	0	-	0	-	0	-
	Safety Net	17	17	1	-	0	-	16	13	1	-	8	13	8	17	4	13	0	-	0	-	0	-
Nursing Home	Total	48	45	0	-	48	-	48	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
	Safety Net	47	50	0	-	47	46	47	46	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Pharmacy	Total	20	4	0	-	0	-	20	-	20	-	0	-	0	-	20	4	0	-	0	-	0	-
	Safety Net	7	7	0	-	0	-	7	7	7	7	0	-	0	-	7	7	0	-	0	-	0	-
Hospice	Total	0	4	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-



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Provider Category		Project 2.a.i		Project 2.b.iii		Project 2.b.vii		Project 2.b.viii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.b.i		Project 3.f.i		Project 4.a.i		Project 4.d.i	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed
	Safety Net	0	0	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	0	0	-	0	-
Community Based Organizations	Total	132	19	2	-	2	-	2	-	7	-	119	12	100	-	22	12	20	-	3	-	20	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
All Other	Total	724	1,723	8	-	1	-	205	-	258	-	44	1,377	28	-	654	1,377	297	-	2	-	297	-
	Safety Net	264	305	8	-	1	-	202	199	256	237	23	199	19	199	220	199	201	199	1	-	201	-
Uncategorized	Total	156	-	0	-	1	-	1	-	0	-	153	-	153	-	0	-	3	-	1	-	3	-
	Safety Net	1	-	0	-	0	-	0	-	0	-	1	-	1	-	0	-	1	-	0	-	1	-
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-

Additional Project Scale Commitments

Instructions:

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

Project Scale Category	Project	Selected	Committed
Emergency Departments with Care Triage	2.b.iii	0	8
Home Care Facilities	2.b.viii	21	21
PAM(R) Providers	2.d.i	27	21
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	8
Number of programs	3.f.i	17	15

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Fox Chester H Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓			✓
Rosenthal Thomas Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓			



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* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Kohli Romesh K Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Malpeso James V Md	Practitioner - Primary Care Provider (PCP)											
Reagan J Thomas Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Baliah Tadla Md	Practitioner - Primary Care Provider (PCP)											
Gerbasi Thomas R Md Pc	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Press Shalom Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Beck Frederick K Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Lee Tat Sum Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Parikh Rajiv C Pc Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Gilkar Nazir A Pc Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Canavan J William Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Chang Han Kyo Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Baier William J Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Dyster Melvin B Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Hoffman Martin T Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Gordon Frederick Comstock	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Kuritzky Paul Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Fazili Abdul Q Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Milazzo Richard T Jr Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Cunningham Eugene E Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Haq Syed Ejaz Ul Md Pc	Practitioner - Primary Care Provider (PCP)	✓							✓			
Choi Hee K Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Dippert Paul C Do	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Gayles Kenneth L Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Chopra Prem K Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Lang Carol Ann Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Storm Donald F Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Venuto Rocco C Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Campagna Franklyn N Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Contino Carl A Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Ignatius Patrick M Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			



**New York State Department Of Health
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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Sifontes Lionel Anthony Pc Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Varma Chelikani P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Nathan Sathia V Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mango Martin Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gentile Joseph D Pc Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Patel Kalpana D Md	Practitioner - Primary Care Provider (PCP)											
Sielski Lester S Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ruth Willard Dale Pc Do	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Nemeth Lawrence J Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Brautigam Donald F Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sahaf Ashraf M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bodkin John J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Hirsh Fredric M Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Cozza Thomas F Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Maggioli Albert J Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Obrien Matthew J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Patel Raman R	Practitioner - Primary Care Provider (PCP)											
Elibol Tarik Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Maneyapanda Bidappa G Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Leslie Joyce Ruth Md	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Menchini John P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Vaughan Russell S Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Eluard Alain Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Freer Jack P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mcaloon Margaret Honora Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Logan Rodney D Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yates Ferdinand D Jr Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Rasalingam M Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Cumbo Thomas John Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Naik Ashok P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Tambar Indra Md	Practitioner - Primary Care Provider (PCP)											



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Paul James Julius Md	Practitioner - Primary Care Provider (PCP)											
Michalski Stanley R	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Min Inkee Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sperry Howard E	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Siegel Myron Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Varallo Nicholas Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Deahn Dale L Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Logue Gerald Lee Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sinatra Lawrence Thomas Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Fazili Sharifa Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Rzepakowski Neal Richard Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Eggleston Gary E Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Berger Andrew J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Benjamin Linda Lazarus	Practitioner - Primary Care Provider (PCP)											
Berke Robert Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Bloom Michael J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Rajan Gulati Physician Pc Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Stahl David D Md	Practitioner - Primary Care Provider (PCP)											
Siddiqui Mohamed Yusuf A Md	Practitioner - Primary Care Provider (PCP)											
Penepent Philip A Jr Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Bauers John C Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dsouza Marcelino Fabian	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kornberg Allan Eric Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Schreck Frank Thomas Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Balon Walter Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Collins James Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Silverstein David Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sheth Gaurang S Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Raiken Deborah Faye Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Snow Irene Sharon Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dougherty Thomas E Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



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Montgomery Maureen Eimer Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Morelli Daniel J Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Boepple Hartwig O Md	Practitioner - Primary Care Provider (PCP)											
Berger Roseanne Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Kaul Usha Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Patel Arun P	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Najar Gulam Mohmad Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Burnett George J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Andres Jerome Collins Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Calabrese Michael D Md Pc	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Francemone Charles J Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Scrivani Stephen P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Stubenbord John C Md	Practitioner - Primary Care Provider (PCP)											
Lauria Gerald A Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Robinson Donald W Md	Practitioner - Primary Care Provider (PCP)											
Stone Steven Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Persaud Andre A Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Terranova Michael David Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Welliver Josephine R	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bezbatchenko Mark Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Ulatowski Jerome J li	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Artim Thomas S Md	Practitioner - Primary Care Provider (PCP)											
Baron Stone Judith L Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Schenk Gregory P Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Clarke Ronald Jay Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Witte Gilbert N Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Norman Allyn Michael Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sickels Eric Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bojedla Vijay K	Practitioner - Primary Care Provider (PCP)	▼							▼			
Chi Yong Baek Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Downey Dorothea Ann Md	Practitioner - Primary Care Provider (PCP)											



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Lahoti Dinesh	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Heimerl Michael Joseph Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Cruz Lourdes F Md	Practitioner - Primary Care Provider (PCP)											
Jain Naresh K Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Shehata Nady Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Anderson Galvin D Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Kaul Tej N Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Lana Steven Joseph Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Brown Edward Ivan Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Cardone Linda Ann Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sofat Suresh Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kraus David R Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Collins Richard L Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Aquino Nicholas J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Hartrich William M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gallagher Susan J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Schifeling Richard William Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Komin Maria J	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yoviene Joel Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Mezzadri Francis C Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
White Thomas Gerard Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Anderson Dana Patrick	Practitioner - Primary Care Provider (PCP)	▼							▼			
Williams Aston B Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wild James E Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Ellis Nitza F Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Gorman Timothy Alan Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Manyon Andrea Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Hurvitz Evelyn Deborah Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Campbell Lorne Richard Sr Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Weiss Steven D Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kasnicki Laurie Md	Practitioner - Primary Care Provider (PCP)	▼							▼			



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Friedan Emily Sarah Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Hughes Thomas Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Nelson Gary Robert Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Thomas David M Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Okeeffe David A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wadhwa Arvind K Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Chau Teresa Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Alvarez Carmen Adriana Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Libby Margaret A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Jain Lalit K Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Coyne John Francis Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Dionne Pierre Eugene Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Barnes Steven Edmund	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mcnally G Lawrence Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Healy William Michael Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Macleane Craig K Md	Practitioner - Primary Care Provider (PCP)											
Voelker Frank James Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dejneka Bohdan Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Hamburg Pediatrics Pc	Practitioner - Primary Care Provider (PCP)											
Cellino Michael R Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kucera Jon C Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Hurley Patrick Thomas Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼	▼	▼	▼		▼
Guth Kenneth J Md	Practitioner - Primary Care Provider (PCP)											
Cooley-Guth Carol Mary Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Graham Susan Perkins Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Parmington Martha Jane Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Garbarino Kenneth Alan Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Reden Peter J Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Wang Raphael Piu-Si Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kowalski Peter Frederick Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Evans Stephen J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



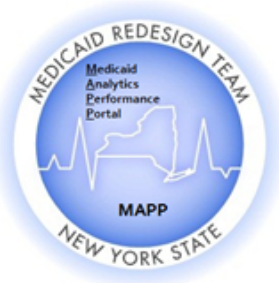
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Oehman Donna M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Forte Kenton E Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Marfurt Jeanann M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Collier James Thomas Md	Practitioner - Primary Care Provider (PCP)											
Vetrano Anthony T Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Erk Susan Catherine Md	Practitioner - Primary Care Provider (PCP)											
Cameron Melinda S Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Gunawardane Cyril Md	Practitioner - Primary Care Provider (PCP)											
Mcdonell Mary Jo Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Shulman David S Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Leonard Dolores C Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Fudyma John R Md	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Kaplan Robert Edward Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Soh Andrew Young Hoon Md	Practitioner - Primary Care Provider (PCP)											
Carlson Richard A Jr Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Bartholomew Anthony O Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Snyder Ob-Gyn Pc	Practitioner - Primary Care Provider (PCP)											
Klocke Mark R Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Schueler William C Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kuehnling William Robert Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Hohensee James E Md	Practitioner - Primary Care Provider (PCP)	▼				▼	▼	▼	▼			
Davis Elizabeth Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Yale Sandra D Do	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Toms Bill R Md	Practitioner - Primary Care Provider (PCP)											
Barker Marilyn A Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Panzarella James John Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Szalkowski Thomas J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Fabian John A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Oconnor Terence P Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Weppner Dennis M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bishop Gerald Jay Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



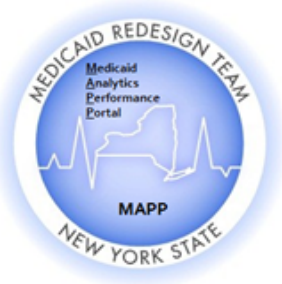
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Schamann Mary E Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Mas Eddie Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Sundquist Janet C Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Reed Pamela Diane Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Castaldo Richard S Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Sunday Bonnie Md	Practitioner - Primary Care Provider (PCP)											
Haddad George Anis Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
O'Neill Catherine P Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Southard Eric R Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Peters Nancy J Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Casey Martin A Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Vazquez Raul Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Chandan Komal Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Mcdaniel Timothy Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Kitchen Timothy M Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Putnam Thomas A Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓		✓			
Madejski Thomas J Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Hogan Harriette F	Practitioner - Primary Care Provider (PCP)	✓							✓			
Taraboletti Lynn M Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Pepe Marjorie Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Bogner Thomas Bernhard Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Luzi Lori Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Landis Andrew J Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Condino Dalinda A Md	Practitioner - Primary Care Provider (PCP)	✓							✓	✓		✓
Damiani Amy L Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Dimitroff Grace D Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Newberger David Scott Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Dougherty Susan E	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Sasankan Krishnakanthan Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Flaschner Steven Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Mcmahon Colin James Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			



**New York State Department Of Health
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DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Dale Priscilla K Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gomez Ellis Eugenia Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Vienne Richard P Jr Do	Practitioner - Primary Care Provider (PCP)	▼							▼			
Heidelberger Edwin Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Winkelstein Peter Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Clerk Harnath Balendra Md Pc	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Crane John K Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Roehmholdt Sheliah J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Deberny David Robert Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Goodman Gail R Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kaufman Heather L Md	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Naughton Bruce J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
O'Neill Elizabeth Ann Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Pace Sheila M	Practitioner - Primary Care Provider (PCP)											
Farghaly Ayman A Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Rush Theresa A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Purizhansky Polina Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Vergos Katherine A Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sutter Diane J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Oconnor Gale Lauren Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Nagalla Rajeswara Rao Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Calkins Joan Grosvenor Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Reubens Harold Vernon Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Abialmouna Jihad Hassan Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Hallasey-Roberts David Lance	Practitioner - Primary Care Provider (PCP)	▼							▼			
Derkatz Danuta Teresa Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Singh Sonjoy Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Nelda Subia Lawler Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Botsoglou Nikolaos K Md	Practitioner - Primary Care Provider (PCP)											
Hermogenes Alicia W Md	Practitioner - Primary Care Provider (PCP)											
Bassig Edgar B	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



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Mattimore Colleen Anne Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Lopat-Winter Mary Beth	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Le Nga Thi Thanh Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Notaro John C Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ram Raghu	Practitioner - Primary Care Provider (PCP)	▼							▼			
Roth Carl Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Chatrath Kapil Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Molnar Rebecca Elizabeth Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Lewis Dwight Danovan Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Kua Alfredo Uy Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sridhar Nagaraja R Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
London Pamela Vida Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Packianathan Emmanuel Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kalra Tejinder Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sherif Jenia Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wellness Medical Practice Pllc	Practitioner - Primary Care Provider (PCP)											
Heyden Timothy Michael Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sayalolipavan Thihalolipavan	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kansal Sarita Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Holmes David Michael Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Cavalieri Morris Maurizio Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Capote Eileen D Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Oleszak Debora A	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Khalaf Mohamed Abdel H Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Barcomb Alan James Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Holmes Lucy C-Y H Md	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Dzik John Alexander Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Fretz Stephanie Hobika Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Cleary Kevin G Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Divan Nita Kumari Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Shafik Ihab Mahmoud Md	Practitioner - Primary Care Provider (PCP)	▼							▼			



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Friary Patrick Michael Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sulaiman Rosalind Nolan	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Lall Shashi Md	Practitioner - Primary Care Provider (PCP)											
Meras Larisa Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Milling David Andrew Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dilamarter Jr. Thomas I	Practitioner - Primary Care Provider (PCP)	▼							▼			
Laudico Robert R	Practitioner - Primary Care Provider (PCP)	▼							▼			
Mucciarella Rosalba Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Khan Nasir Mahmood Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Tiu-Snyderman Zerline Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Hall John David Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ferguson Gail Hana	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Glick Myron Lynn Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Rabice Michael D Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Rich Ellen Paige Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Aronica Michael Joseph Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Grimm Kathleen T Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Sanfilippo Diane Marie Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Zerbe Daniel Lee Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Roetzer Gloria Maria	Practitioner - Primary Care Provider (PCP)	▼							▼			
Golding Douglas James Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Ilustre Ricardo Pesigan Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Jehrio Gregory Thomas Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Smith Blackwell Olivia Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Griswold Kim Strong Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Gadawski Robert John Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Palma Alessandra Mulle Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sheriff Fuad Habib Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Khalid Mahran	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ostolski Michael John	Practitioner - Primary Care Provider (PCP)											
Pervez Yasmin Md	Practitioner - Primary Care Provider (PCP)	▼							▼			



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Golubski Julie Ann	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Douglas Winston George	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Antfleck Alan M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Khawar Muhammad Khalid Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Manka-Black Michele Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Zimmermann Annmarie Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Hrab Dawn Patricia Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Snitzer Joel A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ruh Jennifer Marie Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Potempa Michele A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dzik Darlene Ann Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Segal Barbara A Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Krol Lawrence Charles Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Meaney-Elman Nora	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Stevens Pamela	Practitioner - Primary Care Provider (PCP)											
Mcmichael Bonnie Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Qutubuddin K Dar	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ehlenfield Daryl R Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Bayoumi Ahmed G M Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Osula Collins O Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Thornton Sharon Elaine Rose	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Murawski Susan	Practitioner - Primary Care Provider (PCP)	▼							▼			
Lates Christian	Practitioner - Primary Care Provider (PCP)	▼							▼			
Warner Andrew W Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Siaw Patrick A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Munir Adnan Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Grover Julie Lyn	Practitioner - Primary Care Provider (PCP)											
Wegman Theresa M Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yasin Ghous A Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Beney Christopher E M.D.P.C.	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Hughes Thomas Francis	Practitioner - Primary Care Provider (PCP)	▼							▼			



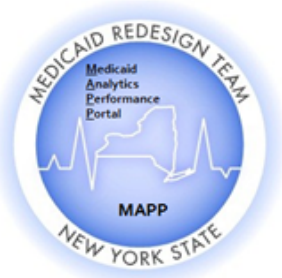
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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Sadiq Riffat Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Spiropoulos Constantina	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Dee Deborah M	Practitioner - Primary Care Provider (PCP)	▼							▼			
Langan Marsha	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Smith Mary M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Tempfer Tamara	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Dao Tinh	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Kessler Marie	Practitioner - Primary Care Provider (PCP)	▼							▼			
Wittmann Joseph Carl Jr Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Szumigala Maxine Elizabeth Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Schultz Douglas Allen Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sokolofsky Denise K Md	Practitioner - Primary Care Provider (PCP)									▼		
Shanthi Rajendran Phys Pc	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yates Charles W Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Oesterle Susan Ann	Practitioner - Primary Care Provider (PCP)											
Cihak William Garrity Ii	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Rykert-Wolf Mary Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Karimi Mumtaz	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Perry Jesslyn Louise Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Rosenbloom Stephen Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Wnuk William Joseph Md	Practitioner - Primary Care Provider (PCP)											
Gbadamosi Fatai Adesina Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Srinivas P Thandla	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Sinha Ravi Nandan Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Singh Ashok Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Singh Ranjit Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Silliker Michelle A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Patti John P Jr Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Zambron Mark Richard Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Buzzard Tami Lynn	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Mohamed Naureen A Md	Practitioner - Primary Care Provider (PCP)	▼							▼			



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Patel Vinod Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Szimonisz Susan Marie Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓			
Baker Robert Denio Md	Practitioner - Primary Care Provider (PCP)	✓			✓		✓		✓	✓		✓
Perry Mark Franklyn Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Zorich Daniel Wayne Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Szumigala Julie A Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Schenk Thomas Edgar Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Sciolino Melissa Nancy Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Roland Jayson Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Jain Rajiv K Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Springer Christopher R Md	Practitioner - Primary Care Provider (PCP)	✓								✓		✓
Schaeffer Christopher Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Dombrowski Jacqueline Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Trock Daniel Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Khawar Sarwat Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Zionts Michael Evan Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Treverton Patricia Lynn	Practitioner - Primary Care Provider (PCP)											
Redhead Antonia J Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Stewart Scott H Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Piwko Jennifer Gennuso	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Mcternan Thomas R Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Manning Karen Webb	Practitioner - Primary Care Provider (PCP)	✓							✓			
Alam Hyder Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Fanwei Meng	Practitioner - Primary Care Provider (PCP)	✓							✓			
Denardin Ann	Practitioner - Primary Care Provider (PCP)	✓							✓			
Usen Joshua Michael Do	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Emerson Claudia Janice	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Violanti Paul Joseph	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Karaszewski Brian	Practitioner - Primary Care Provider (PCP)	✓							✓			
Mamnoon Sameer Shamoan Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Wen Hongyu	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			



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Dyson Kathleen Marie Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Bowman Lori Anne Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Mulawka John	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Daniels Johnathan D Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Ippolito Calogero Mario Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Burnett Christine M Md	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Pawlowski David Anthony Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Burnett Jeffrey Orlando Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Danaher Haag Patricia Joan Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Iacovitti Patricia A	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Haefner Joanne E	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Mascia Christopher C	Practitioner - Primary Care Provider (PCP)	▼							▼			
Scime Christine E Np	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Polowy Patricia K	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Loomis Diane M	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Wolf Judi Lettman	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Tollini Lisa Ann Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Blondell Richard D Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Noukla Shahera Azmi Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Cosico Felixberto Ison	Practitioner - Primary Care Provider (PCP)	▼							▼			
Phelps Rachael Heather Md	Practitioner - Primary Care Provider (PCP)											
Bartels Matthew	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Yunker Jennifer L Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Abeles Jennifer Susan Md	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Oo Geemson	Practitioner - Primary Care Provider (PCP)	▼							▼			
Pastore John Vincent Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Steinacher Robyn Sara	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Amabile Christene M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Haitz Nancy	Practitioner - Primary Care Provider (PCP)											
Sherwood Karla A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Thierman Eric J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



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Kim Edward	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Waffner Eric J Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Hua Shuman Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ross Lynne S Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Conway Donna J Rizzo	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kait Kathleen H	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Roller Jennifer Lynn Md	Practitioner - Primary Care Provider (PCP)	▼			▼		▼		▼	▼		▼
Blake Jane Rennie	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Ahuja Karuna	Practitioner - Primary Care Provider (PCP)	▼							▼			
Zakrzewski Susan M	Practitioner - Primary Care Provider (PCP)											
Chaudhuri Jayanta Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Salzmann Pamela Teresa Do	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Kirst Patricia	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Shea Patricia M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Watson Erin Lynn Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Reimer Tara Lin Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Jobes Gregory Alan Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Oehmler Susan E Np	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sheikh Tariq Aziz Md	Practitioner - Primary Care Provider (PCP)											
Reamer Pamela J Np	Practitioner - Primary Care Provider (PCP)											
Figuroa Jeanette L Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Fisher Chandra Marie Do	Practitioner - Primary Care Provider (PCP)											
Lashbrook Lorie Ann Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Braun Amy E Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Jobes Ann Marie Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Lamb Anna Marie Do	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sharma Nisha Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Rajeswary Jyotsna	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Archer Fred Douglas Iii Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Jacobus Christopher Michael M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Peterman Arkady Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



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Dagher Christiane Harfouche	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Koneru Suchitra	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Pickhardt Donald F Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓			
Thurlow Juliane M Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Symons Andrew B Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓	✓	✓	✓		✓
Zulqarni Naz Jabeen	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Earl Mary E	Practitioner - Primary Care Provider (PCP)											
Flores Tessa F Md	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Kim Mark Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Elliott Frederick M Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Bakhai Smita X	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Tenney Emily F Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Slater Michael D Do	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Schonour Christine Marie Np	Practitioner - Primary Care Provider (PCP)											
Turkovich Stephen J Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Burstein Gale R Md	Practitioner - Primary Care Provider (PCP)	✓							✓	✓		✓
Kanaley Justin C Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Difonzo Carolyn	Practitioner - Primary Care Provider (PCP)	✓				✓	✓	✓	✓			
Guru Lubna	Practitioner - Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Trask Jennifer Louise Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Darling Scott Robert Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Makdissi Regina Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Balaya Farkad Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Kovtunova Svetlana V Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Leilabadi Shahriyar A Md	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Printup Elizabeth Np	Practitioner - Primary Care Provider (PCP)	✓							✓			
Conley Danielle	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Liu-Chen Xinyue Md	Practitioner - Primary Care Provider (PCP)	✓							✓			
Teller Amy	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Rapha Family Medicine Pc	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Symons Nicole L Md	Practitioner - Primary Care Provider (PCP)											



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Wilkins Diana Garber Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Lopez Andre L Md	Practitioner - Primary Care Provider (PCP)											
Jordan Michael	Practitioner - Primary Care Provider (PCP)	▼				▼	▼	▼	▼			
Rozario Marcel	Practitioner - Primary Care Provider (PCP)											
Kita Joseph Thomas Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Malik Khalid Saeed Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wagner Sheri Lynn Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Baez Maritza	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Miller Jennifer Elizabeth Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sekulovski Katie Weart	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Mary Ellen Brown	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Simons Rebecca	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Mackowiak Susan	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mills William Fowler	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Rohini Dilip Thodge	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mcdonald Deanna	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Melendez Ricardo	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Mohiuddin Mohammed Amer	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wehr Matthew D Md	Practitioner - Primary Care Provider (PCP)	▼							▼			
Anand Edwin J	Practitioner - Primary Care Provider (PCP)	▼							▼			
Collins Gregory James Md	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Giuseppiha Jean Kenyon Savard	Practitioner - Primary Care Provider (PCP)											
Thurairajah Arunan	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Appasamy Suresh	Practitioner - Primary Care Provider (PCP)	▼							▼			
Burke Amy J	Practitioner - Primary Care Provider (PCP)											
Kilbury Taylor Laurie L Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gualtieri Joseph	Practitioner - Primary Care Provider (PCP)	▼							▼			
Shepherd Chad	Practitioner - Primary Care Provider (PCP)											
Martinez Anthony	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ana Maria Stoica	Practitioner - Primary Care Provider (PCP)											
Jackson Kimberly	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼



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Mathew Tom	Practitioner - Primary Care Provider (PCP)											
Yosha Amanat Miglani	Practitioner - Primary Care Provider (PCP)											
Salman Nasir Abbasey	Practitioner - Primary Care Provider (PCP)	▼							▼			
Queenan Emily	Practitioner - Primary Care Provider (PCP)											
Cox Matthew	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Yosha Assaf	Practitioner - Primary Care Provider (PCP)											
Siddiqui Majeed	Practitioner - Primary Care Provider (PCP)											
Carr Anna Marie	Practitioner - Primary Care Provider (PCP)	▼							▼			
Poppenberg Kristin Elizabeth	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Luczkiewicz Debra Lynn	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gupta Anju	Practitioner - Primary Care Provider (PCP)	▼							▼			
Ventry Kathleen Susan	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Siddiqui Abrar	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Weber Ryan	Practitioner - Primary Care Provider (PCP)											
Annie Mathai	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Keech Kelly Ann	Practitioner - Primary Care Provider (PCP)	▼								▼		▼
Cornell Heidi A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Radovic Marija	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Henna M Sheikh	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Christa L Zenoski	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Comerford Emily Anne	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Jao-Velasquez Michelle Agana Md	Practitioner - Primary Care Provider (PCP)											
Bonnevie Danielie Lynn	Practitioner - Primary Care Provider (PCP)	▼							▼			
Sarah Thompson	Practitioner - Primary Care Provider (PCP)											
Nebbia Robin Lee	Practitioner - Primary Care Provider (PCP)	▼							▼			
Ji Young Lee	Practitioner - Primary Care Provider (PCP)											
Nixon Eleanor Bridget	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Quinn Heather Ann	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Leonard Takesha	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Roosa Christina Patricia	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Moberg Amos Michael	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			



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Wilson Kimberly Alexandria	Practitioner - Primary Care Provider (PCP)											
Pal Amandeep	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wymer Dana Lynn Do	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Joseph V Mure Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Arora Nitin	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Rozmus Zuzanna Maria	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Blymire William Warren Jr	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Chopra Anita	Practitioner - Primary Care Provider (PCP)	▼							▼			
Fitting Lisa Nicole	Practitioner - Primary Care Provider (PCP)											
Zang Michael Clark	Practitioner - Primary Care Provider (PCP)											
Azadfard Mohammadreza	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Merino Ronald	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Salis Robertus J	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Boyce Jennifer	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼			
Thomas Bridget	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
King Stella O	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Tallman Jacob	Practitioner - Primary Care Provider (PCP)											
Raza Shafi	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Patnaik Priyanka	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Marthia Vanessa Elizabeth	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Stahl Balaban Celeste	Practitioner - Primary Care Provider (PCP)											
Diaz Del Carpio Roberto O	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sodhi Vikram	Practitioner - Primary Care Provider (PCP)											
Scirto Kirk Anthony	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Peerzada Maajid M Md	Practitioner - Primary Care Provider (PCP)											
Nehme Elie Antoine	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Johnson-Clark Katelyn Elizabeth	Practitioner - Primary Care Provider (PCP)	▼			▼		▼		▼			
Derosa Daniela	Practitioner - Primary Care Provider (PCP)											
Cruz Dessialis	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ip Vicki Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Corliss Jennifer M Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼



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Wild Christine A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Merza Hussein	Practitioner - Primary Care Provider (PCP)	▼							▼			
Okazaki Saburo	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Riedy Nicole	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bhatnagar Jyotsna	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Shon Alyssa So Young	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Brotka Marti Lange	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Martin Susan G	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Fu Philip David	Practitioner - Primary Care Provider (PCP)	▼							▼			
Schregel Kristin D	Practitioner - Primary Care Provider (PCP)											
Saravanan Rohith	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Kaufman Rachel Beth	Practitioner - Primary Care Provider (PCP)	▼							▼			
Mango Laura Janeen	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Calkins Bethany Christine	Practitioner - Primary Care Provider (PCP)											
Sood Prerna	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Steepprock Shelley Dawn	Practitioner - Primary Care Provider (PCP)											
Yang Min	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Ghazi Muhammad Ahmad	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Grewal Amarpreet	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Yu Jeffrey John	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Kasuba Khristina	Practitioner - Primary Care Provider (PCP)	▼							▼			
Kuruvilla Elizabeth	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Jo Joo Kyeong	Practitioner - Primary Care Provider (PCP)	▼							▼			
Caterina Anthony Michael	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Fuller Linda Marie	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Zmuda Joyce Leanne	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kataria Nitu	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Persaud Amanda	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Zhang Mei	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Territo Heather M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Rebecca Jean Beardsley	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼



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Pequeen Theresa	Practitioner - Primary Care Provider (PCP)											
Al-Atrash Fida	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Herbst Brian Alan	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sajdak Ashley A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yedlapati Siva	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Patel Janki Ashok	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Raja Quratul Ain	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mamilly Leena	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wang Yubao	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Bajwa Rajinder Pal Singh	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Worczak Marianna	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Fasanello Joseph Francis	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Satra Ankita	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Pecherzewski Brad	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Nowak Heidi	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Kumar Manoj	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Przybelinski Krista	Practitioner - Primary Care Provider (PCP)	▼							▼			
Elkin Peter L	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Kuchuk Robert	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Ohira Masashi	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Michel Sandra J	Practitioner - Primary Care Provider (PCP)											
Wajid Faiza	Practitioner - Primary Care Provider (PCP)	▼							▼			
Dhanekula Nischala	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wasson Allison Leigh	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Husted Tracie M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Salazar Moreno Wayra Ysi	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Safarzadeh-Amiri Sara	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Henderson Jennifer Gayle	Practitioner - Primary Care Provider (PCP)											
Freitas Michael	Practitioner - Primary Care Provider (PCP)	▼							▼			
Lugo Robert	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Yampikulsakul Pojchawan	Practitioner - Primary Care Provider (PCP)											



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Gleason Kirstin	Practitioner - Primary Care Provider (PCP)											
Leszak Paula White	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Dlugosz Michael	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Gerhardt Tina	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Siracuse Kristen Marie	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Bessey Phyllis C Np	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Lutkoff Rebekah	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Mendu Anuradha	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Smith Beth M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Sheikh Zia Mohammed	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Wolfley Amanda Marie	Practitioner - Primary Care Provider (PCP)											
Desmarais Margaret Ann	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Young Karisa	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Reddington Madonna Marie	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Anderson Inger C Np	Practitioner - Primary Care Provider (PCP)											
Mangat Simmanjeet	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Trzaska Susan M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Lyon Cheryl	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Hildick Jill Anne	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Grucza Lynn Marie	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Manka Jennifer Ann	Practitioner - Primary Care Provider (PCP)											
Ludwig Carrie A	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Tazwar Fahim M	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Mcnulty Katie	Practitioner - Primary Care Provider (PCP)	▼							▼	▼		▼
Willis Misty L	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
Pietrzyk Maryann K Np	Practitioner - Primary Care Provider (PCP)											
Mallone-Stead Susan Marie	Practitioner - Primary Care Provider (PCP)											
Gosine Deepa K	Practitioner - Primary Care Provider (PCP)	▼				▼			▼			
Greco Ronald D Md	Practitioner - Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Lally Annmarie M	Practitioner - Primary Care Provider (PCP)	▼				▼	▼		▼			
O'Leary Ronan Daniel	Practitioner - Primary Care Provider (PCP)	▼				▼			▼	▼		▼



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Uslinov Stephen	Practitioner - Primary Care Provider (PCP)	✓				✓			✓			
Kumar Malini	Practitioner - Primary Care Provider (PCP)											
Hughes Deborah Connor	Practitioner - Primary Care Provider (PCP)	✓							✓	✓		✓
Smith Barbara A Np	Practitioner - Primary Care Provider (PCP)											
Colquhoun Janelle	Practitioner - Primary Care Provider (PCP)	✓				✓	✓		✓			
Hines Candace Kinal	Practitioner - Primary Care Provider (PCP)	✓							✓			
Drake Nicole L	Practitioner - Primary Care Provider (PCP)											
Nixon Kerri	Practitioner - Primary Care Provider (PCP)											
Prah Kimberely	Practitioner - Primary Care Provider (PCP)	✓								✓		✓
Mariano Kathleen Np	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓	✓		✓
Falco Ashley Nicole	Practitioner - Primary Care Provider (PCP)	✓							✓			
Kwaky-Berko Danielle R Md	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓		✓			
Krolikowski Allana	Practitioner - Primary Care Provider (PCP)	✓							✓	✓		✓
Schuler Marianne L	Practitioner - Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Biondolillo Christopher Charles	Practitioner - Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Henley Jewell Ann	Practitioner - Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Neiman Joseph Bruce Md	Practitioner - Non-Primary Care Provider (PCP)											
Sabir Mohammed Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Ruckert G Theodore Md	Practitioner - Non-Primary Care Provider (PCP)											
Nenno Donald Joseph li	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Roehmholdt Mary Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Hoffman David E Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lele Amol S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Izzo Joseph L Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Sciandra Joseph A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Spigel G Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lanigan Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Davidson David Mark Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Weinrieb Ilja J Md	Practitioner - Non-Primary Care Provider (PCP)											
Platt Bruce L Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Robin Beth	Practitioner - Non-Primary Care Provider (PCP)											



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Ferro Philip Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Balti Mohamad A Md	Practitioner - Non-Primary Care Provider (PCP)											
Mukkamala Somasekhara R Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Budny James L Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Carrel Jeffrey M Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Goldstein Kenneth Todd Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Hopkins Leo Nelson Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Bahk Benedictus Soo II Md	Practitioner - Non-Primary Care Provider (PCP)											
Copley Donald Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Hughes Patrick Joseph Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Vona John Robert	Practitioner - Non-Primary Care Provider (PCP)											
Hobaica Charles B Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Volansky Paul M Dds	Practitioner - Non-Primary Care Provider (PCP)											
Dean David Campbell Md	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Oscar S Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Evans Evan J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Raimondi Guy Charles Dds	Practitioner - Non-Primary Care Provider (PCP)											
Buck Steven H Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Defrancis Roy Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Knapp Russell George Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Dilipkumar J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
152460alhumadi Adil H Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Grabiec Steven Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Lillie David B Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Stanievich John F Md	Practitioner - Non-Primary Care Provider (PCP)											
Cianciolo Thomas J Dpm Jr	Practitioner - Non-Primary Care Provider (PCP)											
Swiantek Philip A Pc Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Chary Kandala Krishna Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen C James Md	Practitioner - Non-Primary Care Provider (PCP)											
Nabi Sayeed Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Keun Yong Md	Practitioner - Non-Primary Care Provider (PCP)											



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Wilson Brummitte D Md	Practitioner - Non-Primary Care Provider (PCP)											
Chouchani Gabriel E Md	Practitioner - Non-Primary Care Provider (PCP)											
Jaffri Syed S U Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Kozower Michael Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Orlick Arthur Edward Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Painton J Frederick Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Koreishi Faruk M	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Gary N Md	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼	▼			
Panchal Narhari M Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Derosas Juan Facundo Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Keyes John L Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Bernat Joseph E Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kinkel William R Md	Practitioner - Non-Primary Care Provider (PCP)											
Moore James P	Practitioner - Non-Primary Care Provider (PCP)											
Hassett James Martin Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hellriegel John C Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Legarreta Edward A Md	Practitioner - Non-Primary Care Provider (PCP)											
Winiecki Dennis G Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Joel M Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Somayaji Prabhakara Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Novak Jan M Md	Practitioner - Non-Primary Care Provider (PCP)											
Beg Mirza Muzaffer Ali Md	Practitioner - Non-Primary Care Provider (PCP)											
Giordano Paul B Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼	▼	▼	▼	▼		▼
Menon Vijayan A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kraden Arnold Od	Practitioner - Non-Primary Care Provider (PCP)											
Pranikoff Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Sirkin Sara Rachel G Md	Practitioner - Non-Primary Care Provider (PCP)											
Fast Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Giambartolomei Alessandro A	Practitioner - Non-Primary Care Provider (PCP)											
Zornek Nicholas Frank Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Burdick James P Md	Practitioner - Non-Primary Care Provider (PCP)											



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Collure Don W D Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Moore George Barry Md	Practitioner - Non-Primary Care Provider (PCP)											
Godfrey Peter Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Wild Daniel R Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Pallone Frank Dds	Practitioner - Non-Primary Care Provider (PCP)											
Blum Craig E Md	Practitioner - Non-Primary Care Provider (PCP)											
Park Seung Kyoon Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Moore Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Bhangoo Kulwant Singh Md	Practitioner - Non-Primary Care Provider (PCP)											
Tanhehco Meliton L Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓	✓	✓	✓		✓
Alpsan Ahmet K Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Singh Amarjit Md	Practitioner - Non-Primary Care Provider (PCP)											
Dashkoff Neil Md	Practitioner - Non-Primary Care Provider (PCP)											
Shin In Sook Jeong Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Rudewicz Robert J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Barron Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Fugitt Robert G Md	Practitioner - Non-Primary Care Provider (PCP)											
Takats Joseph R Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Fazili Mohamad Y Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Schoene Karen Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Gatewood Robert P Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Shenoy Sadashiv S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Kumar Asha Md	Practitioner - Non-Primary Care Provider (PCP)											
Paull Joel Henry Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Boehmke Fred Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Perillo Frank B Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Buckley Richard J Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Visco John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Anthone Kenneth D Md	Practitioner - Non-Primary Care Provider (PCP)											
Tirone Charles Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers David E Md	Practitioner - Non-Primary Care Provider (PCP)											



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Schulman Robert J Md	Practitioner - Non-Primary Care Provider (PCP)											
Sufrin Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ko Hak J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Egnatchik James G Md	Practitioner - Non-Primary Care Provider (PCP)											
Masud A R Zaki Md	Practitioner - Non-Primary Care Provider (PCP)											
Wright Susan Marie Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kaprove Robert E Md	Practitioner - Non-Primary Care Provider (PCP)											
Campione Peter A Md	Practitioner - Non-Primary Care Provider (PCP)											
Lombardo Thomas A Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Faden Howard Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Toufexis George Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Schlisserman Albert Md	Practitioner - Non-Primary Care Provider (PCP)											
Conti David R Md	Practitioner - Non-Primary Care Provider (PCP)											
Tuoti Raymond Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Klein Roger Allan Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Panahon Norma C Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Krawczyk Justine A Md	Practitioner - Non-Primary Care Provider (PCP)											
Perry Mark D Md	Practitioner - Non-Primary Care Provider (PCP)											
Brass Corstiaan Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Conley James George Md	Practitioner - Non-Primary Care Provider (PCP)											
Bates Vernice E Md	Practitioner - Non-Primary Care Provider (PCP)											
Early Amy Md	Practitioner - Non-Primary Care Provider (PCP)											
Yap Dedenia D Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Mogavero Herman S Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Kawinski Bohdan Jerzy Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ellis Robert H Phd	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Michael E Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼			
Curran Richard Russell	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Brian S Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Small Thomas C Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Bangsil Edgar Lacson Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			



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Cline William B Md	Practitioner - Non-Primary Care Provider (PCP)											
Tiberia Nicholas Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lafountain Richard Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Makhija Jasbeer S Md	Practitioner - Non-Primary Care Provider (PCP)											
Balti Mubeena Md	Practitioner - Non-Primary Care Provider (PCP)											
Perry Robert Johnson Md	Practitioner - Non-Primary Care Provider (PCP)											
Noe Michael F Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ritter-Schmidt Dona Hue	Practitioner - Non-Primary Care Provider (PCP)											
Schulenberg Gilbert H Dds	Practitioner - Non-Primary Care Provider (PCP)											
Reino David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Fred H Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Santilli Mario Donato Md	Practitioner - Non-Primary Care Provider (PCP)											
Aquino Michael D Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Chouchani Adel E Md	Practitioner - Non-Primary Care Provider (PCP)											
Niswander Philip R Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Shastri Subramanya R Md	Practitioner - Non-Primary Care Provider (PCP)											
Greene Arthur S Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Tambar Prem K Md	Practitioner - Non-Primary Care Provider (PCP)											
Rutkowski Thaddeus C Md	Practitioner - Non-Primary Care Provider (PCP)											
Kuritzky Alan S Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Gaines Katherine Caldwell Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hewson Robert A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Armenia Donald J Md	Practitioner - Non-Primary Care Provider (PCP)											
St Marie Mark S Md	Practitioner - Non-Primary Care Provider (PCP)											
Albanese Umberto Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Billing Lee D Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Caputi Richard Allan Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Montgomery Paul Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Leary Daniel A Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Bansal Pratibha Md	Practitioner - Non-Primary Care Provider (PCP)											
Sullivan Philip R Md	Practitioner - Non-Primary Care Provider (PCP)											



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Rajendran Lakshmanan Md	Practitioner - Non-Primary Care Provider (PCP)											
Kothari Ashokkumar J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Greenfield Saul Philip Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Mitchell Margaret Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Bartels Edward Kelly Md	Practitioner - Non-Primary Care Provider (PCP)											
Cumella James C Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Matthews George E Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Weisbrot Aaron Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Baker Trudy R Md	Practitioner - Non-Primary Care Provider (PCP)											
Banas Kenneth Richard Dds	Practitioner - Non-Primary Care Provider (PCP)											
Nasca Paul C Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Wojcik Thaddeus S Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Hall Richard Everett Dds	Practitioner - Non-Primary Care Provider (PCP)											
Bax Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Czyrny James J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Marchetti David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Gill Liveleen Marco Md	Practitioner - Non-Primary Care Provider (PCP)											
Pietrak Stanley James Md	Practitioner - Non-Primary Care Provider (PCP)											
Pietrusik Michael Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Panek William Nicholas Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hoeplinger Mark A C Md	Practitioner - Non-Primary Care Provider (PCP)											
Gesek Daniel James	Practitioner - Non-Primary Care Provider (PCP)											
Grant Michael T Md	Practitioner - Non-Primary Care Provider (PCP)											
Park Wonhoon Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Morris William Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Castellani Daniel Armand Md P	Practitioner - Non-Primary Care Provider (PCP)											
Menoff Jeffrey David Dds	Practitioner - Non-Primary Care Provider (PCP)											
Sfeir Norman John Md	Practitioner - Non-Primary Care Provider (PCP)											
Fortman Diane H Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Radolinski Adam Md	Practitioner - Non-Primary Care Provider (PCP)											
Niemiec Edward Robert Md	Practitioner - Non-Primary Care Provider (PCP)											



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Schwartz Ronald Louis Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mannone Antonino Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Kinkel Peter R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bye Michael R Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Pierce William S Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Gerald L Peer	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Zirna Harry I Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ten Brock Eric Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ashraf Mohammad Hashmat Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Murray Brian Michel Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Jammal Roger George Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Finkelstein Mark S Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Koch Todd B Md	Practitioner - Non-Primary Care Provider (PCP)											
Hudzinski Lori D Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
White Laurel M Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Carrion Vivien Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Wheeler Dale Robert Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Kurss David I Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Langan Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Maulucci Marina A Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Kamisetti Dhananjaya Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Schaefer Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)											
Baldassari Susan Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Purcell Peter Damien Dds	Practitioner - Non-Primary Care Provider (PCP)											
Creighton Paul R Dds	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Paroski Margaret W Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Fitzgerald James P Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Keating Daniel B	Practitioner - Non-Primary Care Provider (PCP)											
Riznyk Peter John Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sellick John A Jr Do	Practitioner - Non-Primary Care Provider (PCP)											
Barlog Kevin J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			



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Baker Susan S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Corigliano Maria A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Powalski Robert John Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Niles Charles Ross Md	Practitioner - Non-Primary Care Provider (PCP)											
Deberry John Lafayette Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Dyster John G Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Chertack Craig S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Sterman Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
Aliotta Philip Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Mclean Terrence R Dds	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Koritz Sara Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Michael Taine Md	Practitioner - Non-Primary Care Provider (PCP)											
Shields Peter E Md	Practitioner - Non-Primary Care Provider (PCP)											
Butler Nancy A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Switzer Donald F Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Chenelly Drew	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Luther K Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Sacks Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Regenbogen Victor S Md	Practitioner - Non-Primary Care Provider (PCP)											
Douglas Donald P Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lim-Soh Hyun Jin	Practitioner - Non-Primary Care Provider (PCP)											
Tangeman John C Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Fiorica Norman Onofrio Md	Practitioner - Non-Primary Care Provider (PCP)											
Rockoff Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)											
Goodnough Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Conway James T Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Danakas George Md	Practitioner - Non-Primary Care Provider (PCP)											
Spurgeon Paul S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Glover Robert Franklin Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Albini Christine	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Meyers Suzanne J	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			



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Reynolds James D Md	Practitioner - Non-Primary Care Provider (PCP)											
Rigan David Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Desouza Aurea Sisma Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Desouza Noyal Valerian	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Sobie Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hocko Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinhold John R Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Gianfagna Robert Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Buran Joseph Edward	Practitioner - Non-Primary Care Provider (PCP)											
Polisoto Thomas Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Bennett Gregory John Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Stern Mont Phillip Md	Practitioner - Non-Primary Care Provider (PCP)											
Leberer Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)											
Kashin Jeffrey D Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼	▼	▼	▼	▼		▼
Willis Daniel J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Davis Howard I Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Murray Kenneth Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Gartner Lou Ann M Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Tarfare Nathmal Shrigovind Md	Practitioner - Non-Primary Care Provider (PCP)											
Stegemann Philip Martin Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Mcadam Frederick B Md	Practitioner - Non-Primary Care Provider (PCP)											
Gelfer Alexander Boris Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Rohrbacher Bernhard Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Glick Philip Leon Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼			
Leach Corinne L	Practitioner - Non-Primary Care Provider (PCP)											
Cobler Joanne Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Neufeld Robert J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Morrison Katharine V Md	Practitioner - Non-Primary Care Provider (PCP)											
Perfetto Carlo Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Lippes Howard A Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Sharf Zvi Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			



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Brecher Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Antalek Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Waghmarae Romanth Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Stevens John B Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Chudy Max R Iii	Practitioner - Non-Primary Care Provider (PCP)											
Cusenz Bruce J Md	Practitioner - Non-Primary Care Provider (PCP)											
Dabski Christopher Md	Practitioner - Non-Primary Care Provider (PCP)											
Kalb Robert E Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Aldridge Janerio D Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Iacona Marie A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Sands Mark F Md	Practitioner - Non-Primary Care Provider (PCP)											
Maher Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Levine Michael Ira Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Gomez Suescun Jorge A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Merhige Michael E Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Curl G Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Gelia Maurice M Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Giotis Margarita K Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Slear Jeffrey Charles	Practitioner - Non-Primary Care Provider (PCP)											
Weise Leonard E	Practitioner - Non-Primary Care Provider (PCP)											
Corasanti James G Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lewis Paul Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Hinds Ralph W Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Shatkin Samuel Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Lele Shashikant B Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Hong Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Donald J Largo Jr	Practitioner - Non-Primary Care Provider (PCP)											
Borowitz Drucy Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Farhi Eli Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Simmons Edward Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lutnick Robert Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			



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Corbelli Richard J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Leddy John J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Weiss Paul A Dds	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Erk Mehmet Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Mechtler Laszlo L Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Nickolova Maria Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hickey Donald Douglas Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Sayegh Magdi E Md	Practitioner - Non-Primary Care Provider (PCP)											
Sansano Michael Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Bryan Amy R Dds	Practitioner - Non-Primary Care Provider (PCP)											
Chaskes Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											
Haar Michael Samuel Md	Practitioner - Non-Primary Care Provider (PCP)											
Anders Mark Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Juette Paul Henry Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Quattrin Teresa Md	Practitioner - Non-Primary Care Provider (PCP)											
Rajendran Kalaiselvi Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Flanigen Diane Therese	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Erbe Richard W Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Sadler Laurie Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Krause Richard S Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Muscarella Joseph L Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Reidy James J Md	Practitioner - Non-Primary Care Provider (PCP)											
Gelormini Joseph L Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Wopperer Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Diaz Ordaz Albert Jose Luis	Practitioner - Non-Primary Care Provider (PCP)											
Griswold John J Md	Practitioner - Non-Primary Care Provider (PCP)											
Ryan Augustine John Jr	Practitioner - Non-Primary Care Provider (PCP)											
Klein Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Perelstein David Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Richard D Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Sanford H Md	Practitioner - Non-Primary Care Provider (PCP)											



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Shehata Hany R Georgy Md	Practitioner - Non-Primary Care Provider (PCP)											
Gugino Lawrence J Md	Practitioner - Non-Primary Care Provider (PCP)											
Hurley John P Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Barcos Maurice P Md	Practitioner - Non-Primary Care Provider (PCP)											
Jones Cornelie M Md	Practitioner - Non-Primary Care Provider (PCP)											
Takita Hiroshi Md	Practitioner - Non-Primary Care Provider (PCP)											
Loree Thom Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Rasmusson Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)											
Battaglia Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											
Plotkin Scott N Md	Practitioner - Non-Primary Care Provider (PCP)											
Todoro Carmen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kulaylat Mahmoud N Md	Practitioner - Non-Primary Care Provider (PCP)											
Mahl Thomas C Md	Practitioner - Non-Primary Care Provider (PCP)											
Cowan Thomas B Md	Practitioner - Non-Primary Care Provider (PCP)											
Moy Owen James Md	Practitioner - Non-Primary Care Provider (PCP)											
Rothman Ilene L Md	Practitioner - Non-Primary Care Provider (PCP)											
Curtis Anne	Practitioner - Non-Primary Care Provider (PCP)											
Desmone Donna Favre Md	Practitioner - Non-Primary Care Provider (PCP)											
Levin Terry L Md	Practitioner - Non-Primary Care Provider (PCP)											
Burruano James C Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Mazur Paula Marie	Practitioner - Non-Primary Care Provider (PCP)											
Khalil Moneer Md	Practitioner - Non-Primary Care Provider (PCP)											
Plunkett Robert J Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Hom Jennie Md	Practitioner - Non-Primary Care Provider (PCP)											
Massucci Joanne M Md	Practitioner - Non-Primary Care Provider (PCP)											
Zielinski Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Giardino Karen Francis Md	Practitioner - Non-Primary Care Provider (PCP)											
Donnarumma Glen C Dds	Practitioner - Non-Primary Care Provider (PCP)											
Ellis David G Md	Practitioner - Non-Primary Care Provider (PCP)											
Lane Patsy Hemink Ms Np	Practitioner - Non-Primary Care Provider (PCP)											
Wacker Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)											



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Weckerle Christine M Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers David P Md	Practitioner - Non-Primary Care Provider (PCP)											
Pearsen Kenneth D Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Abu-Sitta Moeen I Md	Practitioner - Non-Primary Care Provider (PCP)											
Neu Jeffrey R Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lampasso James G Md	Practitioner - Non-Primary Care Provider (PCP)											
Jehle Dietrich V Md	Practitioner - Non-Primary Care Provider (PCP)											
Wood Michael W Md	Practitioner - Non-Primary Care Provider (PCP)											
Garson David S Md	Practitioner - Non-Primary Care Provider (PCP)											
Gulati Ashvani K M D P C	Practitioner - Non-Primary Care Provider (PCP)											
Fallavollita James Md	Practitioner - Non-Primary Care Provider (PCP)											
Fine Edward J Md	Practitioner - Non-Primary Care Provider (PCP)											
Holmlund Tomas Henry Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaye Robert David Md	Practitioner - Non-Primary Care Provider (PCP)											
Marzo John M Md	Practitioner - Non-Primary Care Provider (PCP)											
Smolinski Robert J Md	Practitioner - Non-Primary Care Provider (PCP)											
Burns Daniel Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Pizzuto Michael P Md	Practitioner - Non-Primary Care Provider (PCP)											
Sherif Sherif M Md	Practitioner - Non-Primary Care Provider (PCP)											
Levinsky Leon Md	Practitioner - Non-Primary Care Provider (PCP)											
Braen George Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Vona David Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Zizzi Joseph Anthony Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Chmiel Ronald Adam Jr Dds	Practitioner - Non-Primary Care Provider (PCP)											
Miller Bruce D Md	Practitioner - Non-Primary Care Provider (PCP)											
Anain Joseph Marcel Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Walborn David M Md	Practitioner - Non-Primary Care Provider (PCP)											
Flynn William J Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Mador M Jeffery Md	Practitioner - Non-Primary Care Provider (PCP)											
Jacobson Sig-Linda Md	Practitioner - Non-Primary Care Provider (PCP)											
Dunne Gail G	Practitioner - Non-Primary Care Provider (PCP)											



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Presutti Michael F Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓
Danziger Iris R Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Surace Louis Anthony Dds	Practitioner - Non-Primary Care Provider (PCP)											
Westner Thomas G Md	Practitioner - Non-Primary Care Provider (PCP)											
Osborn Kenneth Mark	Practitioner - Non-Primary Care Provider (PCP)											
Wutz Cheryl Ann	Practitioner - Non-Primary Care Provider (PCP)											
Burkhouse Kelly Ann Phd	Practitioner - Non-Primary Care Provider (PCP)											
Cole Linda E	Practitioner - Non-Primary Care Provider (PCP)											
Janicke David Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Waz Wayne R Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓			
Slough James Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Belles William John Md	Practitioner - Non-Primary Care Provider (PCP)											
Lillis Kathleen A Md	Practitioner - Non-Primary Care Provider (PCP)											
Grand Walter Md	Practitioner - Non-Primary Care Provider (PCP)											
Brar Mandeep K Md	Practitioner - Non-Primary Care Provider (PCP)											
Gosy Eugene J Md	Practitioner - Non-Primary Care Provider (PCP)											
Grisanti Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
George Anselm	Practitioner - Non-Primary Care Provider (PCP)											
Shah Siddhartha S Md	Practitioner - Non-Primary Care Provider (PCP)											
Margarone Joseph E Iii Dds	Practitioner - Non-Primary Care Provider (PCP)											
Campbell Lucy A Md	Practitioner - Non-Primary Care Provider (PCP)											
Pundt Mark R Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissman Mark A Md	Practitioner - Non-Primary Care Provider (PCP)											
Meholick Alan W Md	Practitioner - Non-Primary Care Provider (PCP)											
Grosner Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Frost Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)											
Certo Margaret Ann Dds	Practitioner - Non-Primary Care Provider (PCP)											
Penn Howard Aron Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Trinidad Kimberly S Md	Practitioner - Non-Primary Care Provider (PCP)											
Benedict Ralph Holmes B Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ureta Laura Md	Practitioner - Non-Primary Care Provider (PCP)											



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Picone Anthony L Md	Practitioner - Non-Primary Care Provider (PCP)											
Feld Gregg I Md	Practitioner - Non-Primary Care Provider (PCP)											
Kartha Krishnan Md	Practitioner - Non-Primary Care Provider (PCP)											
Anillo Sergio J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kerr Susan L Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Chockalingam Selvakumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Mallavarapu Christopher Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Torre Joseph John Md	Practitioner - Non-Primary Care Provider (PCP)											
Graff Jonathan Aaron Md	Practitioner - Non-Primary Care Provider (PCP)											
Farrell Megan O Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Stanley A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kopp Christopher F Md	Practitioner - Non-Primary Care Provider (PCP)											
Baumann Louis R Md	Practitioner - Non-Primary Care Provider (PCP)											
Anain Shirley A Md	Practitioner - Non-Primary Care Provider (PCP)											
Castro Othoniel Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Reichert Andrew R Md	Practitioner - Non-Primary Care Provider (PCP)											
Krackow Kenneth A Md	Practitioner - Non-Primary Care Provider (PCP)											
Smith Brian Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Bakhai Yogesh D	Practitioner - Non-Primary Care Provider (PCP)											
Vilardo Michael L Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller S David Md	Practitioner - Non-Primary Care Provider (PCP)											
Pristach Cynthia A	Practitioner - Non-Primary Care Provider (PCP)											
Mostert Marcelle A Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓	✓	✓	✓	✓		✓
Reszel Robert James Ii Dds	Practitioner - Non-Primary Care Provider (PCP)											
Costich Theodore G Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Lauria Philip G Md	Practitioner - Non-Primary Care Provider (PCP)											
Mattern Ruth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Spangenthal Edward J Md	Practitioner - Non-Primary Care Provider (PCP)											
Czajka Gregory Allan	Practitioner - Non-Primary Care Provider (PCP)											
Greco Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)											
Bhayana Ranjan Md	Practitioner - Non-Primary Care Provider (PCP)											



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Ventresca Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Hampton William R Md	Practitioner - Non-Primary Care Provider (PCP)											
Everett Sandra Md	Practitioner - Non-Primary Care Provider (PCP)											
Freundel Anthony D Md	Practitioner - Non-Primary Care Provider (PCP)											
Lincoff-Cohen Norah Sydney Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Wang Ki Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Gibbons Kevin J Md	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Michael A Md	Practitioner - Non-Primary Care Provider (PCP)											
Hicks Wesley L Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Kelly James Joseph Do	Practitioner - Non-Primary Care Provider (PCP)											
Li Veetai Md	Practitioner - Non-Primary Care Provider (PCP)											
Genau Joseph M Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Diaz Ordaz Ernesto Alberto Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcgrath Brian E Md	Practitioner - Non-Primary Care Provider (PCP)											
Brewer John Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Posner Alan Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Giacobbe Andrew P Md	Practitioner - Non-Primary Care Provider (PCP)											
Campagna Angelo Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Hong Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Calandra Salvatore Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Suddaby Loubert S Md	Practitioner - Non-Primary Care Provider (PCP)											
Kerr Kathleen M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Slaughter Stephanie A Md	Practitioner - Non-Primary Care Provider (PCP)											
Zimmer Gregg L Md	Practitioner - Non-Primary Care Provider (PCP)											
Moreland Douglas B Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Hoebel Robin Sue Md	Practitioner - Non-Primary Care Provider (PCP)											
Jackson Lisa A	Practitioner - Non-Primary Care Provider (PCP)											
Nebbia Stephan P Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Douglas G Md	Practitioner - Non-Primary Care Provider (PCP)											
Rabadi Nashat H Md	Practitioner - Non-Primary Care Provider (PCP)											
Wirth Paul B Md	Practitioner - Non-Primary Care Provider (PCP)											



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Fraas Burns Loriann Md	Practitioner - Non-Primary Care Provider (PCP)											
Pinski John Valentine Md	Practitioner - Non-Primary Care Provider (PCP)											
Chevli K Kent Md	Practitioner - Non-Primary Care Provider (PCP)											
Romanowski Roslyn R Md	Practitioner - Non-Primary Care Provider (PCP)											
Awner Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Luzi Frank A Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Kuruvilla Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Pochatko David John Md	Practitioner - Non-Primary Care Provider (PCP)											
Watson Eileen Md	Practitioner - Non-Primary Care Provider (PCP)											
Dobson Kim Melissa Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Dougherty David R Do	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Gilbert Richard N Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Kozlowski Lisa C Md	Practitioner - Non-Primary Care Provider (PCP)											
Sillart Douglas R Md	Practitioner - Non-Primary Care Provider (PCP)											
Wetzler Meir Md	Practitioner - Non-Primary Care Provider (PCP)											
Zuccala Scott Jeffrey Do	Practitioner - Non-Primary Care Provider (PCP)											
Ortman-Nabi Judith A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaye David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Orie Joseph D Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Huckell Graham Richmond Md	Practitioner - Non-Primary Care Provider (PCP)											
Burkard Paula Grant Md Phd	Practitioner - Non-Primary Care Provider (PCP)											
Hage Douglas David Md	Practitioner - Non-Primary Care Provider (PCP)											
Talhok Akram S Md	Practitioner - Non-Primary Care Provider (PCP)											
Miletich Robert S Md	Practitioner - Non-Primary Care Provider (PCP)											
O'Keefe Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Seebald Cathleen A	Practitioner - Non-Primary Care Provider (PCP)											
Paris Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Gutsin Steven Bruce	Practitioner - Non-Primary Care Provider (PCP)											
Moscato Ronald Md	Practitioner - Non-Primary Care Provider (PCP)											
Phadke Kishor V Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccormack Robert F Md	Practitioner - Non-Primary Care Provider (PCP)											



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Fenstermaker Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Vaseem Md	Practitioner - Non-Primary Care Provider (PCP)											
Lukasik Antionette A Dds	Practitioner - Non-Primary Care Provider (PCP)											
Sambuchi Gregory David Md	Practitioner - Non-Primary Care Provider (PCP)											
Grace Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Poje Christopher P Md	Practitioner - Non-Primary Care Provider (PCP)											
Siedlecki Andrew Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Fenzi Mark W Md	Practitioner - Non-Primary Care Provider (PCP)											
Joy-Pardi Judyann V Md	Practitioner - Non-Primary Care Provider (PCP)											
Bedmutha Shantikumar D Md	Practitioner - Non-Primary Care Provider (PCP)											
Steinig Jeffrey Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Bommaraju Mahesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Sands Robert P Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Vasquez Michael A Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Skomra Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Malti Jairam Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Bambach Barbara J Md	Practitioner - Non-Primary Care Provider (PCP)											
Dusse Jon L Md	Practitioner - Non-Primary Care Provider (PCP)											
Samadi Dilara E Md	Practitioner - Non-Primary Care Provider (PCP)											
Surace Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)											
Dryjski Maciej L Md	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)											
Bierdeman Brenda	Practitioner - Non-Primary Care Provider (PCP)											
James Lawrence Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Jr August Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Zimmer Wendy E Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Richard Eamon Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramesh Sujatha Md	Practitioner - Non-Primary Care Provider (PCP)											
Billittier Anthony Joseph Iv Md	Practitioner - Non-Primary Care Provider (PCP)											
Hamill Christopher L Md	Practitioner - Non-Primary Care Provider (PCP)											
Chia Kimbo Basibang Md	Practitioner - Non-Primary Care Provider (PCP)											



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Harris Linda M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kanaan Camille M Md	Practitioner - Non-Primary Care Provider (PCP)											
Novotny Margaret Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinberg Michael B Md	Practitioner - Non-Primary Care Provider (PCP)											
Sciammarella Joseph C Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Chee Hoon Md	Practitioner - Non-Primary Care Provider (PCP)											
Achtziger Otto J Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Chin Kit-Wells Meelin D Dds	Practitioner - Non-Primary Care Provider (PCP)											
Stewart Eileen T	Practitioner - Non-Primary Care Provider (PCP)											
Chan-Lam Patrick D Md	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Michael F Md	Practitioner - Non-Primary Care Provider (PCP)											
Leo Raphael Jerome Md	Practitioner - Non-Primary Care Provider (PCP)											
Marino Michael B Md	Practitioner - Non-Primary Care Provider (PCP)											
Helm Thomas N Md	Practitioner - Non-Primary Care Provider (PCP)											
De Zastro Timothy G Md	Practitioner - Non-Primary Care Provider (PCP)											
Krutchick Karen Lyn Md	Practitioner - Non-Primary Care Provider (PCP)											
Burns Terrence Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Fayyaz Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)											
Zulkharnain	Practitioner - Non-Primary Care Provider (PCP)											
Lieberman Jeffrey L Md	Practitioner - Non-Primary Care Provider (PCP)											
Shah Dhiren K Md	Practitioner - Non-Primary Care Provider (PCP)											
Mireles Ramiro Md	Practitioner - Non-Primary Care Provider (PCP)											
Canty John M Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Landi Michael K Md	Practitioner - Non-Primary Care Provider (PCP)											
Narby George Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Serghany Joseph Emile Md	Practitioner - Non-Primary Care Provider (PCP)											
Piscatelli James J Md	Practitioner - Non-Primary Care Provider (PCP)											
Corcoran Amy L	Practitioner - Non-Primary Care Provider (PCP)											
Gibbon Robert Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Albrecht Friedrich Joachim Md	Practitioner - Non-Primary Care Provider (PCP)											
Addagatla Sujatha Md	Practitioner - Non-Primary Care Provider (PCP)											



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Conroy Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)											
Dandona Paresh Md	Practitioner - Non-Primary Care Provider (PCP)											
Sorley-Mastrodomenico Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
James David Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Newman Jay L Md	Practitioner - Non-Primary Care Provider (PCP)											
Frost Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Boon-Sabo Cathy J	Practitioner - Non-Primary Care Provider (PCP)											
Ehrlich Anne D Md	Practitioner - Non-Primary Care Provider (PCP)											
Watt Courtenay C Md	Practitioner - Non-Primary Care Provider (PCP)											
Heard Christopher Michael B M	Practitioner - Non-Primary Care Provider (PCP)											
Najdzionek Jan Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Lanighan Kevin W Md	Practitioner - Non-Primary Care Provider (PCP)											
Cecere William Lewis Iii Dds	Practitioner - Non-Primary Care Provider (PCP)											
Guterman Lee Rand Md	Practitioner - Non-Primary Care Provider (PCP)											
Pell Michael Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Azaula Melissa Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccarthy Philip Louis Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Strzalka Doreen Bussi Dds	Practitioner - Non-Primary Care Provider (PCP)											
Oliverios Roseanne Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Leone Anthony Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Bartolone Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)											
Ouweleen Kevin Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Constantine Jeffrey C Obgyn P	Practitioner - Non-Primary Care Provider (PCP)											
Carlson David E	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Michael Scott	Practitioner - Non-Primary Care Provider (PCP)											
Wadhvani Jai G Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Houck James Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Yacobucci Dean Vincent Md	Practitioner - Non-Primary Care Provider (PCP)											
Flaherty Leayn Terese	Practitioner - Non-Primary Care Provider (PCP)											
Ambrus Julian L Jr Md	Practitioner - Non-Primary Care Provider (PCP)											



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Baczowski Sheri Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Withiam-Leitch Sherry Ann	Practitioner - Non-Primary Care Provider (PCP)											
Yee Medicine & Pediatric Asso	Practitioner - Non-Primary Care Provider (PCP)											
Stube Keith Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Emerson Ronald P Md	Practitioner - Non-Primary Care Provider (PCP)											
Askar Joe I Md	Practitioner - Non-Primary Care Provider (PCP)											
Boyd Barry Charles Dmd	Practitioner - Non-Primary Care Provider (PCP)											
Elizabeth D Ditonto	Practitioner - Non-Primary Care Provider (PCP)											
Le Kien Thuan Md	Practitioner - Non-Primary Care Provider (PCP)											
Miqdadi Jehad Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)											
Notaro Rietz Saralyn	Practitioner - Non-Primary Care Provider (PCP)											
Ashton Adam Keller Md	Practitioner - Non-Primary Care Provider (PCP)											
Wolin Richard Elliot Md	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Slopka Mary Susan	Practitioner - Non-Primary Care Provider (PCP)											
Akl Michel Elias Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼			
Samant Arvind Ramchandra	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Nagy Mark Leopold Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee-Kwen Peterkin Md	Practitioner - Non-Primary Care Provider (PCP)											
Lapoint Paul Justin Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Azher Md	Practitioner - Non-Primary Care Provider (PCP)											
Capote Horacio A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ricottone Anthony R Md	Practitioner - Non-Primary Care Provider (PCP)											
Ackerman Constance Diane Csw	Practitioner - Non-Primary Care Provider (PCP)											
Ross Maureen Md	Practitioner - Non-Primary Care Provider (PCP)											
Avino David Md	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Richard Gordon Md	Practitioner - Non-Primary Care Provider (PCP)											
Donohue Julie Madejski Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker John Gregory Phd	Practitioner - Non-Primary Care Provider (PCP)											
Chazen Mark David Md	Practitioner - Non-Primary Care Provider (PCP)											
Dice William Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Everett Charles Willard Md	Practitioner - Non-Primary Care Provider (PCP)											



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Farkash Gil Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Casey Maureen Jane Dds	Practitioner - Non-Primary Care Provider (PCP)											
Berkun Rose Md	Practitioner - Non-Primary Care Provider (PCP)											
Frech Michele Holly Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Grande Jon Walter Md	Practitioner - Non-Primary Care Provider (PCP)											
Snyder Glenn Justin Md	Practitioner - Non-Primary Care Provider (PCP)											
Vivekanandan Nallasivam Md	Practitioner - Non-Primary Care Provider (PCP)											
Stathopoulos Nicholas A Md	Practitioner - Non-Primary Care Provider (PCP)											
Bisson Leslie J Md	Practitioner - Non-Primary Care Provider (PCP)											
Buchlis John G Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Frawley Thomas K Dds	Practitioner - Non-Primary Care Provider (PCP)											
Hourihane John Maurice Md	Practitioner - Non-Primary Care Provider (PCP)											
Rifkin Daniel I Md	Practitioner - Non-Primary Care Provider (PCP)											
Krull Barbara Moore	Practitioner - Non-Primary Care Provider (PCP)											
Chung Charles Jihun Md	Practitioner - Non-Primary Care Provider (PCP)											
Choe Hong Rak	Practitioner - Non-Primary Care Provider (PCP)											
Hays Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Derr Robert Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Love Elizabeth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)											
Paolini Raymond Vincent Jr Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Tetro Andrew Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Lenhard Sharon Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Vonfricken Kurt Md	Practitioner - Non-Primary Care Provider (PCP)											
Wells Gastroenterology Llp	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Richard D Md	Practitioner - Non-Primary Care Provider (PCP)											
Cieslak Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Chugh Dennis Brian	Practitioner - Non-Primary Care Provider (PCP)											
Jaffri Mohammad T Md	Practitioner - Non-Primary Care Provider (PCP)											
Lipford Benita P Md	Practitioner - Non-Primary Care Provider (PCP)											
Penque Michelle	Practitioner - Non-Primary Care Provider (PCP)											



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Pechenik Boris Md	Practitioner - Non-Primary Care Provider (PCP)											
Delcastillo Maria C V Md	Practitioner - Non-Primary Care Provider (PCP)											
Alberico Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)											
Gibbons William J	Practitioner - Non-Primary Care Provider (PCP)											
Brown Robert Kevin Md	Practitioner - Non-Primary Care Provider (PCP)											
Joslyn David Harold	Practitioner - Non-Primary Care Provider (PCP)											
Edwards Shelby	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Mary K Md	Practitioner - Non-Primary Care Provider (PCP)											
Huckell Cameron Bruce Md	Practitioner - Non-Primary Care Provider (PCP)											
Meglio Frank A Md	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Kurtz Colleen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Stoll Howard Lester Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Islam Abul Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)											
Tymchak Gregory T Md	Practitioner - Non-Primary Care Provider (PCP)											
Haq Nadeem Ul Md	Practitioner - Non-Primary Care Provider (PCP)											
Fattouch Hany Md	Practitioner - Non-Primary Care Provider (PCP)											
Bagnall David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Daetsch Metz Eileen	Practitioner - Non-Primary Care Provider (PCP)											
Napoli John U Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Mruz Lisa M	Practitioner - Non-Primary Care Provider (PCP)											
Prumbs Louis Md	Practitioner - Non-Primary Care Provider (PCP)											
Sands M.D. Amy	Practitioner - Non-Primary Care Provider (PCP)											
Paterson M.D. J.	Practitioner - Non-Primary Care Provider (PCP)											
Ablove Robert H Md	Practitioner - Non-Primary Care Provider (PCP)											
Nolan James	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Cukierman Jack	Practitioner - Non-Primary Care Provider (PCP)											
Marinides George N Md	Practitioner - Non-Primary Care Provider (PCP)											
Haque Shahid	Practitioner - Non-Primary Care Provider (PCP)											
Ryan James E Md	Practitioner - Non-Primary Care Provider (PCP)											
Roehmholdt John	Practitioner - Non-Primary Care Provider (PCP)											
Igoe Gerald Md	Practitioner - Non-Primary Care Provider (PCP)											



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Hallett Michael P Md	Practitioner - Non-Primary Care Provider (PCP)											
Teuscher Josette A Md	Practitioner - Non-Primary Care Provider (PCP)											
Callahan John	Practitioner - Non-Primary Care Provider (PCP)											
Raghu Bellamkond Sundara V Md	Practitioner - Non-Primary Care Provider (PCP)											
Santalucia Peter	Practitioner - Non-Primary Care Provider (PCP)											
Schlehr Frank	Practitioner - Non-Primary Care Provider (PCP)											
Ogra Sanjay Ray	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Cywinski Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)											
Capaccio David	Practitioner - Non-Primary Care Provider (PCP)											
Armstrong James B Md	Practitioner - Non-Primary Care Provider (PCP)											
Rajczak Susan Christine	Practitioner - Non-Primary Care Provider (PCP)											
Fabianski Jason D	Practitioner - Non-Primary Care Provider (PCP)											
Hughes Linda Paine	Practitioner - Non-Primary Care Provider (PCP)											
Belote Scott J Md	Practitioner - Non-Primary Care Provider (PCP)											
Loftus Randall J Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinstock-Guttman Bianca Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinstock Arie L Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Kolli Jayaselvi Md	Practitioner - Non-Primary Care Provider (PCP)											
Littler Susan J Md	Practitioner - Non-Primary Care Provider (PCP)											
Hart Virginia Mary	Practitioner - Non-Primary Care Provider (PCP)											
Sinha Animesh A Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼			
Gonzalez-Fernandez Federico	Practitioner - Non-Primary Care Provider (PCP)											
Tan Vivian Chua Md	Practitioner - Non-Primary Care Provider (PCP)											
Bielinski Michelle Ann	Practitioner - Non-Primary Care Provider (PCP)											
Pesono Sharon Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Brown Karen Sue	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Defazio Christian R Md	Practitioner - Non-Primary Care Provider (PCP)											
Yu Taechin Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Basior Jeanne Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Schultz Raymond O' Connell Md	Practitioner - Non-Primary Care Provider (PCP)											
O'Neil Mary Margaret Md	Practitioner - Non-Primary Care Provider (PCP)											



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Dibella Michael David P Md	Practitioner - Non-Primary Care Provider (PCP)											
Romanowski Marcus Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Emilia	Practitioner - Non-Primary Care Provider (PCP)											
Livecchi Mark A Md	Practitioner - Non-Primary Care Provider (PCP)											
Shutts Gregg Lincoln	Practitioner - Non-Primary Care Provider (PCP)											
Soniwala Saifuddin Md	Practitioner - Non-Primary Care Provider (PCP)											
Chrzanowski Stephen Gerard	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Gupta Alok Deep Md	Practitioner - Non-Primary Care Provider (PCP)											
Hughes David P Md	Practitioner - Non-Primary Care Provider (PCP)											
Balos Lucia L Md	Practitioner - Non-Primary Care Provider (PCP)											
Hurley Colleen Ann	Practitioner - Non-Primary Care Provider (PCP)											
Smith Tina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Finnegan Sarah G Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Reinstein Craig E Pt	Practitioner - Non-Primary Care Provider (PCP)											
Khan Mushtaq H Md	Practitioner - Non-Primary Care Provider (PCP)											
Hayes Cheryl June	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Venkatedwara Rao Kolli	Practitioner - Non-Primary Care Provider (PCP)											
Carnevale Frank P Md	Practitioner - Non-Primary Care Provider (PCP)											
Castiglia Gregory J Md	Practitioner - Non-Primary Care Provider (PCP)											
Turecki James A Md	Practitioner - Non-Primary Care Provider (PCP)											
Erickson Peggy	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Karamanoukian Hratch L Md	Practitioner - Non-Primary Care Provider (PCP)											
Silber Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Michael Leonard Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kowalski Joseph Martin	Practitioner - Non-Primary Care Provider (PCP)											
O'Donnell Katherine Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Segal Brahm	Practitioner - Non-Primary Care Provider (PCP)											
Nasca Maureen Sullivan	Practitioner - Non-Primary Care Provider (PCP)											
Fineberg Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Zitzka Wendy Elaine Cnm	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Benedict Laura	Practitioner - Non-Primary Care Provider (PCP)											



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Casassa David	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Glynn Paige	Practitioner - Non-Primary Care Provider (PCP)											
Popson Richard	Practitioner - Non-Primary Care Provider (PCP)											
Ruben Cherie	Practitioner - Non-Primary Care Provider (PCP)											
Shea Kevin Md	Practitioner - Non-Primary Care Provider (PCP)											
Brach John Md	Practitioner - Non-Primary Care Provider (PCP)											
Morrison Diane	Practitioner - Non-Primary Care Provider (PCP)											
Cartagena Maria	Practitioner - Non-Primary Care Provider (PCP)											
Khalil-Ibrahim Mofid Md	Practitioner - Non-Primary Care Provider (PCP)											
Lorenz Vincent Edward Ii Pa	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Rexford Lee Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Maheshwari Yogesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Anain Paul Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Lakshminrusimha Satyanarayana	Practitioner - Non-Primary Care Provider (PCP)											
Tyo John Marshall Md	Practitioner - Non-Primary Care Provider (PCP)											
Venuto Lisa A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Maria Delores	Practitioner - Non-Primary Care Provider (PCP)											
Kuettel Michael	Practitioner - Non-Primary Care Provider (PCP)											
Nwogu Chukwumere	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hyde Michael J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Mary Beth Hoppe	Practitioner - Non-Primary Care Provider (PCP)											
Mclaughlin Kathleen B Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Chadha Sunita Md	Practitioner - Non-Primary Care Provider (PCP)											
Ibrahim Helen N Dds	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Vargo Edward Richard Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bass Kathryn Dirkes Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓			
Ali Basharat Md	Practitioner - Non-Primary Care Provider (PCP)											
Scott Patrick V Dds	Practitioner - Non-Primary Care Provider (PCP)											
Ziomek Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)											
Barclay Nancy Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Cominsky Katherine Dwight	Practitioner - Non-Primary Care Provider (PCP)											



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Keleher Michael Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Koch Sharon A	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Maxwell Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Mcguire Charles Douglas	Practitioner - Non-Primary Care Provider (PCP)											
Rehrauer David Robert	Practitioner - Non-Primary Care Provider (PCP)											
Schroeder Eileen Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Testa Lisa M	Practitioner - Non-Primary Care Provider (PCP)											
Kilbury Lucinda B Pa	Practitioner - Non-Primary Care Provider (PCP)											
Smith Kirsten Adelle	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Ullman Lori Md	Practitioner - Non-Primary Care Provider (PCP)											
Butler Bryan Nelson Md	Practitioner - Non-Primary Care Provider (PCP)											
Mc Auliffe Betty Jo	Practitioner - Non-Primary Care Provider (PCP)											
Rowles Cynthia Jean	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Larsson Richard D Rpa	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Chmiel James F Md	Practitioner - Non-Primary Care Provider (PCP)											
Oberkircher Adam Pa	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Popat Saurin Rajnikant Md	Practitioner - Non-Primary Care Provider (PCP)											
Arnold Jo Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Ervolina Tammy B Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Meyer Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Dziulko Amey Rose Pa	Practitioner - Non-Primary Care Provider (PCP)											
Vogan Jonathan C Md	Practitioner - Non-Primary Care Provider (PCP)											
Frisicaro Gerald	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼	▼	▼	▼	▼		▼
Williot Pierre Emile Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Badgley Barbara Kim	Practitioner - Non-Primary Care Provider (PCP)											
Gambino Robert J Pa	Practitioner - Non-Primary Care Provider (PCP)											
Aiad Shahir Elfred Md	Practitioner - Non-Primary Care Provider (PCP)											
Desai Ravi Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Namassivaya Nalini J Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Kaiser Rhonda A	Practitioner - Non-Primary Care Provider (PCP)											
Difrancesco Gregory Md	Practitioner - Non-Primary Care Provider (PCP)											



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Genewick Tiffany B Md	Practitioner - Non-Primary Care Provider (PCP)											
Filice Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Fitzpatrick Lorna K.Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓			
Liu-Helm Aries Yuan-Perng Md	Practitioner - Non-Primary Care Provider (PCP)											
Stokoe Gail Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Khanam Rashida Md	Practitioner - Non-Primary Care Provider (PCP)											
Arnet Willa Arnetta	Practitioner - Non-Primary Care Provider (PCP)											
Lavin Deborah Kay	Practitioner - Non-Primary Care Provider (PCP)											
Guttuso Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)											
Namassivaya Arundathi Md	Practitioner - Non-Primary Care Provider (PCP)											
Swain Deborah Rose	Practitioner - Non-Primary Care Provider (PCP)											
Krolczyk Steven Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Troen Bruce Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Stachowiak Donna Marie	Practitioner - Non-Primary Care Provider (PCP)											
Haley Timothy Danahy Md	Practitioner - Non-Primary Care Provider (PCP)											
Syed Masroor Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)											
Medina Rafael Md	Practitioner - Non-Primary Care Provider (PCP)											
Deschamps Jacqueline Mary	Practitioner - Non-Primary Care Provider (PCP)											
Moscato Suzanne Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ablove Tova Stram Md	Practitioner - Non-Primary Care Provider (PCP)											
Krabak Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											
Mishra Archana Md	Practitioner - Non-Primary Care Provider (PCP)											
Parentis Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Mure Maureen Ann	Practitioner - Non-Primary Care Provider (PCP)											
Link Robert Eric Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Talal Andrew Henry Md	Practitioner - Non-Primary Care Provider (PCP)											
Gokhale Vinayak S Md	Practitioner - Non-Primary Care Provider (PCP)											
Pollina John Md	Practitioner - Non-Primary Care Provider (PCP)											
Rauh Michael Alfred Md	Practitioner - Non-Primary Care Provider (PCP)											
Galpin Robert D Md	Practitioner - Non-Primary Care Provider (PCP)											



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Walsh Jennifer George Md	Practitioner - Non-Primary Care Provider (PCP)											
Behar Philomena Mufalli Md	Practitioner - Non-Primary Care Provider (PCP)											
Odunsi Adekunle Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Nachreiner Eric Jason Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mack Cindy Jane Cnm	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Michael Lori A Md	Practitioner - Non-Primary Care Provider (PCP)											
Pierce Natalie Nicole Pa	Practitioner - Non-Primary Care Provider (PCP)											
Metzger Edward John Jr	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhuri Ajay Md	Practitioner - Non-Primary Care Provider (PCP)											
Piotrowski Deborah Mary	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼	▼		▼	▼		▼
Hebert Susanne Marie Np	Practitioner - Non-Primary Care Provider (PCP)											
Blessios George Md	Practitioner - Non-Primary Care Provider (PCP)											
Laftavi Mark Reza Md	Practitioner - Non-Primary Care Provider (PCP)											
Green Dawn J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Caligiuri Therese Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
El-Deeb Yasser Aly Mohmoud Pt	Practitioner - Non-Primary Care Provider (PCP)											
Keelty Kelly M	Practitioner - Non-Primary Care Provider (PCP)											
Frank Gretchen A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Tan Alfonso Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Daxin Md	Practitioner - Non-Primary Care Provider (PCP)											
Turaif Najat Abdulaziz	Practitioner - Non-Primary Care Provider (PCP)											
Neuropsychology& Psycholgy Sv	Practitioner - Non-Primary Care Provider (PCP)											
Ebling Nancy C Do	Practitioner - Non-Primary Care Provider (PCP)											
Banks Nicole Therese Rpt	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro David I Md	Practitioner - Non-Primary Care Provider (PCP)											
Pankewycz Oleh G Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Alfaro-Franco Carino M	Practitioner - Non-Primary Care Provider (PCP)											
Abbasi Israr A Md	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Zulewski Dalton Gayle Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Szafranski Julia Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Pantano Joanne Elyse	Practitioner - Non-Primary Care Provider (PCP)											



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Goodloe Samuel Iii Dds	Practitioner - Non-Primary Care Provider (PCP)											
White Gloria J	Practitioner - Non-Primary Care Provider (PCP)											
Szarzanowicz Thaddeus E Md	Practitioner - Non-Primary Care Provider (PCP)											
Knorz David William Md	Practitioner - Non-Primary Care Provider (PCP)											
Webb Kristin Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Kurek Carlos Jacobo Md	Practitioner - Non-Primary Care Provider (PCP)											
Pendyala Prashant Md	Practitioner - Non-Primary Care Provider (PCP)											
Bolnick Alan D Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Nikhil C Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Micciarello Christine M Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Burgess Laura Jeanne Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Dewey Seth G Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferrick Michael R Md	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Shkeel Md	Practitioner - Non-Primary Care Provider (PCP)											
Calabrese Rebecca K Md	Practitioner - Non-Primary Care Provider (PCP)											
Fisher Michele Cuddy Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Mcmahon-Tronetti Caillean	Practitioner - Non-Primary Care Provider (PCP)											
Crawley Anita M	Practitioner - Non-Primary Care Provider (PCP)											
Noor Sonya S Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Halsted Mark J Md	Practitioner - Non-Primary Care Provider (PCP)											
Koenig Benjamin Otto Md	Practitioner - Non-Primary Care Provider (PCP)											
Pieczonka Sheila M Md	Practitioner - Non-Primary Care Provider (PCP)											
A W Jones Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Leonard Do	Practitioner - Non-Primary Care Provider (PCP)											
Paczos Tamera A Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Gambacorta Alfonse J Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kupkowski David Gerald Md	Practitioner - Non-Primary Care Provider (PCP)											
Altman David	Practitioner - Non-Primary Care Provider (PCP)											
Wandass Joseph H Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Snell-Garus Karen Angela Md	Practitioner - Non-Primary Care Provider (PCP)											
Trevett Millicent Hope Md	Practitioner - Non-Primary Care Provider (PCP)											



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Miller David	Practitioner - Non-Primary Care Provider (PCP)											
Mojica Wilfrido	Practitioner - Non-Primary Care Provider (PCP)											
Weis Herbert	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Lerman Jerrold Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼			
Khan Mohammad Asghar Md	Practitioner - Non-Primary Care Provider (PCP)											
Manka Michael Anthony Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)											
Crawford Donald	Practitioner - Non-Primary Care Provider (PCP)											
Kuvshinoff Boris W Md	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Vasantha Hs Md	Practitioner - Non-Primary Care Provider (PCP)											
Blain Karen	Practitioner - Non-Primary Care Provider (PCP)											
Khan Abdur Rauf Md	Practitioner - Non-Primary Care Provider (PCP)											
Berndtson Jeffrey William Md	Practitioner - Non-Primary Care Provider (PCP)											
Montesanti David Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Heary Blanka Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bulczak Dariusz Piotr Md	Practitioner - Non-Primary Care Provider (PCP)											
Elmer Thomas R Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Buczowski Glenn Robert Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Curry Molly Ann	Practitioner - Non-Primary Care Provider (PCP)											
Nadler Dennis Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Sullivan Nancy Lee	Practitioner - Non-Primary Care Provider (PCP)											
Dexter Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Nylander Emmekunla Karen Md	Practitioner - Non-Primary Care Provider (PCP)											
Campbell Andrew B Md	Practitioner - Non-Primary Care Provider (PCP)											
Odonnell Jane Kontos	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Ostempowski Michael James Md	Practitioner - Non-Primary Care Provider (PCP)											
Qureshi Muhammad Zahid Md	Practitioner - Non-Primary Care Provider (PCP)											
Oconnor Tracey	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ghosh Subrato Md	Practitioner - Non-Primary Care Provider (PCP)											
Tracy Jerry Joseph Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Staniszewski Theresa L	Practitioner - Non-Primary Care Provider (PCP)											



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Cherr Gregory S Md	Practitioner - Non-Primary Care Provider (PCP)											
Sitrin Michael D Md	Practitioner - Non-Primary Care Provider (PCP)											
Syta Margaret Mary	Practitioner - Non-Primary Care Provider (PCP)											
Menza Lynn A	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Valvo Laurie Cohen	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Drabik Cheryl	Practitioner - Non-Primary Care Provider (PCP)											
Hassenfratz Jay Thomas Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kane John Md	Practitioner - Non-Primary Care Provider (PCP)											
Foley Michael J Dds	Practitioner - Non-Primary Care Provider (PCP)											
Gedeon Robert L Jr Dds	Practitioner - Non-Primary Care Provider (PCP)											
Eloudi Nadiha M	Practitioner - Non-Primary Care Provider (PCP)											
Srivastava Maya Devi Md	Practitioner - Non-Primary Care Provider (PCP)											
Stansberry Andrew J	Practitioner - Non-Primary Care Provider (PCP)											
Knight Timothy C	Practitioner - Non-Primary Care Provider (PCP)											
Elsigan Julie Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Brahmabhatt Vikram N	Practitioner - Non-Primary Care Provider (PCP)											
Verdonik Frederick	Practitioner - Non-Primary Care Provider (PCP)											
Verleni Gust P Rpa	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Hedin Anne K	Practitioner - Non-Primary Care Provider (PCP)											
Ellsworth Prashula P Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Zam Robert S	Practitioner - Non-Primary Care Provider (PCP)											
Parsons David W	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Badgley Roger F	Practitioner - Non-Primary Care Provider (PCP)											
Pierino Mark P	Practitioner - Non-Primary Care Provider (PCP)											
Sponholz Ellen T	Practitioner - Non-Primary Care Provider (PCP)											
Del Regno Paula A	Practitioner - Non-Primary Care Provider (PCP)											
Bernat Sherrie H	Practitioner - Non-Primary Care Provider (PCP)											
Schmidt Julie Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Kroll-Piekarski Rene	Practitioner - Non-Primary Care Provider (PCP)											
Lynch Lisa A	Practitioner - Non-Primary Care Provider (PCP)											
Laplante Brian Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)											



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White Jason Todd Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Carbone Theresa Jean	Practitioner - Non-Primary Care Provider (PCP)											
Geiger Patricia A	Practitioner - Non-Primary Care Provider (PCP)											
Ralabate Monica L	Practitioner - Non-Primary Care Provider (PCP)											
Patino Erica Ann J	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Heaton Tracee Jean	Practitioner - Non-Primary Care Provider (PCP)											
Roche Angela Jean	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
White Cheryl A	Practitioner - Non-Primary Care Provider (PCP)											
Slawek Donna M	Practitioner - Non-Primary Care Provider (PCP)											
Sheppard Mary T	Practitioner - Non-Primary Care Provider (PCP)											
Remington Kelly S Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Sorrentino Patricia M	Practitioner - Non-Primary Care Provider (PCP)											
Savoy Nancy A	Practitioner - Non-Primary Care Provider (PCP)											
Suffoletto Heidi Narins Md	Practitioner - Non-Primary Care Provider (PCP)											
Borton Jason A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kurtz Kathy Anne	Practitioner - Non-Primary Care Provider (PCP)											
Munro Amy J	Practitioner - Non-Primary Care Provider (PCP)											
Ambor-Hutz Michele	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓
Burkhard Gregory A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bingeman Dawn Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Sherlock Maureen A	Practitioner - Non-Primary Care Provider (PCP)											
Lowenthal Karin	Practitioner - Non-Primary Care Provider (PCP)											
Cronin Linda	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Demmy Todd L Md	Practitioner - Non-Primary Care Provider (PCP)											
Hartnett Christine Marie	Practitioner - Non-Primary Care Provider (PCP)											
Pucci David A	Practitioner - Non-Primary Care Provider (PCP)											
Montgomery Carolyn A	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Griffin Judy A Np	Practitioner - Non-Primary Care Provider (PCP)											
Hamlin Deborah J	Practitioner - Non-Primary Care Provider (PCP)											
Roy Adrienne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Alexander Laurie T	Practitioner - Non-Primary Care Provider (PCP)											



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Miller Sharon L	Practitioner - Non-Primary Care Provider (PCP)											
Watson Marion R	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Susan M	Practitioner - Non-Primary Care Provider (PCP)											
Lindsley Amy B	Practitioner - Non-Primary Care Provider (PCP)											
Beecher Michael Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Mascaro Frank J Md	Practitioner - Non-Primary Care Provider (PCP)											
Ostolski Penelope Lyn Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Denny Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Hoerner Audrey Ann	Practitioner - Non-Primary Care Provider (PCP)											
Kolesnikov Sergei Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldman Scott M Dds	Practitioner - Non-Primary Care Provider (PCP)											
Eddib Abeer Md	Practitioner - Non-Primary Care Provider (PCP)											
Smith Matthew E Md	Practitioner - Non-Primary Care Provider (PCP)											
Doyle Carolyn Sue	Practitioner - Non-Primary Care Provider (PCP)											
Wind William Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Ismail Mahmoud Ismail Md	Practitioner - Non-Primary Care Provider (PCP)											
Kachurek Diana Beatrice	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Mangano Anthony Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers Bennett Md	Practitioner - Non-Primary Care Provider (PCP)											
Dee Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Hsi Amy Sing-Ling	Practitioner - Non-Primary Care Provider (PCP)											
Harris El Shanteashi	Practitioner - Non-Primary Care Provider (PCP)											
Weslowski Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Mohler James Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)											
Gorman Gerald R Md	Practitioner - Non-Primary Care Provider (PCP)											
Emborsky Mary Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
Mehboob Shahid Md	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez Ilizaliturri F Md	Practitioner - Non-Primary Care Provider (PCP)											
Webb Mary	Practitioner - Non-Primary Care Provider (PCP)											
Houghton Doris	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Sweet Ann M Rpa	Practitioner - Non-Primary Care Provider (PCP)											



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Buffalo Ultrasound Idtf Inc	Practitioner - Non-Primary Care Provider (PCP)											
Aftuck Robin Cnm	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Achey Seth Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Baggett Michael Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Kenyon Mark Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Peterson Marti Dds	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Cloud Marsilia Seiwel	Practitioner - Non-Primary Care Provider (PCP)											
Fan Liang Md	Practitioner - Non-Primary Care Provider (PCP)											
Jajkowski Mark R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bowen Kim Marie	Practitioner - Non-Primary Care Provider (PCP)											
Matteson Kristin Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Dofitas Steve Banaria Md	Practitioner - Non-Primary Care Provider (PCP)											
George Mary	Practitioner - Non-Primary Care Provider (PCP)											
Krabill Keith	Practitioner - Non-Primary Care Provider (PCP)											
Mason Paul J	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhuri Anita Barua Md	Practitioner - Non-Primary Care Provider (PCP)											
Anken Lori A	Practitioner - Non-Primary Care Provider (PCP)											
Arbabzadeh Massoud Md	Practitioner - Non-Primary Care Provider (PCP)											
Baldo Pia L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Carter Charlene S	Practitioner - Non-Primary Care Provider (PCP)											
Conley Charlene L	Practitioner - Non-Primary Care Provider (PCP)											
Darlak Terry F	Practitioner - Non-Primary Care Provider (PCP)											
Dean Eric E Rpa	Practitioner - Non-Primary Care Provider (PCP)											
DeLong Susan A	Practitioner - Non-Primary Care Provider (PCP)											
Dunford Denise M Np	Practitioner - Non-Primary Care Provider (PCP)											
Dybalski Andrew M	Practitioner - Non-Primary Care Provider (PCP)											
Fisher David M	Practitioner - Non-Primary Care Provider (PCP)											
Fix Brenda J	Practitioner - Non-Primary Care Provider (PCP)											
Hambridge Joanne Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Paul Jong Hyuk Md	Practitioner - Non-Primary Care Provider (PCP)											
Martin Jared D Rpa	Practitioner - Non-Primary Care Provider (PCP)											



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Molina Isabel B	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Nienhaus Mary K	Practitioner - Non-Primary Care Provider (PCP)											
Stilb Valerie A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Piechowski Denise M	Practitioner - Non-Primary Care Provider (PCP)											
Qazi Tahir Mansoor Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)											
Reedy Melissa A	Practitioner - Non-Primary Care Provider (PCP)											
Loehfelm Robyn	Practitioner - Non-Primary Care Provider (PCP)											
Riegel Brian James Md	Practitioner - Non-Primary Care Provider (PCP)											
Sisson Josie Teresita Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Southard Amy L	Practitioner - Non-Primary Care Provider (PCP)											
Stack Catherine C	Practitioner - Non-Primary Care Provider (PCP)											
Viola Carolyn L	Practitioner - Non-Primary Care Provider (PCP)											
Wojnowski Diane M	Practitioner - Non-Primary Care Provider (PCP)											
Wang Eunice Sue Md	Practitioner - Non-Primary Care Provider (PCP)											
Sinha Indrani Md	Practitioner - Non-Primary Care Provider (PCP)											
Stegemann Maureen	Practitioner - Non-Primary Care Provider (PCP)											
Wheat Heather Miller Md	Practitioner - Non-Primary Care Provider (PCP)											
Saleeb Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Notino Anthony Gene Md	Practitioner - Non-Primary Care Provider (PCP)											
Rossito Racheal Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mclellan-Desai Mary A Md	Practitioner - Non-Primary Care Provider (PCP)											
Alfano Teresa	Practitioner - Non-Primary Care Provider (PCP)											
Sherris David Allen	Practitioner - Non-Primary Care Provider (PCP)											
Kleiman Natasha	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Baughman Renee T Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Henry Ashraf Fekry Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheron Molly	Practitioner - Non-Primary Care Provider (PCP)											
Silliman Carrie G	Practitioner - Non-Primary Care Provider (PCP)											
Callanan Vincent Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Lillis Ann F	Practitioner - Non-Primary Care Provider (PCP)											
Ciechoski Mary J	Practitioner - Non-Primary Care Provider (PCP)											



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Conroy Kimberly Marie	Practitioner - Non-Primary Care Provider (PCP)											
Tkacik James E Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Lenz Rebecca A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ciesla Tera M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Inhelder Miriam G	Practitioner - Non-Primary Care Provider (PCP)											
Rymarczyk Cheryl L	Practitioner - Non-Primary Care Provider (PCP)											
Lindfield Vivian Leslie Md	Practitioner - Non-Primary Care Provider (PCP)											
Herberger Cindy M	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Sawyer Rita M Np	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Loefke Melinda L	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Villagomez Margo	Practitioner - Non-Primary Care Provider (PCP)											
Perese Kerime L	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Williamson Kristin M	Practitioner - Non-Primary Care Provider (PCP)											
Gerbers Susan M	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Zhang Lixin Md	Practitioner - Non-Primary Care Provider (PCP)											
Wetzel Beverly A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ehlinger Angela R	Practitioner - Non-Primary Care Provider (PCP)											
Heinlen Stephanie S Md	Practitioner - Non-Primary Care Provider (PCP)											
Ryan Michael D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bracken Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Horn Steven Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Rozmus Grzegorz Przemyslaw Md	Practitioner - Non-Primary Care Provider (PCP)											
Wlock Vicki M	Practitioner - Non-Primary Care Provider (PCP)											
Dugan Bonnie S	Practitioner - Non-Primary Care Provider (PCP)											
Rizzo Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)											
Guay Jennifer M Cnw	Practitioner - Non-Primary Care Provider (PCP)											
Mason Laura L	Practitioner - Non-Primary Care Provider (PCP)											
Lahrs Barbara A	Practitioner - Non-Primary Care Provider (PCP)											
Bush Linda L	Practitioner - Non-Primary Care Provider (PCP)											
Mcdonnell Kevin M Md	Practitioner - Non-Primary Care Provider (PCP)											
Iyer Vijay Sankar Md	Practitioner - Non-Primary Care Provider (PCP)											



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Rose Kelly Sue Dds	Practitioner - Non-Primary Care Provider (PCP)											
Tomaszewski Garin Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Kang Minsoo Md	Practitioner - Non-Primary Care Provider (PCP)											
Patterson Daniel John Do	Practitioner - Non-Primary Care Provider (PCP)											
Rinaldi James Jude Md	Practitioner - Non-Primary Care Provider (PCP)											
Reynolds Anne Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Pietrantonio Celestino Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Elad I Md	Practitioner - Non-Primary Care Provider (PCP)											
Green Nichole T Rpa	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Facer Jeffery Todd Md	Practitioner - Non-Primary Care Provider (PCP)											
Certo Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)											
Lukan James K	Practitioner - Non-Primary Care Provider (PCP)											
Nisbet Patricia A	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼	▼	▼	▼		▼
Sheehan Daniel W Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Myers Jeffrey W Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ritter Christopher Md	Practitioner - Non-Primary Care Provider (PCP)											
Stoeckl Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Bucci Rudolf D	Practitioner - Non-Primary Care Provider (PCP)											
Daniel-Sanders Andrea Np	Practitioner - Non-Primary Care Provider (PCP)											
Vukas Steven Dmd	Practitioner - Non-Primary Care Provider (PCP)											
Almyroudou Nikolaos Md	Practitioner - Non-Primary Care Provider (PCP)											
Tato Young H	Practitioner - Non-Primary Care Provider (PCP)											
Roessler Lori A	Practitioner - Non-Primary Care Provider (PCP)											
Steinwald Ann	Practitioner - Non-Primary Care Provider (PCP)											
Petko Kimberly A	Practitioner - Non-Primary Care Provider (PCP)											
Ralbovsky Michael	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Dheenadayalu Kavitha Md	Practitioner - Non-Primary Care Provider (PCP)											
Treutlein Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Black Thomas Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Conley James Jason	Practitioner - Non-Primary Care Provider (PCP)											
Jones Donna	Practitioner - Non-Primary Care Provider (PCP)											



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Mojon Amy Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Visco Jeffrey John Md	Practitioner - Non-Primary Care Provider (PCP)											
Fells Daniel A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Berenji Farid Md	Practitioner - Non-Primary Care Provider (PCP)											
Saxton Sarah J	Practitioner - Non-Primary Care Provider (PCP)											
Bloomberg Richard D Md	Practitioner - Non-Primary Care Provider (PCP)											
Salerno Kilian E Md	Practitioner - Non-Primary Care Provider (PCP)											
Samuel Sam J Md	Practitioner - Non-Primary Care Provider (PCP)											
Gould Margaret A	Practitioner - Non-Primary Care Provider (PCP)											
Haim Robert	Practitioner - Non-Primary Care Provider (PCP)											
Judkiewicz Sarah Ann	Practitioner - Non-Primary Care Provider (PCP)											
Mastrandrea Lucy Diane Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Kieliszek Karen	Practitioner - Non-Primary Care Provider (PCP)											
Gioia Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Abou Jaoude Philippe Elias	Practitioner - Non-Primary Care Provider (PCP)											
Mazurczak Matthew J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Luisi Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Falkner Catherine Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Shields Gregory Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Woods Kara A	Practitioner - Non-Primary Care Provider (PCP)											
Rassman Jeffrey S Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Doemland Helen Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Hurd James A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Prem Kathryn M	Practitioner - Non-Primary Care Provider (PCP)											
Burroughs-Smith Amy-Jo L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Weisenborn Linda S Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gray Michael A	Practitioner - Non-Primary Care Provider (PCP)											
Smith Karen P	Practitioner - Non-Primary Care Provider (PCP)											
Grover Mary F	Practitioner - Non-Primary Care Provider (PCP)											
Vigna Franco E Md	Practitioner - Non-Primary Care Provider (PCP)											
Tinnesz Michael D	Practitioner - Non-Primary Care Provider (PCP)											



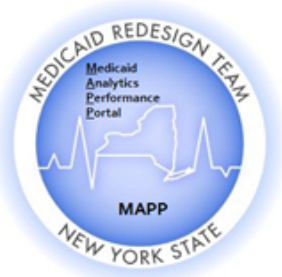
**New York State Department Of Health
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* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Pfalzer Aaron M Md	Practitioner - Non-Primary Care Provider (PCP)											
Brewer Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Polechetti John S	Practitioner - Non-Primary Care Provider (PCP)											
Younger Charles M Md	Practitioner - Non-Primary Care Provider (PCP)											
Diaz-Reyes Gustavo Adolfo Md	Practitioner - Non-Primary Care Provider (PCP)											
Price Katherine Elaine	Practitioner - Non-Primary Care Provider (PCP)											
Robillard Kevin Md	Practitioner - Non-Primary Care Provider (PCP)											
Watt Stacey Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Bink Melanie Alissa	Practitioner - Non-Primary Care Provider (PCP)											
Durandetto Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Larson Aleshia Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Lauffer Angelina Maria	Practitioner - Non-Primary Care Provider (PCP)											
Passmore Natalie Ann	Practitioner - Non-Primary Care Provider (PCP)											
Pecorella Laura Ann	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Sullivan Laurie Eileen	Practitioner - Non-Primary Care Provider (PCP)											
Weed Margaret Lee	Practitioner - Non-Primary Care Provider (PCP)											
Shaffrey Julie Kathleen Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Suketu Dds	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Cloud Samuel David Do	Practitioner - Non-Primary Care Provider (PCP)											
Fourtner Shannon H	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Zelenov Victor Md	Practitioner - Non-Primary Care Provider (PCP)											
Edelson Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Prasad Dheerendra Md	Practitioner - Non-Primary Care Provider (PCP)											
Sprehe Esther M Np	Practitioner - Non-Primary Care Provider (PCP)											
Smith Beth Alison Md	Practitioner - Non-Primary Care Provider (PCP)											
Lajeunesse Suzette Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Guyett Lance Christopher	Practitioner - Non-Primary Care Provider (PCP)											
Guidotti Cheryl Ann	Practitioner - Non-Primary Care Provider (PCP)											
Cumbo Thomas Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Rausch Kelly Marie	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Khan Toseef Muzaffur	Practitioner - Non-Primary Care Provider (PCP)											



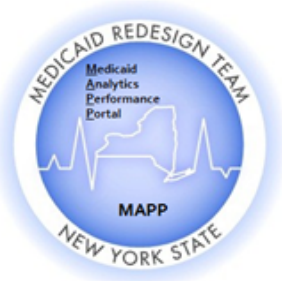
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Covey Andrew Jason Md	Practitioner - Non-Primary Care Provider (PCP)												
Adams Cristine Marie Md	Practitioner - Non-Primary Care Provider (PCP)												
Agrons Geoffrey Ansel	Practitioner - Non-Primary Care Provider (PCP)												
Toland Suzanne E	Practitioner - Non-Primary Care Provider (PCP)												
Seib Beverly A	Practitioner - Non-Primary Care Provider (PCP)												
Bowler William H	Practitioner - Non-Primary Care Provider (PCP)												
Lee Henry Christopher Md	Practitioner - Non-Primary Care Provider (PCP)												
Sharma Vishal Md	Practitioner - Non-Primary Care Provider (PCP)												
Cosgrove-Drury Kathleen Np	Practitioner - Non-Primary Care Provider (PCP)												
Meli Rebecca F Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Haak Jennifer Lynn Md	Practitioner - Non-Primary Care Provider (PCP)												
Mcgrath Timothy	Practitioner - Non-Primary Care Provider (PCP)												
Lin Lin Md	Practitioner - Non-Primary Care Provider (PCP)												
Melotti Michelle Karen Md	Practitioner - Non-Primary Care Provider (PCP)												
Mukkamala Krishna Prasad Md	Practitioner - Non-Primary Care Provider (PCP)												
Eckhart Kenneth Harry Iii Md	Practitioner - Non-Primary Care Provider (PCP)												
Khan Mehdi A Md	Practitioner - Non-Primary Care Provider (PCP)												
Steinacher Richard S Do	Practitioner - Non-Primary Care Provider (PCP)												
Feldman Donna A Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼	
Tobin Katherine D Md	Practitioner - Non-Primary Care Provider (PCP)												
Davis Steven Ward Md	Practitioner - Non-Primary Care Provider (PCP)												
Warthling Christa R Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Kielbasa Jennifer M Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Eberl Margaret Mary Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼	
Meltser Henry Mark Md	Practitioner - Non-Primary Care Provider (PCP)												
Wong William Joseph Md	Practitioner - Non-Primary Care Provider (PCP)												
Improta John Michael Md	Practitioner - Non-Primary Care Provider (PCP)												
Tower Gretchen L Np	Practitioner - Non-Primary Care Provider (PCP)												
Bloom Peter Donal Md	Practitioner - Non-Primary Care Provider (PCP)												
Phelan Mary Theresa Np	Practitioner - Non-Primary Care Provider (PCP)												
Zent Christopher John Np	Practitioner - Non-Primary Care Provider (PCP)												



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Miller Paula M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bianca Melissa A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Yu Hong Md	Practitioner - Non-Primary Care Provider (PCP)											
Riemer Sara Np	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Aldrich Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Salcedo Daniel Meneses Md	Practitioner - Non-Primary Care Provider (PCP)											
Garimella Sudha Md	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Galecki-Kuropas Alicia Liliana	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Frosolone Enrico	Practitioner - Non-Primary Care Provider (PCP)											
Newall Janet Fay Cnm	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Campbell Laurie Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Larson Douglas	Practitioner - Non-Primary Care Provider (PCP)											
Cummings Michael R Md	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wheeler Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Arzola Linda	Practitioner - Non-Primary Care Provider (PCP)											
Shear Anne Renee	Practitioner - Non-Primary Care Provider (PCP)											
Gundroo Aijaz Md	Practitioner - Non-Primary Care Provider (PCP)											
Siddiqui Adnan Hussain	Practitioner - Non-Primary Care Provider (PCP)											
Balan Octavia Florina Md	Practitioner - Non-Primary Care Provider (PCP)											
Lawrence Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Sperrazza Charles Vincent Md	Practitioner - Non-Primary Care Provider (PCP)											
Kingsley Khristeena Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Rood Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Jaffri Naureen R Do	Practitioner - Non-Primary Care Provider (PCP)											
Brooks Victoria Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Rokitka Denise A Md	Practitioner - Non-Primary Care Provider (PCP)											
Fries Lynne Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Panesard Mandip Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Dorsaneo Danielle Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Osman Magda Gamal Md	Practitioner - Non-Primary Care Provider (PCP)											
Banas Michael Donald Md	Practitioner - Non-Primary Care Provider (PCP)											



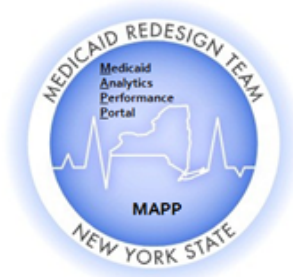
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Clark Scott D Np	Practitioner - Non-Primary Care Provider (PCP)											
Stowell K Jeannine Np	Practitioner - Non-Primary Care Provider (PCP)											
Williams Emily Fleming Md	Practitioner - Non-Primary Care Provider (PCP)											
Pierce David Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Verostko-Sluzak Sherry	Practitioner - Non-Primary Care Provider (PCP)											
Jung Hoon	Practitioner - Non-Primary Care Provider (PCP)											
Mccoy Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Lignos Suzanne Np	Practitioner - Non-Primary Care Provider (PCP)											
Ryan Nicole M	Practitioner - Non-Primary Care Provider (PCP)											
Lee Karen J Np	Practitioner - Non-Primary Care Provider (PCP)											
Wright Carol L	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Duff Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Wolentarski Kimberly	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Ruggiero Kathleen A Np	Practitioner - Non-Primary Care Provider (PCP)											
Lyon Nancy Rith	Practitioner - Non-Primary Care Provider (PCP)											
Higman Meghan	Practitioner - Non-Primary Care Provider (PCP)											
Yi Won S Md	Practitioner - Non-Primary Care Provider (PCP)											
D'Angelo Michael Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Berkelhamer Sara Kay Md	Practitioner - Non-Primary Care Provider (PCP)											
Marshall-Hobika Dori Md	Practitioner - Non-Primary Care Provider (PCP)											
Penvose-Yi Jan Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Chun Penelope Su Jung Md	Practitioner - Non-Primary Care Provider (PCP)											
Lesh Charles J Md	Practitioner - Non-Primary Care Provider (PCP)											
Clauser Kevin Gregory Dds	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Roger Eric Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Fried Allyson J Np	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Pawlowski Jill M Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Shiel Marcia	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Longdon Marlene Carolyn	Practitioner - Non-Primary Care Provider (PCP)											
Stoffman Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Leonard Jr. Glenn Md	Practitioner - Non-Primary Care Provider (PCP)											



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Ippolito Loraine	Practitioner - Non-Primary Care Provider (PCP)											
Balluz Rula	Practitioner - Non-Primary Care Provider (PCP)											
Farzana Habib	Practitioner - Non-Primary Care Provider (PCP)											
Silva April Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhry Eram Md	Practitioner - Non-Primary Care Provider (PCP)											
Al-Ibrahim Omar S Md	Practitioner - Non-Primary Care Provider (PCP)											
Guo Weidun Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Lamothe P Henri Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramsdell Robert James Md	Practitioner - Non-Primary Care Provider (PCP)											
Gigliotti Dina M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Merchant Shehzad Md	Practitioner - Non-Primary Care Provider (PCP)											
Murchison Kristin D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Pagano Christina M Rpa	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Millhouse David Carson Dds	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Yosuico Victor Ernesto David Md	Practitioner - Non-Primary Care Provider (PCP)											
Khan Irfan Ali Md	Practitioner - Non-Primary Care Provider (PCP)											
Bagnarello Carola E Md	Practitioner - Non-Primary Care Provider (PCP)											
Ogembo Jane A Dds	Practitioner - Non-Primary Care Provider (PCP)											
Dosluoglu Hasan	Practitioner - Non-Primary Care Provider (PCP)											
Majewski Beverly L Np	Practitioner - Non-Primary Care Provider (PCP)											
Phillians Lisa A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mutton Holly Beth Do	Practitioner - Non-Primary Care Provider (PCP)											
Neely Cheryl Lynn Do	Practitioner - Non-Primary Care Provider (PCP)											
Hartnett Christopher Joseph	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Scarozza Jennifer R	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Cryan Amanda Marie Dds	Practitioner - Non-Primary Care Provider (PCP)											
Danilovich Nadezhda Md	Practitioner - Non-Primary Care Provider (PCP)											
Purcell Eileen Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Dzielski Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Cheng Yijun Md	Practitioner - Non-Primary Care Provider (PCP)											
Mineo Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											



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Connolly Sara Md	Practitioner - Non-Primary Care Provider (PCP)											
Dunn Andrew Terrell Md	Practitioner - Non-Primary Care Provider (PCP)											
Wegrzyn Susan D Np	Practitioner - Non-Primary Care Provider (PCP)											
Mccann Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Pereira Lorianne Md	Practitioner - Non-Primary Care Provider (PCP)											
Pennisten Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Diegelman Nathan	Practitioner - Non-Primary Care Provider (PCP)											
Baum Phillip Adam Md	Practitioner - Non-Primary Care Provider (PCP)											
Chalupka Lee A Md	Practitioner - Non-Primary Care Provider (PCP)											
Strack Betsy L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Szetela Deborah A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Da Polito David M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Marotta Kelly Np	Practitioner - Non-Primary Care Provider (PCP)											
Brown Susan M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Wangler Lisa M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mahoney Elizabeth Laetitia Md	Practitioner - Non-Primary Care Provider (PCP)											
Denhaese Ryan Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Maloy Margaret S	Practitioner - Non-Primary Care Provider (PCP)											
Hannahoe Brigid	Practitioner - Non-Primary Care Provider (PCP)											
Hudecki Gregory E Dds	Practitioner - Non-Primary Care Provider (PCP)	☑				☑			☑	☑		☑
Johnson Rurik Carnahan Md	Practitioner - Non-Primary Care Provider (PCP)											
Carl Gary Hudson Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoffman Aaron Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)											
Betterman Mary Jane Md	Practitioner - Non-Primary Care Provider (PCP)											
Kreppel Susan M Np	Practitioner - Non-Primary Care Provider (PCP)											
Bhatia Ashish Md	Practitioner - Non-Primary Care Provider (PCP)											
Swiencicki Jr James Md	Practitioner - Non-Primary Care Provider (PCP)											
Elsass Kelcy Dawn Md	Practitioner - Non-Primary Care Provider (PCP)											
Lana Rosann L Md	Practitioner - Non-Primary Care Provider (PCP)											
Nigalye Sanil Balkrishna Dds	Practitioner - Non-Primary Care Provider (PCP)	☑							☑			
Singh Anurag Kishor Md	Practitioner - Non-Primary Care Provider (PCP)											



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Odrobina Michele Robin Md	Practitioner - Non-Primary Care Provider (PCP)											
Bukowski-Hehr Marie	Practitioner - Non-Primary Care Provider (PCP)											
Sainsbury Dawn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Jermak Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Gavin Julie Md	Practitioner - Non-Primary Care Provider (PCP)											
O'Donnell Tanni M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Pomakov Ognian Md	Practitioner - Non-Primary Care Provider (PCP)											
Zhou Xin Md	Practitioner - Non-Primary Care Provider (PCP)											
Bernas Geoffrey Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Gelman-Koessler Lisa Md	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Umang Md	Practitioner - Non-Primary Care Provider (PCP)											
Nagalla Bhanu Prakash Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Strong Benjamin Waite Md	Practitioner - Non-Primary Care Provider (PCP)											
Parashar Akash Md	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Adams Timothy Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Raczka Michelle C Md	Practitioner - Non-Primary Care Provider (PCP)											
Amrusko Steven J Mdms	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓			
Franckowiak Melissa Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Miori Joyce	Practitioner - Non-Primary Care Provider (PCP)											
Fahrbach John Md	Practitioner - Non-Primary Care Provider (PCP)											
Sisley Amy M	Practitioner - Non-Primary Care Provider (PCP)											
Falvo Mark Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Muck Deborah S	Practitioner - Non-Primary Care Provider (PCP)											
Kuczanski Mark R Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ching Marilou Md	Practitioner - Non-Primary Care Provider (PCP)											
Reilly Ellen M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Christiano Lori Ann	Practitioner - Non-Primary Care Provider (PCP)											
Alhattab Eyad S Md	Practitioner - Non-Primary Care Provider (PCP)											
Smith Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Campanie Kristin Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Raman Arun Kumar	Practitioner - Non-Primary Care Provider (PCP)											



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Wydysz Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Mian Naima	Practitioner - Non-Primary Care Provider (PCP)											
Gothgen Niels Ulrich Md	Practitioner - Non-Primary Care Provider (PCP)											
Dym Jean-Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Gauriloff-Rothenberg Jane Birgitta	Practitioner - Non-Primary Care Provider (PCP)											
Khalsa Sat Kartar K Dds	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Glantz Sanford Md	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Frankiewich Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Dy Grace	Practitioner - Non-Primary Care Provider (PCP)											
Bethin Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Crosson Megan	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Schwarzkopf Cornavaca Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Giglio Timothy	Practitioner - Non-Primary Care Provider (PCP)											
Bela Ajtai	Practitioner - Non-Primary Care Provider (PCP)											
Parthasarathy Kondai L	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Converso Nicole Maria Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Qasaymeh Mohammad Mustafa	Practitioner - Non-Primary Care Provider (PCP)											
Dobson Judy L	Practitioner - Non-Primary Care Provider (PCP)											
Hojnacki David	Practitioner - Non-Primary Care Provider (PCP)											
Mutty Christopher Edward	Practitioner - Non-Primary Care Provider (PCP)											
Ma Wen Wee Md	Practitioner - Non-Primary Care Provider (PCP)											
Cimato Thomas Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
John Christopher Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Verni Christine Marie	Practitioner - Non-Primary Care Provider (PCP)											
Walters Brian	Practitioner - Non-Primary Care Provider (PCP)											
Schaefer-Turner Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Davis Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Smith Kelly Ann	Practitioner - Non-Primary Care Provider (PCP)											
Patel Sonalee Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gonda Cheryl Louise	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓



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Beang Joseph Michael Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Tobias Susan	Practitioner - Non-Primary Care Provider (PCP)											
Seereiter Phillip James Jr	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Mann Anp	Practitioner - Non-Primary Care Provider (PCP)											
Lehman Heather	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Narby Lorraine	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Wantuck Christine	Practitioner - Non-Primary Care Provider (PCP)											
Singhal Pankaj Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Donley Colleen A	Practitioner - Non-Primary Care Provider (PCP)											
Foti-Crawford Kathryn Marie	Practitioner - Non-Primary Care Provider (PCP)											
Montalvo Beverly	Practitioner - Non-Primary Care Provider (PCP)											
Luis Alfredo Nathanie Bent-Shaw	Practitioner - Non-Primary Care Provider (PCP)											
Jordan Kelly Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Burnhard Valerie Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Kloosterman Kristen	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Philip	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Velasquez Bernardino	Practitioner - Non-Primary Care Provider (PCP)											
Kaufman Corine Sebast	Practitioner - Non-Primary Care Provider (PCP)											
Sindoni Frank Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Mijatovic Ljiljana Md	Practitioner - Non-Primary Care Provider (PCP)											
Mason Veronica Rn	Practitioner - Non-Primary Care Provider (PCP)											
Dimopoulos Polyxeni Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Gelfond Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Votta Timothy Joseph Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Bobby	Practitioner - Non-Primary Care Provider (PCP)											
Hartley-Mcandrew Michelle Elena Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Finch Virginia	Practitioner - Non-Primary Care Provider (PCP)											
Jones Michele	Practitioner - Non-Primary Care Provider (PCP)											
Arana Belito	Practitioner - Non-Primary Care Provider (PCP)											
Betstadt Sarah	Practitioner - Non-Primary Care Provider (PCP)											



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Barone Steven Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Paul Sucharita	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Yowpa John Md	Practitioner - Non-Primary Care Provider (PCP)											
Provost Karin	Practitioner - Non-Primary Care Provider (PCP)											
Sokolovskiy Melanie	Practitioner - Non-Primary Care Provider (PCP)											
Fanton Melissa Mary Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Thomas C Foote	Practitioner - Non-Primary Care Provider (PCP)											
Anand Nyathappa Gundappa Md	Practitioner - Non-Primary Care Provider (PCP)											
Gagliardo Anthony John	Practitioner - Non-Primary Care Provider (PCP)											
Spuller Robert	Practitioner - Non-Primary Care Provider (PCP)											
Schmidt Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Fitzpatrick Edward	Practitioner - Non-Primary Care Provider (PCP)											
Valenti Sherri Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Mattson David Michael Kawanakoa	Practitioner - Non-Primary Care Provider (PCP)											
Ondracek Theodore	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Riester Shawn	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Bree	Practitioner - Non-Primary Care Provider (PCP)											
Wolslau Hans Johann Do	Practitioner - Non-Primary Care Provider (PCP)											
Mareena Zachariah Md	Practitioner - Non-Primary Care Provider (PCP)											
Boyle Michele Marie	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Karen Anne Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Safy Dhaliah Marie	Practitioner - Non-Primary Care Provider (PCP)											
Gajewski Casey Marie Np	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Sawyer Robert Newell Jr	Practitioner - Non-Primary Care Provider (PCP)											
Plune Juliana	Practitioner - Non-Primary Care Provider (PCP)											
Youra Lauren Adele Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Miller Katie Lynn Pa	Practitioner - Non-Primary Care Provider (PCP)											
Kron Brian Martin Pa	Practitioner - Non-Primary Care Provider (PCP)											
Depriest Caitlin Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Eunice Louise	Practitioner - Non-Primary Care Provider (PCP)											
Jody Leonardo Md	Practitioner - Non-Primary Care Provider (PCP)											



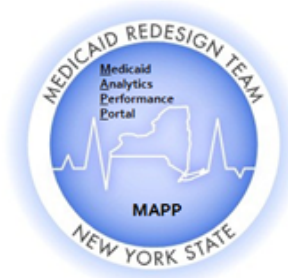
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Rana Muzamil	Practitioner - Non-Primary Care Provider (PCP)											
Kozielski Rafal	Practitioner - Non-Primary Care Provider (PCP)											
Patel Sunil	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Caron Helen	Practitioner - Non-Primary Care Provider (PCP)											
Bitikofer Kristin Marie Pa	Practitioner - Non-Primary Care Provider (PCP)											
Kilian Melissa Lyn Np	Practitioner - Non-Primary Care Provider (PCP)											
Arnold William Facklam Iii	Practitioner - Non-Primary Care Provider (PCP)											
Clontz Krista Molison	Practitioner - Non-Primary Care Provider (PCP)											
Lissa Frances Capuson	Practitioner - Non-Primary Care Provider (PCP)											
John R Raabe	Practitioner - Non-Primary Care Provider (PCP)											
Li Xiuli	Practitioner - Non-Primary Care Provider (PCP)											
Liu Hong Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Meagan Mary Pa	Practitioner - Non-Primary Care Provider (PCP)											
Pili Roberto Md	Practitioner - Non-Primary Care Provider (PCP)											
Hunt Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Musial Wanda Marie	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Clemency Brian Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Michael J Wiewiorski	Practitioner - Non-Primary Care Provider (PCP)											
Comella Higgins Julie	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Gyves-Ray Katherrine	Practitioner - Non-Primary Care Provider (PCP)											
Bula Melania	Practitioner - Non-Primary Care Provider (PCP)											
Cumbo Harjeet	Practitioner - Non-Primary Care Provider (PCP)											
Brawn Robert Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Page Brian John Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Hereth James Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Parrish Joy B	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Katz Michael Ethan	Practitioner - Non-Primary Care Provider (PCP)											
Halabi Safwan	Practitioner - Non-Primary Care Provider (PCP)											
Jeffrey Wade Martinez	Practitioner - Non-Primary Care Provider (PCP)											
Bender Cindrea Denise	Practitioner - Non-Primary Care Provider (PCP)											
Cicchetti Michael Scott	Practitioner - Non-Primary Care Provider (PCP)											



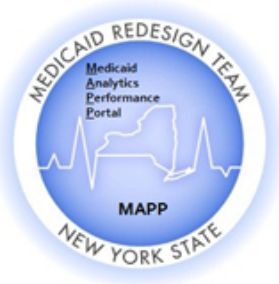
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Chang Joan C	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Sieminski Mark Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Cassel Kerry P	Practitioner - Non-Primary Care Provider (PCP)											
Dann Sara Kate	Practitioner - Non-Primary Care Provider (PCP)											
Mcgee Kevin Richard	Practitioner - Non-Primary Care Provider (PCP)											
Snyder Joann Marie	Practitioner - Non-Primary Care Provider (PCP)											
Clancy Kristin Ann Pa	Practitioner - Non-Primary Care Provider (PCP)											
Silvestri Nicholas Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Zhan Su	Practitioner - Non-Primary Care Provider (PCP)											
Guppenberger Michael Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Simkins Jennifer Lyn	Practitioner - Non-Primary Care Provider (PCP)											
Mcdermott Brian	Practitioner - Non-Primary Care Provider (PCP)											
Millard Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Hemmingson Daniel Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Shaman Majid Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓			✓	✓		✓
Rutecki Amy Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Jared Corbett Browning	Practitioner - Non-Primary Care Provider (PCP)											
Amabile Kristin	Practitioner - Non-Primary Care Provider (PCP)											
Dupont Paul G Md	Practitioner - Non-Primary Care Provider (PCP)											
Dawn Nichelle Delavallade	Practitioner - Non-Primary Care Provider (PCP)											
Justicia-Linde Faye Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Chen Hongbin	Practitioner - Non-Primary Care Provider (PCP)											
Diehl Courtenay Laryssa	Practitioner - Non-Primary Care Provider (PCP)											
Olsen Erica	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Peterson Andrew Craig	Practitioner - Non-Primary Care Provider (PCP)											
Schlesinger Michelle L	Practitioner - Non-Primary Care Provider (PCP)											
Magno Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Puneet	Practitioner - Non-Primary Care Provider (PCP)											
Siddiqi Attiya	Practitioner - Non-Primary Care Provider (PCP)											
Reyes Samuel Asher Md	Practitioner - Non-Primary Care Provider (PCP)											
Justis Gina Brigitte	Practitioner - Non-Primary Care Provider (PCP)											



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Moser Reuven	Practitioner - Non-Primary Care Provider (PCP)												
Goradia Dhawal Arun	Practitioner - Non-Primary Care Provider (PCP)												
Saikali Nicolas P	Practitioner - Non-Primary Care Provider (PCP)												
Patel Sangita Pankajkumar	Practitioner - Non-Primary Care Provider (PCP)	✔							✔				
Ana Natasha Cervantes	Practitioner - Non-Primary Care Provider (PCP)												
Gothgen Nicole Marie Md	Practitioner - Non-Primary Care Provider (PCP)												
Bouton Scott Michael	Practitioner - Non-Primary Care Provider (PCP)												
Shaikh Zubair Iqbal	Practitioner - Non-Primary Care Provider (PCP)												
Schulte Mark	Practitioner - Non-Primary Care Provider (PCP)												
Attuwaybi Bashir	Practitioner - Non-Primary Care Provider (PCP)												
Kijowski Christophe	Practitioner - Non-Primary Care Provider (PCP)												
Steven Sattler	Practitioner - Non-Primary Care Provider (PCP)												
Meyer Sabrina Zanolwick	Practitioner - Non-Primary Care Provider (PCP)	✔			✔	✔			✔	✔		✔	
Tobias W Corcoran Dds Pllc	Practitioner - Non-Primary Care Provider (PCP)												
Glass Kathleen Zillner	Practitioner - Non-Primary Care Provider (PCP)												
Scott Alicia Latrese	Practitioner - Non-Primary Care Provider (PCP)												
Schwaab Thomas	Practitioner - Non-Primary Care Provider (PCP)												
Fishkin Zair	Practitioner - Non-Primary Care Provider (PCP)												
Dhillon Rajwinder	Practitioner - Non-Primary Care Provider (PCP)												
Hsu Bernard	Practitioner - Non-Primary Care Provider (PCP)												
Caldemeyer Kar	Practitioner - Non-Primary Care Provider (PCP)												
Toothman Richa	Practitioner - Non-Primary Care Provider (PCP)												
Dryja Eric David	Practitioner - Non-Primary Care Provider (PCP)												
Merlino Talia Grace Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Singh Baljinder	Practitioner - Non-Primary Care Provider (PCP)												
Griffiths Elizabeth Alice	Practitioner - Non-Primary Care Provider (PCP)												
Christopher David Bieniek Pa	Practitioner - Non-Primary Care Provider (PCP)												
John L Ob Butsch	Practitioner - Non-Primary Care Provider (PCP)												
Michael Daniel Hess	Practitioner - Non-Primary Care Provider (PCP)												
Pitz Kelly	Practitioner - Non-Primary Care Provider (PCP)												
Hlubik Patrick	Practitioner - Non-Primary Care Provider (PCP)												



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Vasquez Elizabeth	Practitioner - Non-Primary Care Provider (PCP)												
Humm Patricia	Practitioner - Non-Primary Care Provider (PCP)												
Mrkall Brenda Ann	Practitioner - Non-Primary Care Provider (PCP)												
Mario J Violante Iii Dds	Practitioner - Non-Primary Care Provider (PCP)												
Rein Jason	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓	
Kelley Ryan	Practitioner - Non-Primary Care Provider (PCP)												
Buell Amanda	Practitioner - Non-Primary Care Provider (PCP)												
Kelly Mallory L	Practitioner - Non-Primary Care Provider (PCP)												
Brenda Mertsoc	Practitioner - Non-Primary Care Provider (PCP)												
Petroski Tara Marie	Practitioner - Non-Primary Care Provider (PCP)												
Huang Yi	Practitioner - Non-Primary Care Provider (PCP)												
Cathcart Jennifer Jynn	Practitioner - Non-Primary Care Provider (PCP)												
Kentner Shannon	Practitioner - Non-Primary Care Provider (PCP)												
Makdissi Antoine	Practitioner - Non-Primary Care Provider (PCP)												
Hamilton Paula J	Practitioner - Non-Primary Care Provider (PCP)												
Tukov Magdalene Shuser	Practitioner - Non-Primary Care Provider (PCP)												
Pyne Clifford Charles	Practitioner - Non-Primary Care Provider (PCP)												
Graf Patti	Practitioner - Non-Primary Care Provider (PCP)												
Tutwiler Tara Lynn	Practitioner - Non-Primary Care Provider (PCP)												
Cipolla David Patrick	Practitioner - Non-Primary Care Provider (PCP)												
Pericak Jason Robert	Practitioner - Non-Primary Care Provider (PCP)												
Heyden Amy L	Practitioner - Non-Primary Care Provider (PCP)												
Schmidt Jessica Lyn Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Scott J Wilkowski	Practitioner - Non-Primary Care Provider (PCP)												
Lamarca Jillian Concetta	Practitioner - Non-Primary Care Provider (PCP)												
Wall Robbie Daniel	Practitioner - Non-Primary Care Provider (PCP)												
Clark Lindsey Dolan	Practitioner - Non-Primary Care Provider (PCP)												
Cacho Cele Sarai	Practitioner - Non-Primary Care Provider (PCP)												
Cercone Kristen Anne	Practitioner - Non-Primary Care Provider (PCP)												
Rivera Colin Ruqayyah	Practitioner - Non-Primary Care Provider (PCP)												
Jeffrey James Brewer	Practitioner - Non-Primary Care Provider (PCP)												



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Fernando Sandra Mary	Practitioner - Non-Primary Care Provider (PCP)											
Duquin Thomas Richard	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhry Monir Ahmad	Practitioner - Non-Primary Care Provider (PCP)											
Pillai Anita K	Practitioner - Non-Primary Care Provider (PCP)											
Bath Shelley Singh	Practitioner - Non-Primary Care Provider (PCP)											
Warriner Walter H	Practitioner - Non-Primary Care Provider (PCP)											
Jenkins Robert T Dds	Practitioner - Non-Primary Care Provider (PCP)											
Knight William	Practitioner - Non-Primary Care Provider (PCP)											
Jennings Richard Allan	Practitioner - Non-Primary Care Provider (PCP)											
Gambacorta Peter	Practitioner - Non-Primary Care Provider (PCP)											
Bolnick Jay	Practitioner - Non-Primary Care Provider (PCP)											
Hatfield Rosanna	Practitioner - Non-Primary Care Provider (PCP)											
Hennon Teresa	Practitioner - Non-Primary Care Provider (PCP)											
Kauderer Mary Catherine Md	Practitioner - Non-Primary Care Provider (PCP)											
Hennon Mark William	Practitioner - Non-Primary Care Provider (PCP)											
Clark Coleen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Anker Jeffrey Lawrence	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez Sergio Md	Practitioner - Non-Primary Care Provider (PCP)											
Burke Mark Steven	Practitioner - Non-Primary Care Provider (PCP)											
Smith Shajuana Takia	Practitioner - Non-Primary Care Provider (PCP)	☑								☑		☑
Werthman-Ehrenreich Amanda Anne	Practitioner - Non-Primary Care Provider (PCP)											
Wiech Carolyn Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Wiktor Kyle	Practitioner - Non-Primary Care Provider (PCP)	☑			☑	☑			☑	☑		☑
Chopko Michael	Practitioner - Non-Primary Care Provider (PCP)											
Smith Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Blochle Raphael	Practitioner - Non-Primary Care Provider (PCP)											
Ratnakaram Ramakrishna	Practitioner - Non-Primary Care Provider (PCP)											
Sobieraj Scott Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Shah Sumera	Practitioner - Non-Primary Care Provider (PCP)											
Gambacorta Katherine Anne	Practitioner - Non-Primary Care Provider (PCP)											
Hassan Joseph George	Practitioner - Non-Primary Care Provider (PCP)											



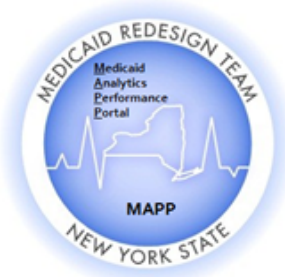
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Fabiano Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Shah Kumar	Practitioner - Non-Primary Care Provider (PCP)											
Saby George	Practitioner - Non-Primary Care Provider (PCP)											
Frederick Peter Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Jordan Kross Md	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Qadeer	Practitioner - Non-Primary Care Provider (PCP)											
Madhusudanan Mohan	Practitioner - Non-Primary Care Provider (PCP)											
Riedy Joseph Anthony Jr	Practitioner - Non-Primary Care Provider (PCP)											
Mancl Tara Beth	Practitioner - Non-Primary Care Provider (PCP)											
Nina Marie Strollo	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Jason A Creps Dds	Practitioner - Non-Primary Care Provider (PCP)											
Rachala Sridhar Reddy	Practitioner - Non-Primary Care Provider (PCP)											
Mammen Manoj Jacob	Practitioner - Non-Primary Care Provider (PCP)											
Yoganathan Pradeepa	Practitioner - Non-Primary Care Provider (PCP)											
Elizabeth Ann Munson	Practitioner - Non-Primary Care Provider (PCP)											
Chelsea Renee Denn	Practitioner - Non-Primary Care Provider (PCP)											
Madilynn H Degolier	Practitioner - Non-Primary Care Provider (PCP)											
Farooqi Mufti Muzamil Mehraj	Practitioner - Non-Primary Care Provider (PCP)											
Farry James	Practitioner - Non-Primary Care Provider (PCP)											
Doerr Mark	Practitioner - Non-Primary Care Provider (PCP)											
Hawk John	Practitioner - Non-Primary Care Provider (PCP)											
Reiner Bruce	Practitioner - Non-Primary Care Provider (PCP)											
Uytana Vinson	Practitioner - Non-Primary Care Provider (PCP)											
Selvadurai Deepan	Practitioner - Non-Primary Care Provider (PCP)											
Mallela Rajitha	Practitioner - Non-Primary Care Provider (PCP)											
Chapin V Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Osawa Ryosuke	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Fernandez Stanley F	Practitioner - Non-Primary Care Provider (PCP)											
Klinkova Olga Vladimirovna	Practitioner - Non-Primary Care Provider (PCP)											
Afshan Samad	Practitioner - Non-Primary Care Provider (PCP)											
Colern Gerald	Practitioner - Non-Primary Care Provider (PCP)											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Desai Parag	Practitioner - Non-Primary Care Provider (PCP)											
Parkey Joe	Practitioner - Non-Primary Care Provider (PCP)											
Marchetti Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Devine Debora Ann	Practitioner - Non-Primary Care Provider (PCP)											
Mcvige Jennifer Williams	Practitioner - Non-Primary Care Provider (PCP)											
Pyzikiewicz Laura Ann	Practitioner - Non-Primary Care Provider (PCP)											
Farrugia David Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)											
Flint Jessica Marie	Practitioner - Non-Primary Care Provider (PCP)											
Frustino Jennifer Limina	Practitioner - Non-Primary Care Provider (PCP)											
Donnelly Megan Christina	Practitioner - Non-Primary Care Provider (PCP)											
Nolder Karen W	Practitioner - Non-Primary Care Provider (PCP)											
Boorman Victoria Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Cronin-Buettner Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Turner James	Practitioner - Non-Primary Care Provider (PCP)											
Osborne Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Hueftle Mark	Practitioner - Non-Primary Care Provider (PCP)											
Niedermayer Cathleen Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Bailey Kristine E	Practitioner - Non-Primary Care Provider (PCP)											
Argentieri Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Szigeti Kinga Gyorgyi	Practitioner - Non-Primary Care Provider (PCP)											
Morais Joshua	Practitioner - Non-Primary Care Provider (PCP)											
Hark Tiffany	Practitioner - Non-Primary Care Provider (PCP)											
Sabharwal Gauravi	Practitioner - Non-Primary Care Provider (PCP)											
Alyson L Nyitrai	Practitioner - Non-Primary Care Provider (PCP)											
Beaupin Lynda Myong	Practitioner - Non-Primary Care Provider (PCP)											
Singh Kamalot	Practitioner - Non-Primary Care Provider (PCP)											
Jenkins Samantha Mildred	Practitioner - Non-Primary Care Provider (PCP)											
Frederick Carla A	Practitioner - Non-Primary Care Provider (PCP)											
La Duca Emily	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Hurt Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Giyamani Ravi	Practitioner - Non-Primary Care Provider (PCP)											



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Burkholz Kimberly	Practitioner - Non-Primary Care Provider (PCP)												
Snyder Kenneth V Md	Practitioner - Non-Primary Care Provider (PCP)												
Levine Entela Pone	Practitioner - Non-Primary Care Provider (PCP)												
Vohwinkel Stacy Ann	Practitioner - Non-Primary Care Provider (PCP)												
Mclaughlin Scott William	Practitioner - Non-Primary Care Provider (PCP)												
Brynildsen Michael R	Practitioner - Non-Primary Care Provider (PCP)												
Kirstein Ruta Marie	Practitioner - Non-Primary Care Provider (PCP)												
Morrell Joseph	Practitioner - Non-Primary Care Provider (PCP)												
Lynch Joshua Jeremiah	Practitioner - Non-Primary Care Provider (PCP)												
Aikawa Taro	Practitioner - Non-Primary Care Provider (PCP)												
Meesala Mrinalini	Practitioner - Non-Primary Care Provider (PCP)												
Gliss Lindsay	Practitioner - Non-Primary Care Provider (PCP)												
Koumoundouros Jamie Lynn	Practitioner - Non-Primary Care Provider (PCP)												
Zent Jannell Louisa	Practitioner - Non-Primary Care Provider (PCP)												
Debacco Laura Marjorie	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓	
Rambarran Brian David	Practitioner - Non-Primary Care Provider (PCP)												
Park Sun	Practitioner - Non-Primary Care Provider (PCP)												
Bierbrauer Mary D	Practitioner - Non-Primary Care Provider (PCP)												
Mersereau Margaret R	Practitioner - Non-Primary Care Provider (PCP)												
Julie Michelle Strauss	Practitioner - Non-Primary Care Provider (PCP)												
Morotchie Cristi Morgan	Practitioner - Non-Primary Care Provider (PCP)												
Barth Matthew John	Practitioner - Non-Primary Care Provider (PCP)												
Goel Nimit	Practitioner - Non-Primary Care Provider (PCP)												
Skompinski Eva T	Practitioner - Non-Primary Care Provider (PCP)												
Hassinger Amanda B	Practitioner - Non-Primary Care Provider (PCP)	✓							✓				
Smyers Kristen L	Practitioner - Non-Primary Care Provider (PCP)												
Rojek Jennifer L	Practitioner - Non-Primary Care Provider (PCP)												
Thibodeau Kirsten A	Practitioner - Non-Primary Care Provider (PCP)												
Thatigotla Bala Gangadhara Reddy	Practitioner - Non-Primary Care Provider (PCP)												
Nadler Jamie Norman	Practitioner - Non-Primary Care Provider (PCP)	✓							✓				
Hurley Peter	Practitioner - Non-Primary Care Provider (PCP)												



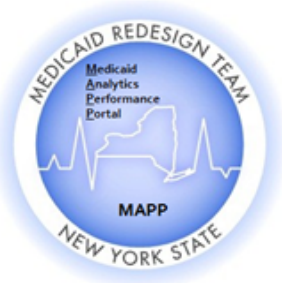
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Gilbride Mary Jane	Practitioner - Non-Primary Care Provider (PCP)											
Mcperson Jacob	Practitioner - Non-Primary Care Provider (PCP)											
Logel Amy	Practitioner - Non-Primary Care Provider (PCP)											
Gurske-Desperio Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Bromley Lacey	Practitioner - Non-Primary Care Provider (PCP)											
Mcdonough Theresa	Practitioner - Non-Primary Care Provider (PCP)											
Gannon Angela	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Schaus Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Weingarten Michael	Practitioner - Non-Primary Care Provider (PCP)											
Silva Meliton	Practitioner - Non-Primary Care Provider (PCP)											
Yager Sharon	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼	▼	▼	▼	▼		▼
Sherban Ross	Practitioner - Non-Primary Care Provider (PCP)											
Pfalzer David	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼	▼	▼	▼		▼
Wanamaker Carrie A	Practitioner - Non-Primary Care Provider (PCP)											
Marlin Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Khadim Haider Ali	Practitioner - Non-Primary Care Provider (PCP)											
Eileen T Stocum	Practitioner - Non-Primary Care Provider (PCP)											
Jones Joshua Md	Practitioner - Non-Primary Care Provider (PCP)											
Vali Kaveh	Practitioner - Non-Primary Care Provider (PCP)											
Lema Gareth Mark Czamara	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Misbah	Practitioner - Non-Primary Care Provider (PCP)											
Harrington Amy	Practitioner - Non-Primary Care Provider (PCP)											
Jerzewski Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Stachiw Nataalka	Practitioner - Non-Primary Care Provider (PCP)											
Nagai Amy	Practitioner - Non-Primary Care Provider (PCP)											
Novick Michael	Practitioner - Non-Primary Care Provider (PCP)											
Mckenna Peter Francis	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Bhat Seema Ali Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheehan-Schreck Pamela Marie	Practitioner - Non-Primary Care Provider (PCP)											
Bucello Margaret Ann	Practitioner - Non-Primary Care Provider (PCP)											
Patel Simal Jayant Md	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			



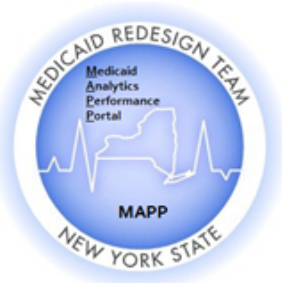
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Participating in Projects												
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Covel Christine	Practitioner - Non-Primary Care Provider (PCP)											
Newell Katie M	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Ward Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)											
Brogan Michael M	Practitioner - Non-Primary Care Provider (PCP)											
Tisdale Britton	Practitioner - Non-Primary Care Provider (PCP)											
Al-Humadi Mohaned	Practitioner - Non-Primary Care Provider (PCP)											
Vacanti Victor Jude	Practitioner - Non-Primary Care Provider (PCP)											
Ratliff David	Practitioner - Non-Primary Care Provider (PCP)											
Spirin Semen	Practitioner - Non-Primary Care Provider (PCP)											
Patel Sonal	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Coppola Alyson Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Damon Colby A	Practitioner - Non-Primary Care Provider (PCP)											
Simmons Brynn Louise	Practitioner - Non-Primary Care Provider (PCP)											
Banifatemi Reza	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)											
Schap Ruth E	Practitioner - Non-Primary Care Provider (PCP)											
Nyardo Stanley	Practitioner - Non-Primary Care Provider (PCP)											
Cavazos Cristina	Practitioner - Non-Primary Care Provider (PCP)											
Rojas Luisa F Md	Practitioner - Non-Primary Care Provider (PCP)											
Tanski Cheryl Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Miller Tashana Chaniece	Practitioner - Non-Primary Care Provider (PCP)											
Pleskow Heather	Practitioner - Non-Primary Care Provider (PCP)											
Dolensek Christian	Practitioner - Non-Primary Care Provider (PCP)	▼				▼			▼	▼		▼
Noon Melanie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Nagra Balwant S	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Dulski Rachel Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Ortiz Maria Monserate	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sangeeta	Practitioner - Non-Primary Care Provider (PCP)											
Giessert Denise	Practitioner - Non-Primary Care Provider (PCP)											
Fassihi Amir	Practitioner - Non-Primary Care Provider (PCP)											
Ladner Christo	Practitioner - Non-Primary Care Provider (PCP)											



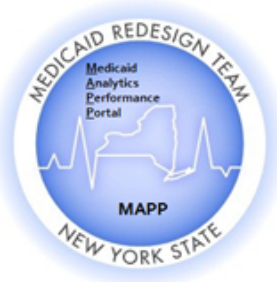
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Keicher Mallorie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Witman Jodi L	Practitioner - Non-Primary Care Provider (PCP)											
Packianathan Nalini Bridget	Practitioner - Non-Primary Care Provider (PCP)											
Gerard Vivian K	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Hall Danielle Y	Practitioner - Non-Primary Care Provider (PCP)											
Gallagher Jacqueline Ann	Practitioner - Non-Primary Care Provider (PCP)											
Meer Shahnawaz	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Tomaszewski John	Practitioner - Non-Primary Care Provider (PCP)											
Kaushik Sashank	Practitioner - Non-Primary Care Provider (PCP)											
Sisti Cary Denise	Practitioner - Non-Primary Care Provider (PCP)											
Saeed Mohammad Arshad	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Ozcan Cevher	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Rutkowski John M Md	Practitioner - Non-Primary Care Provider (PCP)											
Peer Matthew Gerard	Practitioner - Non-Primary Care Provider (PCP)											
Wolfe Gil I	Practitioner - Non-Primary Care Provider (PCP)											
Englert Jessica Jane	Practitioner - Non-Primary Care Provider (PCP)											
Su Winnie S	Practitioner - Non-Primary Care Provider (PCP)											
Hicar Mark Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Adomako Angela Asiedua Md	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Pamela Anne Hennesen	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Samuel Natasha	Practitioner - Non-Primary Care Provider (PCP)											
Phelan Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Barrett Suzanne Marie	Practitioner - Non-Primary Care Provider (PCP)											
Oliveira Maria Lurdes	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Guy Elisa	Practitioner - Non-Primary Care Provider (PCP)											
Meghan Joan Kurtz	Practitioner - Non-Primary Care Provider (PCP)											
Mountain Emily Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Bart Joseph Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Ibrahim Ameer Md	Practitioner - Non-Primary Care Provider (PCP)											
Majumdar Indrajit	Practitioner - Non-Primary Care Provider (PCP)											
Poreda Andrew Robert	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i	
Bordonaro Samantha F	Practitioner - Non-Primary Care Provider (PCP)												
Abebe Mekdess	Practitioner - Non-Primary Care Provider (PCP)												
Behrens Torsten	Practitioner - Non-Primary Care Provider (PCP)												
Wilson Juliana E	Practitioner - Non-Primary Care Provider (PCP)												
Kamaraj Devinalini	Practitioner - Non-Primary Care Provider (PCP)												
Jeyapalan Gerald Rajish	Practitioner - Non-Primary Care Provider (PCP)												
Dominguez Ivan	Practitioner - Non-Primary Care Provider (PCP)												
Pugh Jennifer	Practitioner - Non-Primary Care Provider (PCP)												
Multani Dukhant Singh	Practitioner - Non-Primary Care Provider (PCP)												
Ghosh Biswarup Manojkumar	Practitioner - Non-Primary Care Provider (PCP)												
Halliwell-Kemp Tara Lynn	Practitioner - Non-Primary Care Provider (PCP)												
Adragna Michael S	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓	
Victoria Christina Henry Pa	Practitioner - Non-Primary Care Provider (PCP)												
Peyser Michael Bardo	Practitioner - Non-Primary Care Provider (PCP)												
Dhillon Jasmine	Practitioner - Non-Primary Care Provider (PCP)												
Huerta Rita	Practitioner - Non-Primary Care Provider (PCP)												
Talevski Julie	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓	
Akers Stacey Nicole	Practitioner - Non-Primary Care Provider (PCP)												
Cuddahee Kevin J	Practitioner - Non-Primary Care Provider (PCP)												
Kathryn Convisar Korff	Practitioner - Non-Primary Care Provider (PCP)												
Arora Gautam	Practitioner - Non-Primary Care Provider (PCP)												
Fogel Jonathan T	Practitioner - Non-Primary Care Provider (PCP)												
Ahmad Raheel	Practitioner - Non-Primary Care Provider (PCP)												
Sturm Tracy J	Practitioner - Non-Primary Care Provider (PCP)												
Dsouza Caroline Ann	Practitioner - Non-Primary Care Provider (PCP)												
Leiser Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)												
Boscarino Martin Anthony	Practitioner - Non-Primary Care Provider (PCP)												
Cozza James	Practitioner - Non-Primary Care Provider (PCP)												
Butler Kathleen	Practitioner - Non-Primary Care Provider (PCP)												
Bond Virginia Kathryn	Practitioner - Non-Primary Care Provider (PCP)												
Guzzetta Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)												



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Chouchani Christian P	Practitioner - Non-Primary Care Provider (PCP)											
Winkler Carol Ann	Practitioner - Non-Primary Care Provider (PCP)											
Lajko Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Arif Shoab	Practitioner - Non-Primary Care Provider (PCP)											
Thotakura Ramakrishna	Practitioner - Non-Primary Care Provider (PCP)											
Laura Ford-Mukkamala	Practitioner - Non-Primary Care Provider (PCP)											
Mikowski Annemarie Louise	Practitioner - Non-Primary Care Provider (PCP)											
Hansen Rosemary E	Practitioner - Non-Primary Care Provider (PCP)											
Fentan Laurie A	Practitioner - Non-Primary Care Provider (PCP)											
Kolb Channa	Practitioner - Non-Primary Care Provider (PCP)											
Huang Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Benson Holly Suzanne	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Sturniolo Pa	Practitioner - Non-Primary Care Provider (PCP)											
Kibler Ashley Marie	Practitioner - Non-Primary Care Provider (PCP)											
Keough Megan Marie	Practitioner - Non-Primary Care Provider (PCP)											
Song Jinhwa	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓
Martin William Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Khulpateea Beman Roy	Practitioner - Non-Primary Care Provider (PCP)											
Parker Kirsten Foster	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Anderson Rachel M	Practitioner - Non-Primary Care Provider (PCP)											
Richardson Linda Ann	Practitioner - Non-Primary Care Provider (PCP)											
Rumbold Linda Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Mcconnell Mary E	Practitioner - Non-Primary Care Provider (PCP)											
Tomassini Megan	Practitioner - Non-Primary Care Provider (PCP)											
Speta Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Mamon Jena E	Practitioner - Non-Primary Care Provider (PCP)											
Rasalingam Shivani	Practitioner - Non-Primary Care Provider (PCP)											
Nair Jayasree	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Roloff Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Pitts Nicole Marie	Practitioner - Non-Primary Care Provider (PCP)											
Allen Amy Jeanne	Practitioner - Non-Primary Care Provider (PCP)											



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Gilmartin Stephen Matthew	Practitioner - Non-Primary Care Provider (PCP)												
Mccolgin Sterling Wayne	Practitioner - Non-Primary Care Provider (PCP)												
Bou-Abdallah Jad Ziad	Practitioner - Non-Primary Care Provider (PCP)												
Jarvis James	Practitioner - Non-Primary Care Provider (PCP)												
Brathwaite Lisa Michelle	Practitioner - Non-Primary Care Provider (PCP)	☑							☑	☑			☑
Gu Eugene Yuejie	Practitioner - Non-Primary Care Provider (PCP)												
Chen Chia-Hui	Practitioner - Non-Primary Care Provider (PCP)												
Shamsi Syed Ali Raza	Practitioner - Non-Primary Care Provider (PCP)												
Alkhouri Razan H	Practitioner - Non-Primary Care Provider (PCP)												
Canale Megan Marie	Practitioner - Non-Primary Care Provider (PCP)												
Matier Brian	Practitioner - Non-Primary Care Provider (PCP)												
Melanson Julia Diane	Practitioner - Non-Primary Care Provider (PCP)												
Domnisch Frank Joseph	Practitioner - Non-Primary Care Provider (PCP)												
Huff Devon Michael	Practitioner - Non-Primary Care Provider (PCP)												
Barnabei Vanessa Marie	Practitioner - Non-Primary Care Provider (PCP)	☑							☑	☑			☑
Christie Jordan Kail	Practitioner - Non-Primary Care Provider (PCP)												
Owczarzak Katherine	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑					
Farooq Osman	Practitioner - Non-Primary Care Provider (PCP)	☑			☑	☑			☑	☑			☑
Burgler Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)												
Greenawalt Heather Rayee	Practitioner - Non-Primary Care Provider (PCP)												
Latona Marlene K	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑					
Nguyen Toan Thien	Practitioner - Non-Primary Care Provider (PCP)												
Quigg Richard J Jr	Practitioner - Non-Primary Care Provider (PCP)												
Savo Anthony Michael	Practitioner - Non-Primary Care Provider (PCP)												
Karkut Christopher John	Practitioner - Non-Primary Care Provider (PCP)												
Paddock Carol	Practitioner - Non-Primary Care Provider (PCP)	☑							☑				
Bliss Peter T	Practitioner - Non-Primary Care Provider (PCP)												
Szarpa Kristie L	Practitioner - Non-Primary Care Provider (PCP)												
Mayle Ryan W	Practitioner - Non-Primary Care Provider (PCP)												
Grupka Adam Gerard	Practitioner - Non-Primary Care Provider (PCP)												
Green Merry Lyn	Practitioner - Non-Primary Care Provider (PCP)												



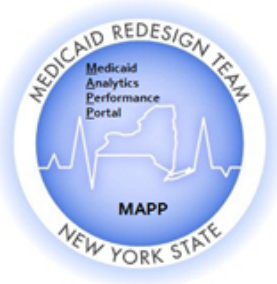
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Mehta Vinay	Practitioner - Non-Primary Care Provider (PCP)											
Riga Peter John	Practitioner - Non-Primary Care Provider (PCP)											
Chappell Lindsey T	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Rule John	Practitioner - Non-Primary Care Provider (PCP)											
Schleifer-Schneggenburger Jill	Practitioner - Non-Primary Care Provider (PCP)											
Trillizio Jennifer P	Practitioner - Non-Primary Care Provider (PCP)											
O'Mara Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Richardson Valerie Rose	Practitioner - Non-Primary Care Provider (PCP)											
Pihlblad Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Hoover Elizabeth Jane	Practitioner - Non-Primary Care Provider (PCP)											
Li Ping Md	Practitioner - Non-Primary Care Provider (PCP)											
Brunner Sharyn Lee	Practitioner - Non-Primary Care Provider (PCP)											
Kallash Mahmoud	Practitioner - Non-Primary Care Provider (PCP)											
Handa Deepali	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Sandhyaben S	Practitioner - Non-Primary Care Provider (PCP)											
Cipolla Michael John	Practitioner - Non-Primary Care Provider (PCP)											
Beck Hiroko	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez Evette M	Practitioner - Non-Primary Care Provider (PCP)											
Imbrogno Vincent Michael	Practitioner - Non-Primary Care Provider (PCP)											
Mazziotti Mark V	Practitioner - Non-Primary Care Provider (PCP)											
Durrant Audrey	Practitioner - Non-Primary Care Provider (PCP)											
Banerjee Sara	Practitioner - Non-Primary Care Provider (PCP)											
Crowley Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Mary E	Practitioner - Non-Primary Care Provider (PCP)											
Petroziello Michael	Practitioner - Non-Primary Care Provider (PCP)											
Shepard Daronda Larithea	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Rajeev	Practitioner - Non-Primary Care Provider (PCP)											
Fink Teresa Carol	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Yacob Gabriel E	Practitioner - Non-Primary Care Provider (PCP)											
Angle Claire Louise	Practitioner - Non-Primary Care Provider (PCP)											
Merkel Andrea	Practitioner - Non-Primary Care Provider (PCP)											



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Contant Kimberly S	Practitioner - Non-Primary Care Provider (PCP)												
Basra Manreet	Practitioner - Non-Primary Care Provider (PCP)												
Bradfield-Mcgee Kristina	Practitioner - Non-Primary Care Provider (PCP)												
Dembski Jennie Lynn	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼	
Nauman Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)												
Kruzel Kelli Jean	Practitioner - Non-Primary Care Provider (PCP)												
Kowalski Julie A	Practitioner - Non-Primary Care Provider (PCP)												
Danforth Teresa Louise	Practitioner - Non-Primary Care Provider (PCP)												
Powenski Patricia A	Practitioner - Non-Primary Care Provider (PCP)												
Young Paul Raymond	Practitioner - Non-Primary Care Provider (PCP)												
Wedge Laura Reahann	Practitioner - Non-Primary Care Provider (PCP)												
Kirakosyan Armen Artashovich	Practitioner - Non-Primary Care Provider (PCP)												
Belen Alfred Dennis	Practitioner - Non-Primary Care Provider (PCP)												
Spittal-Ashby Susan	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼					
Marzullo Shannon Dale	Practitioner - Non-Primary Care Provider (PCP)												
Owen Paula	Practitioner - Non-Primary Care Provider (PCP)												
Dang Neha	Practitioner - Non-Primary Care Provider (PCP)												
Kuhadiya Nitesh D	Practitioner - Non-Primary Care Provider (PCP)												
Wadhawan Sachin	Practitioner - Non-Primary Care Provider (PCP)												
Theisen Timothy	Practitioner - Non-Primary Care Provider (PCP)												
Batra Manav	Practitioner - Non-Primary Care Provider (PCP)												
Patel Shital	Practitioner - Non-Primary Care Provider (PCP)												
Liu Weiguo	Practitioner - Non-Primary Care Provider (PCP)												
Napierala Robert F Jr	Practitioner - Non-Primary Care Provider (PCP)	▼							▼				
Krzystek Marc A	Practitioner - Non-Primary Care Provider (PCP)												
Jennifer Rebecca Ministero Pa-C	Practitioner - Non-Primary Care Provider (PCP)												
Rayner Laura Jean	Practitioner - Non-Primary Care Provider (PCP)												
Paolucci Patrice Renee	Practitioner - Non-Primary Care Provider (PCP)												
Borke Jesse Abraham	Practitioner - Non-Primary Care Provider (PCP)												
Reynolds Renee M	Practitioner - Non-Primary Care Provider (PCP)												
Monica Elizabeth Wideman	Practitioner - Non-Primary Care Provider (PCP)												



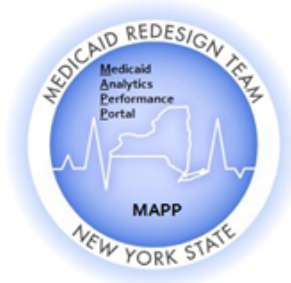
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Participating in Projects												
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Ezzo Megan Deanna	Practitioner - Non-Primary Care Provider (PCP)											
Mata Brian	Practitioner - Non-Primary Care Provider (PCP)											
Lau Anna Louise	Practitioner - Non-Primary Care Provider (PCP)											
Barrett Matthew James	Practitioner - Non-Primary Care Provider (PCP)											
Park Etern	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Eckler Justin	Practitioner - Non-Primary Care Provider (PCP)											
Roorda Cheri L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Deline Christopher James	Practitioner - Non-Primary Care Provider (PCP)											
Rusk Matthew Jared	Practitioner - Non-Primary Care Provider (PCP)											
Perry Gregory Collin	Practitioner - Non-Primary Care Provider (PCP)											
Scarbinsky Aislinn Marie	Practitioner - Non-Primary Care Provider (PCP)											
Andera Kari Jo	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓
Bonanno Mona Shirin	Practitioner - Non-Primary Care Provider (PCP)											
Pease Christopher M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Concepcion Emily R	Practitioner - Non-Primary Care Provider (PCP)											
Grisante Emily A	Practitioner - Non-Primary Care Provider (PCP)											
Kozlowski Sarah Josephine	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Phichith Caterina Mimi	Practitioner - Non-Primary Care Provider (PCP)											
Rosario Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Burke Megan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Umesh C	Practitioner - Non-Primary Care Provider (PCP)											
Zon Bonnie J	Practitioner - Non-Primary Care Provider (PCP)											
Coughlin Lisa A	Practitioner - Non-Primary Care Provider (PCP)											
Rogers Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Olson Dana L	Practitioner - Non-Primary Care Provider (PCP)											
Osiadlo Kim Marie	Practitioner - Non-Primary Care Provider (PCP)											
Arabi Nida	Practitioner - Non-Primary Care Provider (PCP)											
Reynolds Jeffrey Mullin	Practitioner - Non-Primary Care Provider (PCP)											
Raisor Eva K	Practitioner - Non-Primary Care Provider (PCP)											
Ligot Jesus Salvador Jr A	Practitioner - Non-Primary Care Provider (PCP)											
Shirani Peyman	Practitioner - Non-Primary Care Provider (PCP)											



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Doyle Sarah P	Practitioner - Non-Primary Care Provider (PCP)											
Chitgar Sahar	Practitioner - Non-Primary Care Provider (PCP)											
Moore Molly Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Battaglia Emily Christine	Practitioner - Non-Primary Care Provider (PCP)											
Miller Bethany A	Practitioner - Non-Primary Care Provider (PCP)											
Majchrowicz Julie A	Practitioner - Non-Primary Care Provider (PCP)											
Park Emily Beth	Practitioner - Non-Primary Care Provider (PCP)											
Millane Judith L	Practitioner - Non-Primary Care Provider (PCP)											
Malinowski-Hnat Cathie Jo	Practitioner - Non-Primary Care Provider (PCP)											
Ochs Paul M	Practitioner - Non-Primary Care Provider (PCP)											
Elberg Zhanna	Practitioner - Non-Primary Care Provider (PCP)											
Jowly Laura M	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Guagliano Cassie Lynn	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Cervi Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Sykes Kristina Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Mazgaj Jessica Ruth	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Moxham Suzanne	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Obrien Shawna Marie	Practitioner - Non-Primary Care Provider (PCP)											
Caley Angelique	Practitioner - Non-Primary Care Provider (PCP)											
Morris Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)											
Mckenzie Kristin Diane	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Martina	Practitioner - Non-Primary Care Provider (PCP)											
Eswar Alexander	Practitioner - Non-Primary Care Provider (PCP)											
Rong Rong	Practitioner - Non-Primary Care Provider (PCP)											
Conboy Sarah L	Practitioner - Non-Primary Care Provider (PCP)											
Butski Crystal M	Practitioner - Non-Primary Care Provider (PCP)											
Piotrowski Robert Edward	Practitioner - Non-Primary Care Provider (PCP)											
Lance Nancy Mordan	Practitioner - Non-Primary Care Provider (PCP)											
Gajjar Aarti V	Practitioner - Non-Primary Care Provider (PCP)											
Bill Jamie L	Practitioner - Non-Primary Care Provider (PCP)											
Phipps Andrea Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											



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Mowla Ashkan	Practitioner - Non-Primary Care Provider (PCP)											
Leigh Mary F	Practitioner - Non-Primary Care Provider (PCP)											
Coghlan Lorinda Lea	Practitioner - Non-Primary Care Provider (PCP)											
Auerbach Samantha Laine	Practitioner - Non-Primary Care Provider (PCP)											
Ostrom Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼	▼			
Pratt Portia P	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Nicosia Bethann R	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Carolus Maureen Troester	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Konrad Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Hinchy Nicole V	Practitioner - Non-Primary Care Provider (PCP)											
Martinez Liana	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Alaimo Maribeth Hye-Jee	Practitioner - Non-Primary Care Provider (PCP)											
Roggow Susanne K E	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Monda Linda	Practitioner - Non-Primary Care Provider (PCP)											
Melisz Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Sohal Kunwardeep	Practitioner - Non-Primary Care Provider (PCP)											
Gunukula Sameer	Practitioner - Non-Primary Care Provider (PCP)											
Faliszek James	Practitioner - Non-Primary Care Provider (PCP)											
Thilagar Bright	Practitioner - Non-Primary Care Provider (PCP)											
Yarlagadda Naveen Kumar	Practitioner - Non-Primary Care Provider (PCP)											
Beckwith Michael Gregory	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Bhat Mushtaq	Practitioner - Non-Primary Care Provider (PCP)											
O'Connell Kevin Anthony	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Clemente Noel G	Practitioner - Non-Primary Care Provider (PCP)											
Wood Catherine L	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Ajay Narhari Panchal	Practitioner - Non-Primary Care Provider (PCP)											
Kossow Ronald Jay	Practitioner - Non-Primary Care Provider (PCP)											
Davis Matthew Hunt	Practitioner - Non-Primary Care Provider (PCP)											
Godzala Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Rimer Jessica Lee	Practitioner - Non-Primary Care Provider (PCP)											
Fearon Renee Lee	Practitioner - Non-Primary Care Provider (PCP)											



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Witherby Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Bell Judith A	Practitioner - Non-Primary Care Provider (PCP)											
Walsh Andrea Hendrika	Practitioner - Non-Primary Care Provider (PCP)	▼								▼		▼
Allen Jeremy P	Practitioner - Non-Primary Care Provider (PCP)											
Woloszyn Susan D	Practitioner - Non-Primary Care Provider (PCP)											
Schlemm Laura M	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Briggs Glen William	Practitioner - Non-Primary Care Provider (PCP)											
Cruz-Barrios Olga T A	Practitioner - Non-Primary Care Provider (PCP)											
Reyes Loida D	Practitioner - Non-Primary Care Provider (PCP)											
Kandel Amatya Sirisa	Practitioner - Non-Primary Care Provider (PCP)											
Hughes Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Kim Eugene	Practitioner - Non-Primary Care Provider (PCP)											
Lauer Kristy L	Practitioner - Non-Primary Care Provider (PCP)											
Kindzia Amanda Jean	Practitioner - Non-Primary Care Provider (PCP)											
Schwarz Colleen Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Wlodarek Beth R	Practitioner - Non-Primary Care Provider (PCP)											
Siezega Rochelle Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Ward Linda P	Practitioner - Non-Primary Care Provider (PCP)											
Calvert Alicia Jean	Practitioner - Non-Primary Care Provider (PCP)											
Drew Kerry Dahl	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Lynch Alexis Latrice	Practitioner - Non-Primary Care Provider (PCP)											
Sell Maria	Practitioner - Non-Primary Care Provider (PCP)											
Naeser Karen M	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼	▼			
Perrello Anna Christine	Practitioner - Non-Primary Care Provider (PCP)											
Stacey Debra J	Practitioner - Non-Primary Care Provider (PCP)											
Mclaughlin Ann Marie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Anderson Kerenza Anne	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Jeffrey Richard	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Brownstein Rebekah M	Practitioner - Non-Primary Care Provider (PCP)											
Lyke-Frazier Candice Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Panza Danielle N	Practitioner - Non-Primary Care Provider (PCP)											



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Rudloff Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Sengupta Sourav	Practitioner - Non-Primary Care Provider (PCP)											
Kovalenko Oleg Georgievich	Practitioner - Non-Primary Care Provider (PCP)											
Ludwig Carol J	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wierzbowski Sarah L	Practitioner - Non-Primary Care Provider (PCP)											
Essex Stacy Beth	Practitioner - Non-Primary Care Provider (PCP)											
Wolfe Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Agarwal Neeru	Practitioner - Non-Primary Care Provider (PCP)											
Roeser Geoffrey M	Practitioner - Non-Primary Care Provider (PCP)											
Nilam Sridhar	Practitioner - Non-Primary Care Provider (PCP)	▼			▼	▼			▼	▼		▼
Hansen Renee L	Practitioner - Non-Primary Care Provider (PCP)											
Walter Michelle Marie	Practitioner - Non-Primary Care Provider (PCP)											
Harmon Carroll McWilliams	Practitioner - Non-Primary Care Provider (PCP)											
Vijay Dhanya Bhavana	Practitioner - Non-Primary Care Provider (PCP)											
Nazareth Michael	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Karpie John	Practitioner - Non-Primary Care Provider (PCP)											
Benz Michael	Practitioner - Non-Primary Care Provider (PCP)											
Burgio Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Parente Julianne	Practitioner - Non-Primary Care Provider (PCP)											
Falletta Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Ruggieri Matthew L	Practitioner - Non-Primary Care Provider (PCP)											
Henderson Jillian Courtney	Practitioner - Non-Primary Care Provider (PCP)											
Jafari Katherine Marie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Barcena Merlie M	Practitioner - Non-Primary Care Provider (PCP)											
Coloprisko Sara Ann	Practitioner - Non-Primary Care Provider (PCP)											
Wenner Darryl Charles Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Hannon Maureen	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Jabi Feraas	Practitioner - Non-Primary Care Provider (PCP)											
Griffin Shane P	Practitioner - Non-Primary Care Provider (PCP)											
Moyer Marc C	Practitioner - Non-Primary Care Provider (PCP)											
Dargout Shelia	Practitioner - Non-Primary Care Provider (PCP)											



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Russo Colleen A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Johnson Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Bybee Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Chen William Chun-Ying	Practitioner - Non-Primary Care Provider (PCP)											
Cleesattel Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)											
Riester Heather C	Practitioner - Non-Primary Care Provider (PCP)											
Merrill Cassandra L	Practitioner - Non-Primary Care Provider (PCP)											
Miller Nicole E	Practitioner - Non-Primary Care Provider (PCP)											
Ryan Shavawn	Practitioner - Non-Primary Care Provider (PCP)											
Canzoneri Joan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Rivero Mariel	Practitioner - Non-Primary Care Provider (PCP)											
Degnan Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Singh Shipra	Practitioner - Non-Primary Care Provider (PCP)											
Iten Ashley Huett	Practitioner - Non-Primary Care Provider (PCP)											
Varma Anjali	Practitioner - Non-Primary Care Provider (PCP)											
Elberson Valerie Dawn	Practitioner - Non-Primary Care Provider (PCP)											
Walsh Nancy Rita	Practitioner - Non-Primary Care Provider (PCP)											
Palmer Briana	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Schaeffer Rebecca L	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Tammy L	Practitioner - Non-Primary Care Provider (PCP)											
Colebeck Amanda C	Practitioner - Non-Primary Care Provider (PCP)											
Stapleton Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Kakish Khalid Salem	Practitioner - Non-Primary Care Provider (PCP)											
Matteliano Andrea M Pa-C	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Jan Lavon	Practitioner - Non-Primary Care Provider (PCP)											
Ruvio Carrie A	Practitioner - Non-Primary Care Provider (PCP)											
Nazareth Helen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Dauria Danielle Marie	Practitioner - Non-Primary Care Provider (PCP)											
Smith Courtney G	Practitioner - Non-Primary Care Provider (PCP)											
Lindner Patricia A	Practitioner - Non-Primary Care Provider (PCP)											
Utech Kim Michelle	Practitioner - Non-Primary Care Provider (PCP)											



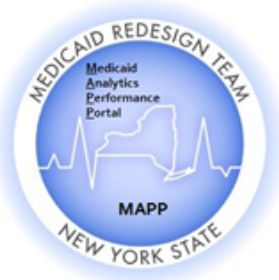
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Zlotnick David Michael	Practitioner - Non-Primary Care Provider (PCP)											
Doak Jeremy Paul	Practitioner - Non-Primary Care Provider (PCP)											
Chou Joli Chien-Ya	Practitioner - Non-Primary Care Provider (PCP)											
Devgun Ravinder Kaur	Practitioner - Non-Primary Care Provider (PCP)											
Young Susan A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Maciejewski Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Vattipally Vikram Reddy	Practitioner - Non-Primary Care Provider (PCP)											
Miller Laura Lee	Practitioner - Non-Primary Care Provider (PCP)											
Twining Jessica Beryl	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Sacks Dawn M	Practitioner - Non-Primary Care Provider (PCP)											
Oneill Jenna Lyn	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Arnold Ryan Christopher	Practitioner - Non-Primary Care Provider (PCP)											
Koons Jill A	Practitioner - Non-Primary Care Provider (PCP)											
Drumsta Jill Marie	Practitioner - Non-Primary Care Provider (PCP)											
Vallone Marisa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Deitrick Paul D	Practitioner - Non-Primary Care Provider (PCP)											
Olson Douglas P	Practitioner - Non-Primary Care Provider (PCP)											
Teplitsky Mara L	Practitioner - Non-Primary Care Provider (PCP)											
Greenberg Katherine Blumoff	Practitioner - Non-Primary Care Provider (PCP)											
Obrien Brendan M	Practitioner - Non-Primary Care Provider (PCP)											
Kothari Khyati Nirmit	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Gokhale Rohit Arvind	Practitioner - Non-Primary Care Provider (PCP)											
Tung Cynthia Ishin	Practitioner - Non-Primary Care Provider (PCP)											
Brooks-Devlin Terry Jo	Practitioner - Non-Primary Care Provider (PCP)											
Brebner Angelle Avian Denise	Practitioner - Non-Primary Care Provider (PCP)											
Culbert Rosemary	Practitioner - Non-Primary Care Provider (PCP)											
O'Hara Andrew Lawrence	Practitioner - Non-Primary Care Provider (PCP)											
Singh Joshna	Practitioner - Non-Primary Care Provider (PCP)											
Cole Casey	Practitioner - Non-Primary Care Provider (PCP)											
Jordan Jeffrey Michael	Practitioner - Non-Primary Care Provider (PCP)											
Malik Shaveta	Practitioner - Non-Primary Care Provider (PCP)											



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Cooper Clairice	Practitioner - Non-Primary Care Provider (PCP)											
Liu Cici	Practitioner - Non-Primary Care Provider (PCP)											
Mustafa Bilal	Practitioner - Non-Primary Care Provider (PCP)											
Wilkins Holly	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Victoria A	Practitioner - Non-Primary Care Provider (PCP)											
Armstrong Robert	Practitioner - Non-Primary Care Provider (PCP)											
Jain Shilpa	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Saurabh	Practitioner - Non-Primary Care Provider (PCP)											
Petras Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Dasari Jayaprakas Reddy	Practitioner - Non-Primary Care Provider (PCP)											
Breuer Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Rothstein David	Practitioner - Non-Primary Care Provider (PCP)											
Frisch Nora	Practitioner - Non-Primary Care Provider (PCP)											
Swenson Krista Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kendra Chelsea Rose	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Buslovich Steven	Practitioner - Non-Primary Care Provider (PCP)											
Schimmel Taylor L	Practitioner - Non-Primary Care Provider (PCP)											
Dunn Erin L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Kennelley Danielle S	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓
Schneider Jaclyn M	Practitioner - Non-Primary Care Provider (PCP)											
Pratt Rebecca E	Practitioner - Non-Primary Care Provider (PCP)											
Sorkin Grant C	Practitioner - Non-Primary Care Provider (PCP)											
Corsi Sandra J	Practitioner - Non-Primary Care Provider (PCP)											
Szczepanski Jamie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Wasserman Marc D	Practitioner - Non-Primary Care Provider (PCP)											
Jeganathan Rajkumar	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Sullivan Heather	Practitioner - Non-Primary Care Provider (PCP)											
Ognibene Debra	Practitioner - Non-Primary Care Provider (PCP)											
Emerling Sylvia	Practitioner - Non-Primary Care Provider (PCP)											
Desai Sonal	Practitioner - Non-Primary Care Provider (PCP)											
Skrobacz Ann Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											



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Participating in Projects												
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Pecyne Madelyn O	Practitioner - Non-Primary Care Provider (PCP)											
Fallon Thomas Brendan	Practitioner - Non-Primary Care Provider (PCP)											
Wolf Lauren Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Silverman Jessica Amy	Practitioner - Non-Primary Care Provider (PCP)											
Grates Sciarrino Alexis Anne	Practitioner - Non-Primary Care Provider (PCP)											
Cappuccio David Michael	Practitioner - Non-Primary Care Provider (PCP)											
Manning Dzenita Glavasevic	Practitioner - Non-Primary Care Provider (PCP)											
Beintrexler Heidi	Practitioner - Non-Primary Care Provider (PCP)											
Davison Gavin Michael	Practitioner - Non-Primary Care Provider (PCP)											
Fallon Melissa M	Practitioner - Non-Primary Care Provider (PCP)											
Polino Christina Gail	Practitioner - Non-Primary Care Provider (PCP)											
Claus Jonathan Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Zhang Nan	Practitioner - Non-Primary Care Provider (PCP)											
Mekelburg Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Harloff Erika	Practitioner - Non-Primary Care Provider (PCP)	▼							▼	▼		▼
Vaillancourt Tylor R	Practitioner - Non-Primary Care Provider (PCP)											
Nanjunde Gowda Madan Kumar	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Miller Brad J	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Atwaibi Mohamed	Practitioner - Non-Primary Care Provider (PCP)											
Cogswell, Alex, Phd	Practitioner - Non-Primary Care Provider (PCP)											
Wiechec, Robert, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Florez Marino, Andrea,	Practitioner - Non-Primary Care Provider (PCP)											
Kruszka, Mary,	Practitioner - Non-Primary Care Provider (PCP)											
Fritschi, Paul, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Cuda, Rita, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Mrs. Teresa M. Baker Msn	Practitioner - Non-Primary Care Provider (PCP)											
Jenkins, Gregory, Pa	Practitioner - Non-Primary Care Provider (PCP)											
Januchowski, Jennifer, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Finucane, Breanne, Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Bartz, Amanda,	Practitioner - Non-Primary Care Provider (PCP)											
Norris, Katrina, Mhc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼	▼			



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Williams Christine M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Dusel Alix	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Orlando Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Parker, Maria, Msw	Practitioner - Non-Primary Care Provider (PCP)	✓							✓			
Dejohn, Melody, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Stuart, Alica, Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Uslinov Lauren Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Cummings, Diana,	Practitioner - Non-Primary Care Provider (PCP)											
Lynch, Michael, Msw	Practitioner - Non-Primary Care Provider (PCP)											
Boyd Augello, Michelle, Dds	Practitioner - Non-Primary Care Provider (PCP)											
Deveso Jenna	Practitioner - Non-Primary Care Provider (PCP)											
Borowczyk Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Mastrandrea, Jerome, Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Merwin, Michele, Chautauqua County Chapter Nysarc Inc/Dbba The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Flynn John	Practitioner - Non-Primary Care Provider (PCP)											
Marinaccio, Gail, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Gorski Megan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Riemer Katelyn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Watson Alease	Practitioner - Non-Primary Care Provider (PCP)											
Eaton Pamela A	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Walck, Justin,	Practitioner - Non-Primary Care Provider (PCP)											
Khatod, Elaine, Md	Practitioner - Non-Primary Care Provider (PCP)											
Jimenez, Ricardo, Lmhccasa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Crimmins Shaun Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Ireland Alma Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Seager Tiffany Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Owens Marie	Practitioner - Non-Primary Care Provider (PCP)											
Eising, Rachel, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Bender, Cassandra, Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Diloreto Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Danna, Sarah,	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Bednarz, Sandra Ann, Northpointe Council, Inc.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Wojcik Brian Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Damon, Kathleen,	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Stanko Wesley Carol	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Sultana Razia	Practitioner - Non-Primary Care Provider (PCP)											
Pietrkiewicz, Melissa, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Bernosky Edith	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Fleury, Roxanne,	Practitioner - Non-Primary Care Provider (PCP)											
Palmeter, Carrie, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Rimmer, John, Center For Remote Medical Management	Practitioner - Non-Primary Care Provider (PCP)											
Tripathy Anil Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Guercio, Charisse, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Small Lolita S	Practitioner - Non-Primary Care Provider (PCP)											
Morrison, Brittany, Chautauqua County Chapter Nysarc Inc/Dbal The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Bell Lauren Rae	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓
Dernbach, Anne, Ms	Practitioner - Non-Primary Care Provider (PCP)											
Nitsche, Michelle, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Hittner, Mary, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Nemeti, Michael, Malmhc	Practitioner - Non-Primary Care Provider (PCP)											
Kiekbusch, Marion, Bacasac	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Domzalski, Caryn,	Practitioner - Non-Primary Care Provider (PCP)											
Turner, Carl,	Practitioner - Non-Primary Care Provider (PCP)											
Mckay, Jodi, Niagara County Department Of Mental Health	Practitioner - Non-Primary Care Provider (PCP)											
Szymanski, Gretchen, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Johnson, Sharon, Wayne Arc	Practitioner - Non-Primary Care Provider (PCP)											
Palmquist, Ruth, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Gutowski, Julia, Lmhccasa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Kryszak Amy Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Castellana, Melissa, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Stroth, Cassandra, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Lyon, Bryn, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Folck Jamie Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Blujus, Renee,	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Volanis, Georgina,	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Ray, Sharon, Lcswr	Practitioner - Non-Primary Care Provider (PCP)											
Mcgreevy, Sarah, Phd	Practitioner - Non-Primary Care Provider (PCP)											
Khan Jameela Yasmeen	Practitioner - Non-Primary Care Provider (PCP)											
Lewis, Linda, Niagara Cerebral Palsy	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Timothy	Practitioner - Non-Primary Care Provider (PCP)											
Vaughan, Tabitha,	Practitioner - Non-Primary Care Provider (PCP)											
Betzold, Samantha,	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Salada, Richard, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Seaner, Christine, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Potnick Aaron Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Capozzi, Stacie, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Gallucci, Stefan, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Salamone-Burnett, Miri,	Practitioner - Non-Primary Care Provider (PCP)											
Pepe Alyssa	Practitioner - Non-Primary Care Provider (PCP)											
Gulczynski, Kristin, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	☑					☑	☑				
Springer, Meghan, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Carlson, Erin, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Feeney, Lawrence, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Aucoin, Deja, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Dennison Patrick R	Practitioner - Non-Primary Care Provider (PCP)	☑							☑	☑		☑



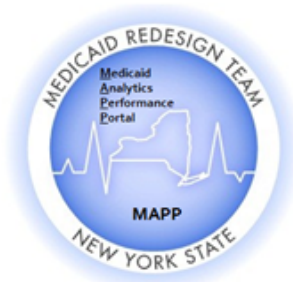
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Vanbourgondien, Leah,	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
King Kathleen P	Practitioner - Non-Primary Care Provider (PCP)											
Ward Mallory K	Practitioner - Non-Primary Care Provider (PCP)											
Lemke, Joan, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Dlugokinski-Plenz, Sylvia, Anp	Practitioner - Non-Primary Care Provider (PCP)											
Watson Nicholas Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Staniorski, Paula, Rn	Practitioner - Non-Primary Care Provider (PCP)											
Rainforth, Brian,	Practitioner - Non-Primary Care Provider (PCP)											
Gill, Donna, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Balok, Emily, Mslmhc	Practitioner - Non-Primary Care Provider (PCP)											
Kiadum Cletus Suten	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Porebski, Diana, Chautauqua County Chapter Nysarc Inc/Dbba The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Iula Doreen	Practitioner - Non-Primary Care Provider (PCP)											
Sattelberg Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Raber James	Practitioner - Non-Primary Care Provider (PCP)											
Copeland, Patricia, The Dale Association, Inc.	Practitioner - Non-Primary Care Provider (PCP)											
Chudy, Ashley, Mastersof	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Tingley, Cheryl, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Dauscher Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Forkin, Michelle,	Practitioner - Non-Primary Care Provider (PCP)											
Golimowski Olia	Practitioner - Non-Primary Care Provider (PCP)											
Meidenbauer Cara	Practitioner - Non-Primary Care Provider (PCP)											
Talbert Adrienne M	Practitioner - Non-Primary Care Provider (PCP)											
Doyle, Stephanie, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Semisa, Lauren, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Aloian Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Humphrey, Kathleen, Rn	Practitioner - Non-Primary Care Provider (PCP)											
Allison Tiandra	Practitioner - Non-Primary Care Provider (PCP)											
Juliano Melissa J	Practitioner - Non-Primary Care Provider (PCP)											



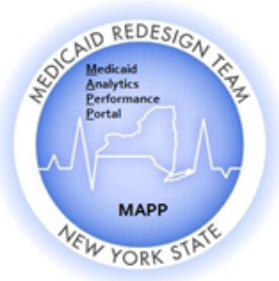
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Turnquist, Carl, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Chase, Alicia, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Ginestre, Melissa, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wohlabaugh, Emily, Msw	Practitioner - Non-Primary Care Provider (PCP)											
Bloomquist, Abigail, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
King, Jennifer, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Davis, Tammy,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Mosey, Nicole,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Barber Joanne	Practitioner - Non-Primary Care Provider (PCP)											
King, Tina, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Mauro, Elizabeth, Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Horder, Jessica, Ms	Practitioner - Non-Primary Care Provider (PCP)											
Lew, Paul, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Smith, Katherine, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Patil Trupti	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Mackowjak, Jennifer, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Dipalma, Alexis, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Zanet, Irene, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Elsen, Elaine, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Giancarlo Adam	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Lewis, Stephanie, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Bennett, Brittany,	Practitioner - Non-Primary Care Provider (PCP)											
Eccles, Sherri, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Kissel-Maute Susan B	Practitioner - Non-Primary Care Provider (PCP)											
Hender-Holzerland, Debra, Rn	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				



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Participating in Projects												
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Rosendahl, Tana, Chautauqua County Chapter Nysarc Inc/Dba The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Kinney, Katherine, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Janosick Samantha	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Donovan, Maureen, Anp	Practitioner - Non-Primary Care Provider (PCP)											
Honig, Elizabeth,	Practitioner - Non-Primary Care Provider (PCP)											
Schwarzmueller, Sarah, Fnp	Practitioner - Non-Primary Care Provider (PCP)											
Adams, Stephen, Do	Practitioner - Non-Primary Care Provider (PCP)											
Nowak, Valerie, Community Concern Of Wny Inc	Practitioner - Non-Primary Care Provider (PCP)											
Pinzel Mark Derek Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gillezeau, Beth, Pa	Practitioner - Non-Primary Care Provider (PCP)											
Ferrentino Darlene	Practitioner - Non-Primary Care Provider (PCP)											
Rivera-Barber, Mercedes, Anp	Practitioner - Non-Primary Care Provider (PCP)											
Swanson, Scott, Pt	Practitioner - Non-Primary Care Provider (PCP)											
Carroll, Jennifer,	Practitioner - Non-Primary Care Provider (PCP)											
Fritschi, Krista,	Practitioner - Non-Primary Care Provider (PCP)											
Thomson, Kelly,	Practitioner - Non-Primary Care Provider (PCP)											
Mrgich, Glenn, Bacasac	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Russo, Mike, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Deeks, Timothy, Niagara County Department Of Mental Health	Practitioner - Non-Primary Care Provider (PCP)	▼						▼				
Woodley, Amy, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Collins, Kerry, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Seyler, Tobie, Rn	Practitioner - Non-Primary Care Provider (PCP)											
McpHADen, Cynthia, Mscrc	Practitioner - Non-Primary Care Provider (PCP)											
Marcinelli, Dena, Northpointe Council, Inc.	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Johnson, Jason, Md	Practitioner - Non-Primary Care Provider (PCP)											
Otto Laura Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Granica, Katie,	Practitioner - Non-Primary Care Provider (PCP)											
Rehac Brianne	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Marotta, Kelly,	Practitioner - Non-Primary Care Provider (PCP)											
O'Dell, Melissa,	Practitioner - Non-Primary Care Provider (PCP)											



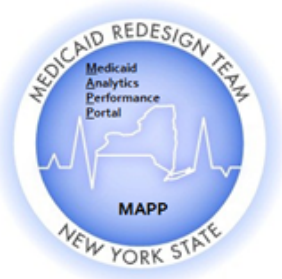
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Marinello Erin	Practitioner - Non-Primary Care Provider (PCP)											
Escalera, Lisa, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Spitale, Marion, Chautauqua County Chapter Nysarc Inc/Dbal The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Hoffman, Ginny, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Hayes, Sarah, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Schladebeck Rachel Marie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wholen, Monica, Wayne Arc	Practitioner - Non-Primary Care Provider (PCP)											
Beck, Jessica, Pa	Practitioner - Non-Primary Care Provider (PCP)											
Roseman, Janice, Dds	Practitioner - Non-Primary Care Provider (PCP)											
Stankovich, Joseph, The Dale Association, Inc.	Practitioner - Non-Primary Care Provider (PCP)											
Decastro Jody	Practitioner - Non-Primary Care Provider (PCP)	▼					▼		▼			
Hare Katie Lynne	Practitioner - Non-Primary Care Provider (PCP)											
Guidot Charles A Md	Practitioner - Non-Primary Care Provider (PCP)											
Bojarski Hollie	Practitioner - Non-Primary Care Provider (PCP)											
Glazer, Bonnie, Lcswracs	Practitioner - Non-Primary Care Provider (PCP)											
Newton, Dawn, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Dunn, Mary, Dds	Practitioner - Non-Primary Care Provider (PCP)											
Larson, Candy, Chautauqua County Chapter Nysarc Inc/Dbal The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Mason Angela	Practitioner - Non-Primary Care Provider (PCP)											
Farrell, Melissa, Mslmhc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Lal, lana,	Practitioner - Non-Primary Care Provider (PCP)											
Surma, Jean, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Coulter Alicia Marie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Trenchard, Jennifer,	Practitioner - Non-Primary Care Provider (PCP)											
Gates Tamie	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Foti, Karan, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Capote Nicole Eileen	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Stronz, Meaghan, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				



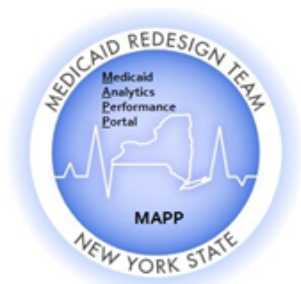
**New York State Department Of Health
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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i	
Maureen Forrester Finney	Practitioner - Non-Primary Care Provider (PCP)												
Butler, Marguerite, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)												
Kennedy Erin	Practitioner - Non-Primary Care Provider (PCP)												
Decker Marylou	Practitioner - Non-Primary Care Provider (PCP)												
Urgo Ludwig, Rachel, Np	Practitioner - Non-Primary Care Provider (PCP)												
Vincent Kattie Jane	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		✓	
Thomas Sheena	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Fabbiano Angela Miss	Practitioner - Non-Primary Care Provider (PCP)												
Magee, Zachary,	Practitioner - Non-Primary Care Provider (PCP)												
Vancuran, Sondra, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)												
Faraco Maraial J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Nixon, Allison, Rpac	Practitioner - Non-Primary Care Provider (PCP)												
Sturzenbecker, Amy, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Dubovsky, Steven, Md	Practitioner - Non-Primary Care Provider (PCP)												
Tejada, Judith, Mscasac	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Ali, Munzer, University Psychiatric Practice, Inc.	Practitioner - Non-Primary Care Provider (PCP)												
Mcvey Joanne Louise	Practitioner - Non-Primary Care Provider (PCP)												
Gerhard, Jodi, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Cristina Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Tobias Tamara	Practitioner - Non-Primary Care Provider (PCP)												
Henry-Game, Gillian, Lmsw	Practitioner - Non-Primary Care Provider (PCP)												
Swift, James, Niagara County Department Of Mental Health	Practitioner - Non-Primary Care Provider (PCP)	✓						✓					
Abbott, Breanne, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)												
Matican, Pamela,	Practitioner - Non-Primary Care Provider (PCP)												
Vito Diana	Practitioner - Non-Primary Care Provider (PCP)												
Hanahan Laura Jane	Practitioner - Non-Primary Care Provider (PCP)												
Graziano-Shaffer Lynn Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓					
Whitehead Amanda	Practitioner - Non-Primary Care Provider (PCP)												
Christopher Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓							✓	✓		✓	



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* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Perrin, Jennifer, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Paternalino Cristina	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Welch, Leah,	Practitioner - Non-Primary Care Provider (PCP)											
Gohn, Lisa, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Jack Heather	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Greene Patrick	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Bosch, Christine, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Vasiloff, Alicia, Pa	Practitioner - Non-Primary Care Provider (PCP)											
Scotchmer, Douglas, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Walker, Laurie, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Tebo, Leslie,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Sydow Gregg	Practitioner - Non-Primary Care Provider (PCP)											
Lafler, Amy, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Malone, Jennifer, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Sperry, Tashia, Pac	Practitioner - Non-Primary Care Provider (PCP)											
Ashton, Nicole,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Johnson, Alycia, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Balicki, Kimberly, Msw	Practitioner - Non-Primary Care Provider (PCP)											
Starks, Michael, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Griffin, Jamie, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Cooke Jill Allison	Practitioner - Non-Primary Care Provider (PCP)											
Thomas, Elizabeth, Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Patel, Anish, Pac	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Nardella Christina	Practitioner - Non-Primary Care Provider (PCP)											
Dembek, Jeanine, Niagara Cerebral Palsy	Practitioner - Non-Primary Care Provider (PCP)											
Kershner, Libby, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Mastrorilli, Leah,	Practitioner - Non-Primary Care Provider (PCP)											



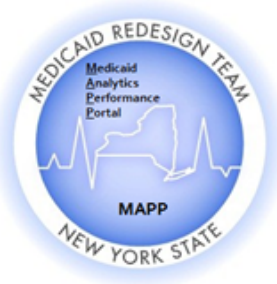
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

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* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i	
Dillon, Karen, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Kachurka Diana	Practitioner - Non-Primary Care Provider (PCP)												
Brooks, Caitlin, Rpn	Practitioner - Non-Primary Care Provider (PCP)												
Menzel, Jonathan,	Practitioner - Non-Primary Care Provider (PCP)												
Rummell, Joan, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Crooks Rachel	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Luka-Conley, Leanna, Chautauqua County Chapter Nysarc Inc/Dbal The Resource Center	Practitioner - Non-Primary Care Provider (PCP)												
Sprague Jeri	Practitioner - Non-Primary Care Provider (PCP)												
Longbine Debra Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Ball, Melissa, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)												
Jackson, Holly, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Leonard, Elizabeth, Lmhccasa	Practitioner - Non-Primary Care Provider (PCP)												
Golden, Jeffrey, Northpointe Council, Inc.	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Roberts, Susan, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Gibb, Margaret,	Practitioner - Non-Primary Care Provider (PCP)												
Cantie Shawn Michael	Practitioner - Non-Primary Care Provider (PCP)												
Felton, Craig, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Mills Cheryl Susan	Practitioner - Non-Primary Care Provider (PCP)												
Nuessle, Gregg, Lcswr	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				
Crawford Kristen Marie	Practitioner - Non-Primary Care Provider (PCP)												
Fred, Victoria, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Glenn, Jennifer, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)												
Sirianno, Lisa, Chautauqua County Chapter Nysarc Inc/Dbal The Resource Center	Practitioner - Non-Primary Care Provider (PCP)												
Delbello, Julie, Casac	Practitioner - Non-Primary Care Provider (PCP)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Eckert, Jeffrey, Ms	Practitioner - Non-Primary Care Provider (PCP)												
Mann, John, Cattaraugus County Department Of Community	Practitioner - Non-Primary Care Provider (PCP)												



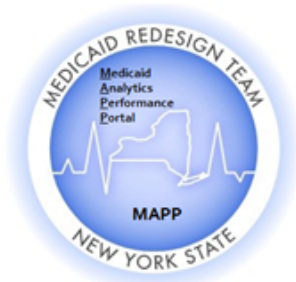
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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Services												
Distefano Mary G	Practitioner - Non-Primary Care Provider (PCP)											
Boyd Norine Constance	Practitioner - Non-Primary Care Provider (PCP)											
Dimopoulos Vassilios Georgios	Practitioner - Non-Primary Care Provider (PCP)											
Richenberg, Amanda, Wayne Arc	Practitioner - Non-Primary Care Provider (PCP)											
St John Julie Ann	Practitioner - Non-Primary Care Provider (PCP)											
Matson, Tiffany, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Kohli Neeta	Practitioner - Non-Primary Care Provider (PCP)											
Cammarata, Michael,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Young Janelle Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Speight Joann	Practitioner - Non-Primary Care Provider (PCP)											
Bindig, Theresa, Rd	Practitioner - Non-Primary Care Provider (PCP)											
Degener, Colleen, Ma	Practitioner - Non-Primary Care Provider (PCP)											
Visneski, Christi, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Margret Ann Nawrocki	Practitioner - Non-Primary Care Provider (PCP)											
Kalstek Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Zorn, Jeffrey, Md	Practitioner - Non-Primary Care Provider (PCP)											
Beckman, Kevin, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wagner, Judith, Macrc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Misuraca, Kristen, Mhc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Janik, Katie,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
O'Brien, Bonnie,	Practitioner - Non-Primary Care Provider (PCP)											
Godfrey, Mary, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Gilewicz, Anne, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Lesser Christie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Morton Scott M	Practitioner - Non-Primary Care Provider (PCP)											
Virtuoso Cristina Ellia	Practitioner - Non-Primary Care Provider (PCP)											
Lesinski Lisa	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Neuland Polino, Amanda, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Koch, Shannon, Msw	Practitioner - Non-Primary Care Provider (PCP)											



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Wabick Jarod	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Sticht Rebecca M	Practitioner - Non-Primary Care Provider (PCP)											
Richir, Theresa,	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Acquilano, Kristen, Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Khan Pervez Ali	Practitioner - Non-Primary Care Provider (PCP)											
Bogdan, Patricia A., The Dale Association, Inc.	Practitioner - Non-Primary Care Provider (PCP)											
Hall, Joelle, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Ramsey Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Lorigo, Raymond, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Widger, Laura, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Cordaro, Thomas, Wayne Arc	Practitioner - Non-Primary Care Provider (PCP)											
Graley Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Holler-Kennedy, Gail, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Sims, Kellie, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Schettino Chris	Practitioner - Non-Primary Care Provider (PCP)											
Stryker, Melissa, Lpclmhc	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Hennessy, Emily, Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Macvie, Courtney,	Practitioner - Non-Primary Care Provider (PCP)											
Larkin, Adam, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Diaz Richard	Practitioner - Non-Primary Care Provider (PCP)											
Haque Shabrin Anjum Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓	✓			✓	✓		✓
Gee, Sharon, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Halverson Amber	Practitioner - Non-Primary Care Provider (PCP)											
Giarratano, Paulette,	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Eckert, Linda, Lcswr	Practitioner - Non-Primary Care Provider (PCP)											
Jurczynski, Sarah,	Practitioner - Non-Primary Care Provider (PCP)											
Auricchio, Lisa, Northpointe Council, Inc.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Smith, Evan, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Essek, Kathryn, The Dale Association, Inc.	Practitioner - Non-Primary Care Provider (PCP)											
Wyant, Kelly,	Practitioner - Non-Primary Care Provider (PCP)											



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Hackett Amy	Practitioner - Non-Primary Care Provider (PCP)											
Prefontaine, Lisa, Msncc	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Haseley, Laura, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Baker, Linda, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Martin, Peter, Md	Practitioner - Non-Primary Care Provider (PCP)											
Henley, Stephanie,	Practitioner - Non-Primary Care Provider (PCP)											
Slear, Jared, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Pawkett, Michelle,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼	▼			
Harding, Laura, Niagara County Department Of Mental Health	Practitioner - Non-Primary Care Provider (PCP)	▼						▼				
Varallo Mark A Md	Practitioner - Non-Primary Care Provider (PCP)											
Wilkinson, Katherine, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Ahmad Anees Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccann, Michelle, Fnp	Practitioner - Non-Primary Care Provider (PCP)											
Tonon, Jason, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Ranney, Michael,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Frisicaro, Sunny,	Practitioner - Non-Primary Care Provider (PCP)											
Bucholtz, Natalie, Community Concern Of Wny Inc	Practitioner - Non-Primary Care Provider (PCP)											
Dickson Lori	Practitioner - Non-Primary Care Provider (PCP)											
O'May, James, Rpac	Practitioner - Non-Primary Care Provider (PCP)	▼							▼			
Skomra, Richard, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Saunders, Shelley, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Wrazin, Debra, The Dale Association, Inc.	Practitioner - Non-Primary Care Provider (PCP)											
Miller, Gavin Christopher, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Basile, Marcy, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Andrzejewski Renee	Practitioner - Non-Primary Care Provider (PCP)											
Krishnakumar Vasu Dr.	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Miller, Mary, Ma	Practitioner - Non-Primary Care Provider (PCP)											



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Cicarelli, Samantha,	Practitioner - Non-Primary Care Provider (PCP)											
Decastro-Barton, Brenda, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Luce, Christina, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Siebert Marc	Practitioner - Non-Primary Care Provider (PCP)											
Sherry , Joseph, Chautauqua County Chapter Nysarc Inc/Dbba The Resource Center	Practitioner - Non-Primary Care Provider (PCP)											
Wagner, Mary, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Cowan Richard B T Md	Practitioner - Non-Primary Care Provider (PCP)											
Lawniczak, Tania, Nurseprac	Practitioner - Non-Primary Care Provider (PCP)											
Chmielowiec, Kaitlyn, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Corsi, Molly, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Marchetti, Mary, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Ince-Mercer Leia K Md	Practitioner - Non-Primary Care Provider (PCP)											
Broderick, Keenan,	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Stays, Monique, Horizon Health Services, Inc.	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Castonguay, Caitlin, Erie Chapter Nysarc Inc Bda Heritage Centers	Practitioner - Non-Primary Care Provider (PCP)											
Asel, Stacey, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Practitioner - Non-Primary Care Provider (PCP)	▼					▼	▼				
Cruz Chenelle	Practitioner - Non-Primary Care Provider (PCP)											
Bork, Elizabeth, Crclmhs	Practitioner - Non-Primary Care Provider (PCP)											
Brundin, Douglas, Crna	Practitioner - Non-Primary Care Provider (PCP)											
Gunsolus, Donna, Cattaraugus County Department Of Community Services	Practitioner - Non-Primary Care Provider (PCP)											
Zaiter, Marie-Eve, Center For Ambulatroy Surgery Inc	Practitioner - Non-Primary Care Provider (PCP)											
Waheed, Ayesha, Md	Practitioner - Non-Primary Care Provider (PCP)											
Jones, Kim,	Practitioner - Non-Primary Care Provider (PCP)											
Tlc Health Network Act Rc	Hospital	▼		▼	▼	▼		▼	▼	▼		▼
Kaleida Health	Hospital	▼	▼	▼	▼	▼	▼	▼	▼	▼		▼
Millard Fillmore Hospitals	Hospital	▼				▼				▼		▼



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Buffalo General Hosp	Hospital	✓	✓	✓	✓	✓		✓	✓	✓		✓
Womens & Childrens Hsp Buffal	Hospital	✓		✓	✓	✓		✓	✓	✓		✓
Olean General Hosp Main	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Niagara Falls Mem Med Ctr	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lockport Memorial Hospital	Hospital	✓		✓	✓	✓		✓	✓	✓		✓
Cuba Memorial Hsp Inc	Hospital	✓		✓	✓	✓		✓	✓	✓		✓
Wyoming Community Hosp Co	Hospital	✓		✓	✓	✓		✓	✓	✓		✓
Erie County Medical Ctr	Hospital	✓	✓	✓	✓	✓		✓	✓	✓		✓
Roswell Park Cancer Inst	Hospital	✓		✓	✓	✓		✓	✓	✓		✓
Tlc Health Network Act Rc	Clinic	✓				✓			✓	✓		✓
Southern Tier Community Hlth	Clinic	✓	✓		✓	✓	✓	✓	✓	✓		✓
Sterling Surgical Center Llc	Clinic											
Horizon Health Services Mh	Clinic	✓				✓	✓	✓	✓	✓		✓
Center For Ambulatory Surgery	Clinic											
Comm Hlth Ctr Buffalo Inc	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Baker Victory Healthcare Ctr	Clinic	✓				✓			✓	✓		✓
Daniel Squire Oral D & T Ctr	Clinic	✓				✓			✓	✓		✓
Aids Community Ser Wny	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Orleans Co Hlth Dept Psshsp	Clinic											
Orleans Co Chap/Nysarc	Clinic											
Orleans County Comm Svc Mh	Clinic											
Northwest Buffalo Comm H C	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Ucp Nys Reg 1 #05 Medina St	Clinic											
Nys Arc (Chautauqua Cnty)	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Planned Parenthood Of Niag Co	Clinic	✓				✓				✓		✓
Niagara County Health Dept	Clinic											
Aspire Of Western New York In	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Hemophilia Ctr Of West Ny Inc	Clinic											
Erie County Health Dept	Clinic	✓				✓			✓	✓		✓
Cattaraugus County Doh	Clinic	✓				✓			✓	✓		✓
Millard Fillmore Hospitals	Clinic	✓										



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Planned Prthd Rochstr/Syracus	Clinic	✓	✓		✓	✓	✓	✓	✓	✓		✓
Buffalo General Hosp	Clinic	✓				✓			✓	✓		✓
Womens & Childrens Hsp Buffal	Clinic	✓				✓			✓	✓		✓
Genesee County Health Dept	Clinic											
Olean General Hosp Main	Clinic	✓				✓			✓	✓		✓
Niagara Falls Mem Med Ctr	Clinic	✓				✓	✓	✓	✓	✓	✓	✓
Lockport Memorial Hospital	Clinic	✓				✓			✓	✓		✓
Cuba Memorial Hsp Inc	Clinic	✓				✓			✓	✓		✓
Wyoming Community Hosp Co	Clinic	✓				✓			✓	✓		✓
Erie County Medical Ctr	Clinic	✓				✓			✓	✓		✓
Millard Fillmore Surgery Ctr Llc	Clinic	✓										
Ucpa Of Niagara County Inc	Clinic	✓				✓			✓	✓		✓
Cantalcian Center For Learning Inc	Clinic											
Baker Hall Inc DbA Baker Victory Se	Clinic											
Niagara Falls Kidney Care Center	Clinic											
Roswell Park Cancer Inst	Clinic	✓				✓			✓	✓		✓
Chautauqua County Department Of Mh	Clinic	✓				✓	✓	✓	✓	✓		✓
People Inc Csz38	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Margret Ann Nawrocki	Clinic											
Cattaraugus Rehabilitation Center I	Clinic											
The Chautauqua Center Inc	Clinic	✓	✓			✓	✓	✓	✓	✓		✓
Jericho Road Ministries	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Omrdd/De Paul Develop Svcs	Case Management / Health Home											
Child And Family Services Mh	Case Management / Health Home											
Horizon Health Services Mh	Case Management / Health Home	✓				✓	✓	✓	✓	✓		✓
Southern Tier Envfor Liv Mh	Case Management / Health Home											
Depaul Comm Ser Mh	Case Management / Health Home											
Living Opp Of Depaul Mh	Case Management / Health Home											
Transitional Services Inc Mh	Case Management / Health Home	✓				✓			✓	✓		✓
Mid Erie Mental Health Svc	Case Management / Health Home	✓				✓	✓	✓	✓	✓		✓
Omrdd/Wny Indep Liv Project	Case Management / Health Home											



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Omrdd/Aspire Of Wny	Case Management / Health Home											
Ucp Of Niagara County	Case Management / Health Home											
161146128omrdd/Rivershore Inc	Case Management / Health Home											
Omrdd/People Inc	Case Management / Health Home											
Orleans Co Arc	Case Management / Health Home											
Omrdd/Niagara County Arc	Case Management / Health Home											
Omrdd/Native American Comm Sv	Case Management / Health Home											
Omrdd/Erie Co Arc/Heritage Ct	Case Management / Health Home											
Omrdd/Claddagh Commission	Case Management / Health Home											
Omrdd/Chautauqua Office/Aging	Case Management / Health Home											
Omrdd/Cantalician Center	Case Management / Health Home											
Erie Cnty Dept Youth Ser Ei	Case Management / Health Home	▼								▼		▼
Aids Community Ser Wny	Case Management / Health Home	▼	▼			▼	▼	▼	▼	▼		▼
Mh Svc Erie Northwest Cor-Scm	Case Management / Health Home	▼				▼			▼	▼		▼
Cattaraugus Co Dept Mh Mh	Case Management / Health Home											
Buffalo Fed Neighhd Ctrs	Case Management / Health Home	▼				▼			▼	▼		▼
Genesee Cty Mh	Case Management / Health Home											
Fam & Child Svcs Niagara Mh	Case Management / Health Home	▼				▼			▼	▼		▼
New Directions Youth/Family Ser Mh	Case Management / Health Home	▼				▼			▼	▼		▼
Spectrum Human Services Mh	Case Management / Health Home	▼				▼			▼	▼		▼
Orleans County Comm Svc Mh	Case Management / Health Home	▼				▼			▼	▼		▼
Niagara Cnty Hlth Dept Lthhcp	Case Management / Health Home	▼				▼			▼	▼		▼
Lake Shore Behavioral Hlth In	Case Management / Health Home	▼				▼	▼	▼	▼	▼		▼
Cattaraugus Cnty Doh Lthhcp	Case Management / Health Home	▼				▼			▼	▼		▼
Gateway Longview	Case Management / Health Home	▼				▼			▼	▼		▼
Wyoming County Dept H H A	Case Management / Health Home											
Orleans County Doh Hha	Case Management / Health Home											
Niagara Falls Mem Med Ctr	Case Management / Health Home	▼	▼			▼	▼	▼	▼	▼	▼	▼
Erie County Medical Ctr	Case Management / Health Home	▼				▼			▼	▼		▼
Erie County Nysarc Inc	Case Management / Health Home	▼				▼			▼	▼		▼
Baker Hall Inc DbA Baker Victory Se	Case Management / Health Home											



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Health Home Partners Of Wny Llc	Case Management / Health Home	▼								▼		▼
Greater Buffalo United Ipa	Case Management / Health Home	▼	▼			▼	▼	▼	▼			
Chautauqua County Department Of Mh	Case Management / Health Home	▼				▼	▼	▼	▼	▼		▼
People Inc Csz38	Case Management / Health Home	▼				▼			▼	▼		▼
Cattaraugus Rehabilitation Center I	Case Management / Health Home											
Baker Victory Services	Case Management / Health Home											
Frankiewich Kathryn	Mental Health	▼							▼			
Buffalo Psychiatric Center Act Team	Mental Health	▼						▼	▼			
Buffalo Pc Act Team Risp Cnsta	Mental Health	▼							▼			
Hillside Childrens Ctr	Mental Health	▼			▼				▼			
O'Donnell Tanni M Rpa	Mental Health	▼					▼	▼	▼			
Sainsbury Dawn	Mental Health	▼					▼	▼	▼			
Mutton Holly Beth Do	Mental Health											
Longdon Marlene Carolyn	Mental Health	▼							▼			
Marshall-Hobika Dori Md	Mental Health	▼							▼			
Wright Carol L	Mental Health	▼					▼	▼	▼			
Tlc Health Network Act Rc	Mental Health	▼			▼				▼			
Brooks Victoria Lynn Md	Mental Health	▼							▼			
Jaffri Naureen R Do	Mental Health	▼							▼			
Cummings Michael R Md	Mental Health	▼					▼	▼	▼			
Yu Hong Md	Mental Health											
Improta John Michael Md	Mental Health											
Haque Shabrin Anjum Md	Mental Health	▼			▼				▼			
Haak Jennifer Lynn Md	Mental Health	▼							▼			
Smith Beth Alison Md	Mental Health											
Viola Carolyn L	Mental Health											
Molina Isabel B	Mental Health	▼					▼	▼	▼			
Webb Mary	Mental Health											
Lake Shore Behavioral Health	Mental Health	▼			▼		▼	▼	▼	▼		▼
Mental Health Serv Se Corp V	Mental Health	▼							▼			
Denny Kevin	Mental Health	▼					▼	▼	▼			



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Roy Adrienne	Mental Health	✓					✓	✓	✓			
Lynch Lisa A	Mental Health	✓							✓			
Del Regno Paula A	Mental Health	✓							✓			
Zam Robert S	Mental Health											
Verleni Gust P Rpa	Mental Health	✓					✓	✓	✓			
Verdonik Frederick	Mental Health											
Syta Margaret Mary	Mental Health											
Weis Herbert	Mental Health	✓					✓	✓	✓			
Mcmahon-Tronetti Cailleam	Mental Health											
Dewey Seth G Md	Mental Health	✓							✓			
Horizon Health Services Mh	Mental Health	✓			✓		✓	✓	✓			
Abbasi Israr A Md	Mental Health	✓					✓	✓	✓			
Neuropsychology& Psycholgy Sv	Mental Health											
Tan Alfonso Md	Mental Health											
Living Opp Of Depaul Mh	Mental Health	✓			✓				✓			
Gokhale Vinayak S Md	Mental Health	✓							✓			
Transitional Services Inc Mh	Mental Health	✓			✓				✓			
Mid Erie Mental Health Svc	Mental Health	✓			✓		✓	✓	✓			
Troen Bruce Robert Md	Mental Health											
Khanam Rashida Md	Mental Health											
Cartagena Maria	Mental Health	✓							✓			
Ruben Cherie	Mental Health											
Popson Richard	Mental Health											
Glynn Paige	Mental Health											
Casassa David	Mental Health	✓					✓	✓	✓			
Raghu Bellamkond Sundara V Md	Mental Health											
Hallett Michael P Md	Mental Health											
Child & Family Srvs Erie Co	Mental Health	✓			✓				✓			
Meglio Frank A Md	Mental Health	✓					✓	✓	✓			
Hays Thomas Md	Mental Health	✓			✓				✓			
Baker John Gregory Phd	Mental Health											



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Bennett Richard Gordon Md	Mental Health	▼							▼			
Ackerman Constance Diane Csw	Mental Health	▼							▼			
Capote Horacio A Md	Mental Health	▼							▼			
Ashton Adam Keller Md	Mental Health											
Leo Raphael Jerome Md	Mental Health	▼							▼			
Achtziger Otto J Lcsw	Mental Health											
Bierdeman Brenda	Mental Health	▼							▼			
Gupta Sanjay Md	Mental Health	▼							▼			
Varallo Mark A Md	Mental Health											
Mh Svc Erie Northwest Cor-Scm	Mental Health											
Kaye David L Md	Mental Health	▼							▼			
Jackson Lisa A	Mental Health	▼							▼			
Comm Mission Niagara Frontier	Mental Health	▼			▼				▼	▼		▼
Child & Family Services	Mental Health	▼					▼	▼	▼			
Buffalo Psychiatric Ctr	Mental Health	▼						▼	▼			
Pristach Cynthia A	Mental Health											
Bakhai Yogesh D	Mental Health	▼							▼			
University Psych Practice Pc	Mental Health											
Reichert Andrew R Md	Mental Health											
Benedict Ralph Holmes B Phd	Mental Health											
Winship Community Resid Inc	Mental Health											
Depaul Mental Hlth Svcs B	Mental Health	▼							▼			
Community Miss/Niagara Fron	Mental Health	▼							▼			
Southern Tier Envmnts/Lvg	Mental Health											
Orleans Co Chap/Nysarc	Mental Health											
Buffalo Fed Neighhd Ctrs	Mental Health	▼			▼	▼			▼			
Burkhouse Kelly Ann Phd	Mental Health	▼							▼			
Miller Bruce D Md	Mental Health	▼							▼			
Genesee Cty Mh	Mental Health	▼			▼				▼			
Rajendran Kalaiselvi Md	Mental Health											
Orleans County Comm Svc Mh	Mental Health	▼			▼				▼			



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Nickolova Maria Md	Mental Health											
Baker Hall,Inc	Mental Health	▼							▼			
Willis Daniel J Md	Mental Health											
Kashin Jeffrey D Md	Mental Health	▼			▼		▼	▼	▼			
Chenelly Drew	Mental Health											
Chemung Co Nys Arc Children'S	Mental Health	▼			▼			▼	▼			
Park Wonhoon Md	Mental Health											
Child And Family Services	Mental Health	▼					▼	▼	▼			
Rtf Baker Hall	Mental Health											
Noe Michael F Md	Mental Health											
Joseph Brian S Md	Mental Health											
Ellis Robert H Phd	Mental Health											
Jewish Family Svc Psy Clinic	Mental Health	▼			▼				▼			
Ko Hak J Md	Mental Health	▼							▼			
Community Concern Of Wny	Mental Health	▼			▼				▼			
Lake Shore Behavioral Hlth In	Mental Health	▼			▼		▼	▼	▼			
Mh Svc Erie Southeast Corp V	Mental Health	▼			▼		▼	▼	▼			
Park Seung Kyoon Md	Mental Health											
Nys Arc (Chautauqua Cnty)	Mental Health	▼	▼		▼	▼	▼	▼	▼			
Dale Association,Inc The	Mental Health	▼							▼			
Cattaraugus Cnty Mntl Hlth Sv	Mental Health	▼					▼	▼	▼			
Cattaraugus Cnty Mh Guidepost	Mental Health	▼			▼				▼			
Niagara Cnty Mntl Hlth Lckprt	Mental Health											
Niagara Cnty Mntl Hlth N Fall	Mental Health	▼			▼			▼	▼	▼		▼
Jaffri Syed S U Pc Md	Mental Health	▼							▼			
Hoffman Martin T Md	Mental Health	▼							▼			
Lopez Oscar S Md	Mental Health	▼							▼			
Buffalo Pc	Mental Health											
Buffalo General Hosp	Mental Health	▼			▼				▼			
Womens & Childrens Hsp Buffal	Mental Health	▼			▼				▼			
Child And Adolescent Psy Cl	Mental Health	▼			▼				▼			



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De Paul Community Svcs Inc	Mental Health	▼					▼	▼	▼			
Gateway Longview	Mental Health	▼							▼			
Olean General Hosp Main	Mental Health	▼			▼				▼			
Niagara Falls Mem Med Ctr	Mental Health	▼			▼		▼		▼	▼		▼
Lockport Memorial Hospital	Mental Health	▼			▼				▼			
Wyoming Community Hosp Co	Mental Health	▼			▼				▼			
Erie County Medical Ctr	Mental Health	▼			▼				▼			
Arana Belito	Mental Health	▼							▼			
Spuller Robert	Mental Health											
Plune Juliana	Mental Health											
Parrish Joy B	Mental Health											
Guppenberger Michael Thomas	Mental Health	▼							▼			
Ana Natasha Cervantes	Mental Health											
Kijowski Christophe	Mental Health											
Dryja Eric David	Mental Health											
Humm Patricia	Mental Health											
Chaudhry Monir Ahmad	Mental Health											
Knight William	Mental Health											
Hatfield Rosanna	Mental Health											
Anker Jeffrey Lawrence	Mental Health											
Hernandez Sergio Md	Mental Health	▼							▼			
Wiktor Kyle	Mental Health	▼			▼				▼			
Smith Ryan	Mental Health											
Rtf Conners	Mental Health											
Bailey Kristine E	Mental Health	▼							▼			
Erie County South East Corp V	Mental Health	▼			▼				▼			
Gannon Angela	Mental Health	▼					▼	▼	▼			
Spirin Semen	Mental Health											
Nagra Balwant S	Mental Health											
Ortiz Maria Monserate	Mental Health											
Gerard Vivian K	Mental Health	▼					▼	▼	▼			



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Meer Shahnawaz	Mental Health	▼					▼	▼	▼			
Saeed Mohammad Arshad	Mental Health	▼					▼	▼	▼			
Englert Jessica Jane	Mental Health	▼							▼			
Oliveira Maria Lurdes	Mental Health	▼			▼				▼			
Kamaraj Devinalini	Mental Health											
Ghosh Biswarup Manojkumar	Mental Health	▼							▼			
Adragna Michael S	Mental Health	▼							▼	▼		▼
Mikowski Annemarie Louise	Mental Health											
Fentan Laurie A	Mental Health											
Mental Health Services-Erie County	Mental Health	▼							▼			
Rumbold Linda Kathleen	Mental Health											
Pitts Nicole Marie	Mental Health											
Gilmartin Stephen Matthew	Mental Health											
Chautauqua County Department Of Mh	Mental Health	▼			▼		▼	▼	▼			
Shamsi Syed Ali Raza	Mental Health											
Greenawalt Heather Rayee	Mental Health	▼							▼			
Belen Alfred Dennis	Mental Health	▼							▼			
Roorda Cheri L	Mental Health	▼					▼	▼	▼			
Cattaraugus Rehabilitation Center I	Mental Health	▼			▼				▼			
Elberg Zhanna	Mental Health											
Conboy Sarah L	Mental Health	▼							▼			
Ostrom Elizabeth Anne	Mental Health	▼					▼	▼	▼			
Davis Matthew Hunt	Mental Health	▼							▼			
Rimer Jessica Lee	Mental Health											
Fearon Renee Lee	Mental Health											
Witherby Margaret	Mental Health											
Schlemm Laura M	Mental Health	▼					▼	▼	▼			
Hughes Sharon	Mental Health	▼							▼			
Lauer Kristy L	Mental Health	▼							▼			
Drew Kerry Dahl	Mental Health	▼					▼	▼	▼			
Naeser Karen M	Mental Health	▼					▼	▼	▼			



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Stacey Debra J	Mental Health											
Mclaughlin Ann Marie	Mental Health	▼					▼	▼	▼			
Brownstein Rebekah M	Mental Health											
Sengupta Sourav	Mental Health											
Ludwig Carol J	Mental Health	▼					▼	▼	▼			
Wolfe Jennifer Lynn	Mental Health	▼					▼	▼	▼			
Ruggieri Matthew L	Mental Health											
Henderson Jillian Courtney	Mental Health											
Coloprisko Sara Ann	Mental Health											
Palmer Briana	Mental Health	▼					▼	▼	▼			
Schaeffer Rebecca L	Mental Health											
Young Susan A	Mental Health	▼					▼	▼	▼			
Kothari Khyati Nimit	Mental Health											
Singh Joshna	Mental Health											
Kennelley Danielle S	Mental Health	▼							▼	▼		▼
Ognibene Debra	Mental Health											
Emerling Sylvia	Mental Health											
Miller Brad J	Mental Health	▼					▼	▼	▼			
Watson Alease	Mental Health											
Sprague Jeri	Mental Health											
Uslinov Lauren Nicole	Mental Health											
Hillside Childrens Ctr	Substance Abuse											
Horizon Village Inc	Substance Abuse	▼			▼							
Tlc Health Network Act Rc	Substance Abuse	▼			▼							
Horizon Health Services Mh	Substance Abuse	▼			▼		▼	▼	▼			
Mid Erie Mental Health Svc	Substance Abuse	▼			▼		▼	▼				
Aids Community Ser Wny	Substance Abuse	▼	▼		▼	▼	▼	▼	▼			
Conifer Park	Substance Abuse											
Buffalo Beacon Corp	Substance Abuse	▼										
Cattaraugus Cnty Alchl&Sub Ab	Substance Abuse	▼			▼							
Northpointe Council, Inc	Substance Abuse	▼			▼		▼	▼				



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Genesee Council On Alcoholism	Substance Abuse	▼			▼							
Lake Shore Behavioral Hlth In	Substance Abuse	▼			▼		▼	▼	▼			
Mh Svc Erie Southeast Corp V	Substance Abuse	▼			▼		▼	▼				
Allegany Council On Alcohol	Substance Abuse	▼			▼				▼			
Buffalo General Hosp	Substance Abuse	▼			▼							
Lockport Memorial Hospital	Substance Abuse	▼			▼							
Erie County Medical Ctr	Substance Abuse	▼			▼							
Northpointe Council Inc	Substance Abuse	▼			▼		▼	▼				
Erie County South East Corp V	Substance Abuse	▼										
Chautauqua County Department Of Mh	Substance Abuse	▼			▼		▼	▼				
Absolut Ctr Nr Reh Allegany	Nursing Home	▼		▼	▼							
Newfane Rehab & Hcc Corp	Nursing Home	▼		▼	▼							
Absolut Ctr /Nrs Reh At Salamanca	Nursing Home	▼		▼	▼							
Absolut Ctr Nur/Rehab At Houghton	Nursing Home	▼		▼	▼							
Heritage Pk Hcc Snf	Nursing Home	▼		▼	▼							
Heritage Green Hcc Snf	Nursing Home	▼		▼	▼							
Absolut Ctr Nrs & Reh At Gasport	Nursing Home	▼		▼	▼							
Harris Hill Nursing Facility	Nursing Home	▼		▼	▼							
Greenfield Health & Rehab	Nursing Home	▼		▼	▼							
Brookhaven Hlth Care Snf	Nursing Home											
Absolut Ctr Nrs & Reh At Eden	Nursing Home	▼		▼	▼							
Sheridan Manor	Nursing Home	▼		▼	▼							
Home For Aged Blind Adhc/Aadc	Nursing Home											
Absolut Ctr Nrs Reh At Westfield	Nursing Home	▼		▼	▼							
Ridge View Manor	Nursing Home	▼		▼	▼							
Autumn View Health Cr Facilit	Nursing Home	▼		▼	▼							
Absolut Ct Nrs & Reh At Orchard Par	Nursing Home	▼		▼	▼							
Wellsville Manor Care Center	Nursing Home											
Absolut Ct Nr & Reh At Three Rivers	Nursing Home											
North Gate Health Care Facili	Nursing Home	▼		▼	▼							
Williamsville Suburban	Nursing Home	▼		▼	▼							



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Tlc Hlth Network Lake Shore S	Nursing Home											
Gowanda Rehab & Nursing Center	Nursing Home											
Briody Health Care Facility	Nursing Home	▼		▼	▼							
Schofield Residence	Nursing Home	▼		▼	▼							
Seneca Health Care Center	Nursing Home	▼		▼	▼							
Niagara Lutheran Hm & Rehab C	Nursing Home	▼		▼	▼							
Beechwood Homes	Nursing Home	▼		▼	▼							
Garden Gate Hlth Cr Facility	Nursing Home	▼		▼	▼							
Absolut Ctr Nrs/Reh At Aurora Park	Nursing Home	▼		▼	▼							
Rosa Coplon Jewish Home Inf	Nursing Home	▼		▼	▼							
Schoellkopf Health Center Snf	Nursing Home	▼		▼	▼							
Odd Fellow & Rebekah Rhcc	Nursing Home	▼		▼	▼							
Leroy Village Green Rhcf Inc	Nursing Home	▼		▼	▼							
Heritage Village Reh & Skilled Nrs	Nursing Home	▼		▼	▼							
Cuba Memorial Hos Snf Inc	Nursing Home	▼		▼	▼							
Genesee Cnty Snf Batavia	Nursing Home											
Luthern Retirement Home	Nursing Home	▼		▼	▼							
Wyoming County Comm Hosp Snf	Nursing Home	▼		▼	▼							
Brothers Of Mercy Nurs & Reha	Nursing Home	▼		▼	▼							
Erie County Home	Nursing Home	▼		▼	▼							
The Villages Of Orleans Hlth Reh Ct	Nursing Home											
Pines Hlthcr & Reh Cnt Machia	Nursing Home	▼		▼	▼							
Pines Hlthcr & Reh Cnt Olean	Nursing Home	▼		▼	▼							
Absolut Ctr Nrs & Reh At Dunkirk	Nursing Home	▼		▼	▼							
Degraff Memorial Hospital	Nursing Home	▼		▼	▼							
Highpointe On Michigan Hlth Cr Fac	Nursing Home	▼		▼	▼							
Omop,Llc	Nursing Home											
1818 Como Park Blvd Operating	Nursing Home	▼		▼	▼							
4459 Bailey Ave Operating Co Llc	Nursing Home	▼		▼	▼							
4800 Bear Road Operating Co Llc	Nursing Home											
Amerifalls Llc	Nursing Home	▼		▼	▼							



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225 Bennett Road Operating Co Llc	Nursing Home	▼		▼	▼							
Fiddlers Green Manor Nh	Nursing Home	▼		▼	▼							
200 Bassett Road Operating Company	Nursing Home	▼		▼	▼							
5775 Maelou Drive Operating Company	Nursing Home	▼		▼	▼							
2850 Grand Island Blvd Operating Co	Nursing Home	▼		▼	▼							
2600 Niagara Falls Blvd Operating C	Nursing Home	▼		▼	▼							
Delaware Heights Receiver Llc	Nursing Home											
Rosenkrans Pharmacy Inc	Pharmacy											
Vna Home Care Services	Pharmacy	▼			▼	▼			▼			
Innovative Services Inc	Pharmacy	▼			▼	▼			▼			
Parkview Health Services Of New Yor	Pharmacy											
Summit Park Pharmacy Inc	Pharmacy											
Roswell Park Cancer Institute Corp	Pharmacy											
Mason Veronica Rn	Pharmacy											
Rosenkrans Pharmacy Inc	Pharmacy											
Facer Jeffery Todd Md	Pharmacy											
Zitzka Wendy Elaine Cnm	Pharmacy											
Wegman'S Food Markets Inc 192	Pharmacy	▼			▼	▼			▼			
Innovative Services Inc	Pharmacy											
Wegmans Food Markets Inc	Pharmacy	▼			▼	▼			▼			
Sindoni Frank Thomas Md	Pharmacy											
Daniel Squire Oral D & T Ctr	Pharmacy	▼			▼	▼			▼			
Boyd Barry Charles Dmd	Pharmacy											
Wegmans Food Markets Inc #190	Pharmacy	▼			▼	▼			▼			
Wegmans Food Markets Inc 188	Pharmacy	▼			▼	▼			▼			
Wegman'S Food Markets Inc#187	Pharmacy	▼			▼	▼			▼			
Wegmans Food Markets Inc #186	Pharmacy	▼			▼	▼			▼			
Wegmans Food Markets Inc 184	Pharmacy	▼			▼	▼			▼			
Wegmans Food Markets Inc 183	Pharmacy	▼			▼	▼			▼			
Hall Richard Everett Dds	Pharmacy											
Resource Center Chautauqua County	Pharmacy											



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Wegmans Food Markets Inc 189	Pharmacy	✓			✓	✓			✓			
Wegmans Food Markets Inc 181	Pharmacy	✓			✓	✓			✓			
Wegmans Food Markets Inc 180	Pharmacy	✓			✓	✓			✓			
Community Medical Pharm Inc	Pharmacy											
Hemophilia Ctr Of West Ny Inc	Pharmacy	✓			✓	✓			✓			
Buffalo General Hosp	Pharmacy	✓			✓	✓			✓			
Olean General Hosp Main	Pharmacy	✓			✓	✓			✓			
Erie County Home	Pharmacy	✓			✓	✓			✓			
Pine Pharmacy Of Niagara Falls Llc	Pharmacy											
Heritage Village Reh & Skld Nrs Inc	Pharmacy	✓			✓	✓			✓			
Roswell Park Cancer Inst	Pharmacy	✓			✓	✓			✓			
Park Etern	Pharmacy											
Chou Joli Chien-Ya	Pharmacy											
Deitrick Paul D	Pharmacy											
Parkview Health Services Llc	Pharmacy											
Hospice Of Orleans Inc	Hospice											
Hospice Chautauqua County Inc	Hospice											
Home Care And Hospice	Hospice											
Niagara Hospice Inc	Hospice											
Hospice Buffalo Inc	Hospice											
Vna Of Western Ny Inc	Hospice											
Tlchcs Of Erie Niagara Llc	Hospice											
Zerbian, Tina, Cattaraugus Community Action Inc	Community Based Organizations											
100 Mighty Men Ministries	Community Based Organizations											
Acquard, Melissa Cantalician Center For Learning	Community Based Organizations											
Admoz, Lord, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Adornetto, Amy, Lmhcp	Community Based Organizations											
Agape Partents' Fellowship, Inc.	Community Based Organizations											
Alaimo, Maribeth, Program Director	Community Based Organizations											
All Metro Health Care	Community Based Organizations											
Allegany County Office For The Aging	Community Based Organizations											



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Alzheimer'S Association, Western New York Chapter	Community Based Organizations											
American Diabetes Association	Community Based Organizations											
Ardent Solutions Inc	Community Based Organizations											
Asamblea De Iglesias Cristianas, Inc.	Community Based Organizations											
Ascending Baptist Church, Inc.	Community Based Organizations											
Ash, Adam, Center For Remote Medical Management	Community Based Organizations											
Aspire Of Wny	Community Based Organizations	▼								▼		▼
Asthma Coalition Of Erie County	Community Based Organizations											
Atherinis, Camilla, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Attwood, Kimberly, Advantage Physical Therapy	Community Based Organizations											
Audiology On Demand	Community Based Organizations											
Baby And Me Tobacco Free	Community Based Organizations	▼								▼		▼
Back To Basics	Community Based Organizations											
Bak , Kenneth, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Balok, Emily , Program Director	Community Based Organizations											
Baptist Minister Conference	Community Based Organizations											
Baptist Minister'S Conference Of Buffalo Ny & Vicinity	Community Based Organizations	▼					▼		▼			
Barbour, Lynlee, Sr Counselor Licensed	Community Based Organizations											
Batavia Pediatrics,Pc	Community Based Organizations											
Batchelor Consultants	Community Based Organizations											
Becht, Nancy, Center For Ambulatroy Surgery Inc	Community Based Organizations											
Belding, Henry, Specialist - Job Training	Community Based Organizations											
Bell, Christian, Clinical Supervisor	Community Based Organizations											
Belmont Management Corp	Community Based Organizations											
Bennett, Brittany, Counselor Iii	Community Based Organizations											
Bethel Head Start	Community Based Organizations											
Bethel Mrican Methodist Episcopal Church, Inc.	Community Based Organizations											
Bethesda World Harvest International Church, Inc.	Community Based Organizations											
Bethlehem Baptist Church, Inc.	Community Based Organizations											
Bishop Holly Ube Chapter Community Outreach	Community Based Organizations											
Black Chamber Of Commerce Of Wny	Community Based Organizations											



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Blas, Lisa, Advantage Physical Therapy	Community Based Organizations											
Blessed The Lord Ministries	Community Based Organizations											
Board Of Block Clubs	Community Based Organizations											
Boarman, Shondra, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Bork, Elizabeth , Sr Counselor Licensed	Community Based Organizations											
Botzenhart, Janette , Sr Counselor Qhp	Community Based Organizations											
Boys & Girls Club Of Buffalo	Community Based Organizations											
Bradford Family Ymca	Community Based Organizations											
Braymiller, David, Counselor Iii	Community Based Organizations											
Breckner, John, Counselor Iii	Community Based Organizations											
Briguglio, Ariel, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Brown, Jarnita, Admin Assist - Hhs	Community Based Organizations											
Buffalo Pharmacy	Community Based Organizations											
Buffalo Prenatal Perinatal Network	Community Based Organizations	▼					▼		▼	▼		▼
Buffalo Promise Neighborhood	Community Based Organizations											
Buffalo United Front, Inc.	Community Based Organizations											
Buffalo Urban League, Inc.	Community Based Organizations	▼					▼		▼			
Buras, Morgan, Sr Counselor Licensed	Community Based Organizations											
Burmese Community Services Inc	Community Based Organizations											
Cade, Jameeka, Counsleor I	Community Based Organizations	▼					▼	▼				
Calvary Baptist Church, Inc.	Community Based Organizations											
Campanella, Mary Ann, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Campbell, Kiera, Office Manager	Community Based Organizations											
Cao Early Head Start	Community Based Organizations											
Cao Head Start	Community Based Organizations											
Cao Masten Resource Center	Community Based Organizations											
Capaccio, Jana, Coordinator - Qa	Community Based Organizations											
Capozzi, Stacie, Sr Counselor Licensed	Community Based Organizations											
Cardin, Maureen, Specialist - Medical Records	Community Based Organizations											
Cartagena, Sue, Mid-Erie Mental Health Services	Community Based Organizations											
Casa Di Vita Crsi	Community Based Organizations											



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Catanzaro, Danielle, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓				
Catholic Charities	Community Based Organizations											
Catholic Helth Home Partners	Community Based Organizations											
Catholic Medical Partners	Community Based Organizations										✓	
Cattaraugus And Wyoming Counties Project Head Start	Community Based Organizations											
Cattaraugus Community Action, Inc.	Community Based Organizations											
Cellini, Dominique, Counselor Iii	Community Based Organizations	✓					✓	✓				
Cervi, Emily, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓				
Cervi, Jennifer,	Community Based Organizations	✓					✓	✓				
Chase, Alicia , Sr Counselor Licensed	Community Based Organizations	✓					✓	✓				
Chautauqua Alcoholism & Substance Abuse Council	Community Based Organizations	✓										
Chautauqua County Health Network	Community Based Organizations	✓					✓		✓			
Child And Family Services Delagate	Community Based Organizations											
Childrens Clinic At St. Lawrence	Community Based Organizations											
Choe, Hong	Community Based Organizations											
Choroser, Eirene, Center For Ambulatroy Surgery Inc	Community Based Organizations											
Cimasi, Deborah, Rn	Community Based Organizations											
Cirbus, Jenna, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓				
City Mission Society, Inc. Dba Buffalo City Mission	Community Based Organizations											
Clare, Carrie, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Clayson, Amanda, Sr Counselor Licensed	Community Based Organizations											
Cogdell, Iris , Sr Coun Qhp - H	Community Based Organizations											
Cold Spring Bible Chapel, Inc.	Community Based Organizations											
Community Action Of Orleans And Genesee Inc	Community Based Organizations											
Community Action Organization Of Erie County Inc	Community Based Organizations	✓				✓	✓		✓			
Community Health Center Of Buffalo	Community Based Organizations	✓				✓	✓		✓			
Community Health Workers Network Of Buffalo, Inc.	Community Based Organizations											
Companion Care	Community Based Organizations											
Compass House	Community Based Organizations											
Compeer	Community Based Organizations	✓					✓		✓			
Compeer Of Greater Buffalo	Community Based Organizations	✓					✓		✓			



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Compeer, Inc.	Community Based Organizations	✓					✓		✓				
Cookie Ireland, Cnm	Community Based Organizations	✓								✓		✓	
Cornell Cooperative Extension Of Erie County	Community Based Organizations												
Cosentino, Matthew, Counselor Iii	Community Based Organizations												
Coulter, Alicia, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓					
Cowan, Richard, Aspire Of Wny	Community Based Organizations												
Create A Healthier Niagara Falls Collaborative Inc	Community Based Organizations												
Cristina, Elizabeth, Clinical Supervisor	Community Based Organizations	✓					✓	✓					
Crooks, Rachel, Counselor Iii	Community Based Organizations	✓					✓	✓					
Crossett, Sheri, Lmsw	Community Based Organizations	✓					✓	✓					
Curry, Ernie, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓					
D'Angelo, Valerie, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓					
Dabkowski, Stefan, Counselor Iii	Community Based Organizations	✓					✓	✓					
Dagastino, Jillian, Clinical Supervisor	Community Based Organizations	✓					✓	✓					
Damon, Kathleen, Program Director	Community Based Organizations	✓					✓	✓					
Danna, Sarah , Sr Counselor Licensed	Community Based Organizations	✓					✓	✓					
Dauscher, Kathryn, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓					
Deaf Access Services Inc	Community Based Organizations												
Deeble, Debra, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓					
Delaine-Waring African Methodist Episcopal Church, Inc.	Community Based Organizations												
Delaware Avenue Baptist Church, Inc.	Community Based Organizations												
Denis, Catlin, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓					
Denise Jones, Coo, Chautauqua County Chapter Nysarc Inc/Dbba The Resource Center	Community Based Organizations												
Depaul Adult Care Communities, Inc	Community Based Organizations												
Desal, Vikas, Center For Remote Medical Management	Community Based Organizations												
Desantis, Stephanie, Counselor Iii	Community Based Organizations	✓					✓	✓					
Digiocco, Susan, Wayne Arc	Community Based Organizations												
Diloreto, Ashley, Supervising Senior Counselor	Community Based Organizations	✓					✓	✓					
Directions In Independent Living, Inc.	Community Based Organizations												
Doedema, Michelle, Admissions Team Supervisor	Community Based Organizations												
Dombrowski, Anna, Office Manager	Community Based Organizations												



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Dotzler, Melissa , Sr Counselor Qhp	Community Based Organizations											
Drug Abuse Research And Treatment	Community Based Organizations											
Dunn, Shannon, Northpointe Council, Inc.	Community Based Organizations											
Durgan, Crystal, Program Director	Community Based Organizations	▼					▼	▼				
Durham'S Central City Baby Cafe	Community Based Organizations	▼					▼		▼	▼		▼
East Aurora Pediatrics Pc	Community Based Organizations											
Ebenezer Baptist Church, Inc.	Community Based Organizations											
Ecida Family Real Estate Dev Services	Community Based Organizations											
Edison Street Community Church, Inc:	Community Based Organizations											
Elim Christian Fellowship, Inc.	Community Based Organizations											
Empower	Community Based Organizations											
Ephesus	Community Based Organizations											
Ephesus Ministries, Inc.	Community Based Organizations											
Epic - Every Person Influences Children	Community Based Organizations	▼					▼		▼	▼		▼
Erb, Kaitlyn , Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Erie County Department Of Mental Health	Community Based Organizations											
Erie County Medical Center - Immunodeficiency Clinic	Community Based Organizations											
Erie Niagara Area Health Education Center Inc	Community Based Organizations	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
Erie Regional Development Corporation	Community Based Organizations											
Evangelistic Temple Community Church, Inc.	Community Based Organizations											
Evergreen Health Services Of Wny	Community Based Organizations	▼					▼		▼			
Family Justice Center	Community Based Organizations	▼								▼		▼
Family Life Center	Community Based Organizations											
Fellowship House, Inc.	Community Based Organizations											
Fillmore Community Church Sbc, Inc.	Community Based Organizations											
Filmore Leroy Area Residents Inc	Community Based Organizations											
First Baptist Church, Inc.	Community Based Organizations											
First Centennial Baptist Church, Inc.	Community Based Organizations											
First Ladies Of Wny	Community Based Organizations											
First Shiloh Baptist Church	Community Based Organizations											
First Shiloh Baptist Church, Inc.	Community Based Organizations											



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Flower Garden Child Care International Inc	Community Based Organizations											
Folck, Jamie, Counselor Iii	Community Based Organizations											
Food For All Program Of Network Religious Communities	Community Based Organizations											
Freeman, Veronica, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Friendship Baptist Church, Inc.	Community Based Organizations											
Frigon, Christopher, Senior Therapist	Community Based Organizations											
Fritschi, Krista, Counselor Iii	Community Based Organizations											
Fruit Belt United Inc	Community Based Organizations											
Gallucci, Stefan, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Gasdik, Madeleine , Allegany County Office For The Aging	Community Based Organizations											
Gates, Tammie, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Community Based Organizations	▼					▼	▼				
Gazzoli, Nicholas, Clinical Supervisor	Community Based Organizations	▼					▼	▼				
Gerard Place	Community Based Organizations											
Geschwender, Krystina, Sr Coun Qhp - H	Community Based Organizations	▼					▼	▼				
Giarratano, Paulette, Senior Counselor	Community Based Organizations	▼					▼	▼				
Glose, Susan M., Ubdm Internal Medicine	Community Based Organizations											
Goltz, Hollani, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Goodrich, Lisa, Counselor Iii	Community Based Organizations											
Gordon, Michael, Mid-Erie Mental Health Services	Community Based Organizations											
Gorski, Megan, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Graziano, Lynn, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Community Based Organizations	▼					▼	▼				
Greater Buffalo United Ministries Llc	Community Based Organizations	▼					▼		▼	▼		▼
Greater Love Fellowship, Inc.	Community Based Organizations											
Greater Saint Matthew Baptist Church, Inc.	Community Based Organizations											
Greater Works Christian Fellowship, Inc.	Community Based Organizations											
Green, Jahnae, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Greene, Patrick, Counselor Iii	Community Based Organizations	▼					▼	▼				
Gromlovits, Caitlin, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Guagliano, Cassie, Supervising Senior Counselor	Community Based Organizations	▼					▼	▼				
Guido, Sahara, Mid-Erie Mental Health Services	Community Based Organizations											



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Hanna, Coleen, Mid-Erie Mental Health Services	Community Based Organizations											
Hanson, Kevin, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Harlock, Katie , Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Hastings, Brittany, Counselor Iii	Community Based Organizations	▼					▼	▼				
Hawkins, Jenna, Counselor Iii	Community Based Organizations											
Headway Of Wny	Community Based Organizations											
Health Community Alliance, Inc.	Community Based Organizations	▼				▼	▼		▼			
Health Foundation Of Central & Western New York	Community Based Organizations											
Health Systems For A Tobacco Free Wny	Community Based Organizations											
Heart Helping Empower At Risk Teens	Community Based Organizations											
Hender-Holzerland, Debra, Rn	Community Based Organizations	▼					▼	▼				
Heritage Center	Community Based Organizations											
Heritage Christian Services, Inc.	Community Based Organizations											
Hillery, Bridget, Senior Counselor - H	Community Based Organizations	▼					▼	▼				
Hillside Children'S Center	Community Based Organizations											
Hispanic Heritage Council Of Wny Inc	Community Based Organizations											
Hole, Elizabeth, Counselor Iii	Community Based Organizations	▼					▼	▼				
Hollingdrake, Elizabeth, Counselor Iii	Community Based Organizations											
Holy Cross Head Start	Community Based Organizations											
Homeless Alliance Of Wny Inc	Community Based Organizations											
Hoover, Steven, Aftercare Nursing Services Inc	Community Based Organizations											
Hope For Humanity Cdc And Tabernacle Of Praise Inc	Community Based Organizations											
Horton, Mary Beth, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Houghton, Doris , Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Housing And Development	Community Based Organizations											
Housing Options Made Easy, Inc.	Community Based Organizations											
Hover, Patricia, Mid-Erie Mental Health Services	Community Based Organizations											
Humboldt Parkway Baptist Church, Inc.	Community Based Organizations											
Hutchison, Alix, Counselor Iii	Community Based Organizations											
Iglesia Cristiana Principe De Paz	Community Based Organizations											
Impacting Love Global Ministries	Community Based Organizations											



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International Institute Of Buffalo	Community Based Organizations											
Isaacson, Jennifer, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
It Takes A Village Action Organization	Community Based Organizations											
Jack, Heather, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Jackson, Timothy, Counselor Iii	Community Based Organizations	▼					▼	▼				
Jaffray, Rachel, Counselor Iii	Community Based Organizations											
Jain, Abda, Batavia Pediatrics Pc	Community Based Organizations											
Janik, Katie, Clinical Supervisor	Community Based Organizations	▼					▼	▼				
Jankowski, Patricia, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Jarrell, Meghan, Counselor Iii	Community Based Organizations	▼					▼	▼				
Jensen, Erik, Center For Ambulatroy Surgery Inc	Community Based Organizations											
Jerry Bartone, Executive Director, Community Concern Of Wny Inc	Community Based Organizations											
Jewish Family Services Of Buffalo And Erie County	Community Based Organizations											
John-Banach, Brenda , Vp Of Operations	Community Based Organizations	▼					▼	▼				
Johnson, Christina, Admin Assist - Hhs	Community Based Organizations											
Jones, Barry, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Jones, John, Mid-Erie Mental Health Services	Community Based Organizations											
Jordan Grove Baptist Church, Inc.	Community Based Organizations											
Jordan River Baptist Church, Inc.	Community Based Organizations											
Jowly, Laura, Program Director	Community Based Organizations	▼					▼	▼				
Kaiser, Kathryn, Program Director	Community Based Organizations	▼					▼	▼				
Keisic, Kaitlyn, Counselor Ii	Community Based Organizations	▼					▼	▼				
Kelley, Sara, Senior Counselor	Community Based Organizations	▼					▼	▼				
Kendra, Chelsea, Nurse Practitioner - Psych	Community Based Organizations	▼					▼	▼				
Kentner, Shannon, Sr Counselor Licensed	Community Based Organizations											
Kiekbusch, Marion, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Kingsbury, Eric, Sr Counselor Qhp	Community Based Organizations	▼					▼	▼				
Klos, Samantha, Counselor Iii	Community Based Organizations	▼					▼	▼				
Koksal, Gulsum, Sr Counselor Licensed	Community Based Organizations	▼					▼	▼				
Konrad, Kathryn, Rn	Community Based Organizations	▼					▼	▼				
Kostelny, Nancy , Business Intelligence Associate	Community Based Organizations											



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Kraska, Ronald, Counselor Iii	Community Based Organizations	✓					✓	✓				
Krishnakumar, Vasu, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Community Based Organizations	✓					✓	✓				
Kuzma, Jennifer, Office Manager	Community Based Organizations											
Lake Plains Community Care Network	Community Based Organizations	✓				✓						
Lapi, Joseph, Supervising Senior Counselor	Community Based Organizations											
Lawrence, Marilyn , Business Manager	Community Based Organizations											
Lawson, Daniel, Clinical Supervisor	Community Based Organizations	✓					✓	✓				
Leiter, Linda, Mid-Erie Mental Health Services	Community Based Organizations											
Leminger, Megan, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Lesinski, Lisa, Sr Counselor Licensed	Community Based Organizations	✓					✓	✓				
Lewac Associates Of Wny, Inc.	Community Based Organizations											
Liberty Baptist Church, Inc.	Community Based Organizations											
Lifetime Assistance Inc	Community Based Organizations											
Liga De Mujeres Hispana	Community Based Organizations											
Lilleby, Jennifer, Counselor Iii	Community Based Organizations	✓					✓	✓				
Lincoln Memorial United Methodist Church, Inc.	Community Based Organizations											
Literacy New York Buffalo Niagara Inc	Community Based Organizations											
Lucid	Community Based Organizations											
Macedonia Baptist Church, Inc	Community Based Organizations											
Mad Dads Of Greater Buffalo	Community Based Organizations											
Manz, Katherine, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
March Of Dimes	Community Based Organizations	✓								✓		✓
Martin, Lindsay, Horizon Health Services, Inc.	Community Based Organizations	✓					✓	✓				
Mc Creative Thinkers	Community Based Organizations											
Mcguire Group	Community Based Organizations											
Meagan Aalto, M.D.	Community Based Organizations	✓								✓		✓
Medical Answering Service	Community Based Organizations											
Megat, Shawn, Chautauqua County Chapter Nysarc Inc/Dbba The Resource Center	Community Based Organizations											
Mental Health Associate Of Orleans County	Community Based Organizations											
Mental Health Association In Cattaraugus County	Community Based Organizations											



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Mental Health Association In Chatauqua County	Community Based Organizations											
Mental Health Association In Chautauqua County	Community Based Organizations											
Mental Health Association In Genesee County	Community Based Organizations											
Mental Health Association Of Erie County	Community Based Organizations											
Metro Cdc/Dgcc	Community Based Organizations											
Michalski, Wendy, Mid-Erie Mental Health Services	Community Based Organizations											
Midtown Bible Church, Inc.	Community Based Organizations											
Miracle Missions Baptist Church, Inc.	Community Based Organizations											
Mobile Pharmacy	Community Based Organizations											
Mobile Safety Net Team	Community Based Organizations											
Mobile Safety-Net Team	Community Based Organizations											
Moden-Giroux, Inc. Dba Middleport Family Health Center	Community Based Organizations											
Moden-Giroux, Inc. Dba Transit Hill Pharmacy	Community Based Organizations											
Mount Aaron Baptist, Inc.	Community Based Organizations											
Mount Hope Church, Inc.	Community Based Organizations											
Mount Olive Baptist Church, Inc.	Community Based Organizations											
Mount Olive Development Corporation, Inc.	Community Based Organizations											
Mount Zion Baptist Church, Inc.	Community Based Organizations											
Napieralski, Alyssa, Center For Ambulatroy Surgery Inc	Community Based Organizations											
National Black Diabetes Association	Community Based Organizations											
National Black Leadership Commission On Aids, Inc.	Community Based Organizations											
Native American Community Services	Community Based Organizations	✓					✓		✓	✓		✓
Near East And West Side Task Force	Community Based Organizations	✓					✓		✓			
Neighborhood Services	Community Based Organizations											
Nesbitt, Hollie, Mid-Erie Mental Health Services	Community Based Organizations											
Network Knight Inc	Community Based Organizations											
New Asia Baptist Church, Inc.	Community Based Organizations											
New Beginnings Cogic, Inc.	Community Based Organizations											
New Cedar Grove Life Changing Church, Inc.	Community Based Organizations											
New Direction Christian Fellowship, Inc.	Community Based Organizations											
New Haven Baptist Church, Inc.	Community Based Organizations											



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New Life Restoration Center, Inc.	Community Based Organizations											
New York State Quality & Technical Assistance Center	Community Based Organizations											
New Zion Baptist Church, Inc. ,	Community Based Organizations											
Niagara Cerebral Palsy	Community Based Organizations											
Niagara Community Action Program, Inc.	Community Based Organizations											
Niagara County	Community Based Organizations											
Niagara Falls Forward	Community Based Organizations											
Niagara Ministerial Council	Community Based Organizations											
Nordin, Pamela, Lutheran Retirement Home	Community Based Organizations											
North Star Christian Fellowship, Inc.	Community Based Organizations											
Northtown Medical Llc	Community Based Organizations											
Nys Health Foundation	Community Based Organizations											
Nys Quitline Roswell Park	Community Based Organizations	✓								✓		✓
O'Leary, Jane, Erie County Department Of Health	Community Based Organizations											
Oak Michigan Housing Development Fund Corp	Community Based Organizations											
Obe, Dawn, Mid-Erie Mental Health Services	Community Based Organizations											
Office Of Children And Family Services	Community Based Organizations											
Olean Family Ymca	Community Based Organizations											
Oliveri, Paula, Alliance Family Dental	Community Based Organizations											
Olmstead Center For Sight	Community Based Organizations											
One In Christ Church, Inc.	Community Based Organizations											
Orleans Community Health Snf	Community Based Organizations											
Orleans County Mental Health	Community Based Organizations											
Osawa, Ryosuke, Erie County Department Of Health	Community Based Organizations											
Outsource Center For Human Services Inc	Community Based Organizations											
P2 Collaborative	Community Based Organizations	✓					✓		✓	✓		✓
Palmer, Christina, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Parent Network Of Wny	Community Based Organizations	✓					✓		✓	✓		✓
Parish Nurse Ministries Of Ny Inc	Community Based Organizations											
Parisi, Sarah, Mid-Erie Mental Health Services	Community Based Organizations											
Partners For Prevention	Community Based Organizations											



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Pattison, Brooke, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Payton, Jennifer, Mid-Erie Mental Health Services	Community Based Organizations											
People Fsr	Community Based Organizations											
People Inc. Article 16	Community Based Organizations											
People Inc. Article 16 Clinic	Community Based Organizations											
People Inc. City Community Active People Program	Community Based Organizations											
People Inc. Community Active People Program	Community Based Organizations											
People Inc. Day Habilitation	Community Based Organizations											
People Inc. Dh	Community Based Organizations											
People Inc. Elmwood Health Center	Community Based Organizations											
People Inc. Fsr	Community Based Organizations											
People Inc. Individual Residential Alternative	Community Based Organizations											
People Inc. Individual Residential Alternative Sira	Community Based Organizations											
People Inc. Intermediate Care Facility	Community Based Organizations											
People Inc. Senior Day Habilitation	Community Based Organizations											
People Inc. Sira	Community Based Organizations											
People Inc. The Arts Experience	Community Based Organizations											
People'S Community Church, Inc.	Community Based Organizations											
Peresie, Jeff , Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Perezalonso, Luls, Center For Remote Medical Management	Community Based Organizations											
Petko, Charles, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Pieters, Rebecca, Mid-Erie Mental Health Services	Community Based Organizations											
Pilgrim Missionary Baptist Church, Inc.	Community Based Organizations											
Pleasant Grove Baptist Church, Inc.	Community Based Organizations											
Prevention Focus	Community Based Organizations	✓								✓		✓
Project Gift	Community Based Organizations											
Rapha Family Wellness Center	Community Based Organizations											
Renaissance Addiction Services Inc	Community Based Organizations	✓					✓		✓			
Resetarits, Christopher, Center For Ambulatroy Surgery Inc	Community Based Organizations											
Respress, Shawntay, Mid-Erie Mental Health Services	Community Based Organizations											
Revival Church Of Buffalo, Inc.	Community Based Organizations											



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Rinehuls, Don , Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Robies, Cynthia, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Rose , Gabriel, Center For Remote Medical Management	Community Based Organizations											
Ross Medical Corporation	Community Based Organizations											
Ruh, Jennifer, General Physician Pc	Community Based Organizations											
Rumbold, Jim, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Rural Metro	Community Based Organizations											
Sarah Minnie Badger Foster Care Agency	Community Based Organizations											
Scarozza, Jennifer, Md	Community Based Organizations	✓					✓	✓				
Schifeling, Richard, Ubmd General Internal Medicine	Community Based Organizations											
Schrack, Mimi, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Scofidio, Terese, Baker Victory Services	Community Based Organizations											
Second Baptist Church, Inc.	Community Based Organizations											
Second Chance Ministries, Inc.	Community Based Organizations											
Second Temple Baptist Church, Inc.	Community Based Organizations											
Seelbinder, Lynn, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Senick, Robin, Mid-Erie Mental Health Services	Community Based Organizations											
Shaughnessy, Timothy, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Shaw, James, Briody Health Care Facility	Community Based Organizations											
Sheizh Zia	Community Based Organizations											
Siejak, Teresa, Mid-Erie Mental Health Services	Community Based Organizations											
Sisson, Rachel, Advantage Physical Therapy	Community Based Organizations											
Sj Market	Community Based Organizations											
Sjb Business Corporation	Community Based Organizations											
Sjb Realty	Community Based Organizations											
Sjbc Corporation	Community Based Organizations											
Skip Of New York	Community Based Organizations											
Smith, Dylan, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Smith, James, Northpointe Council, Inc.	Community Based Organizations	✓					✓	✓				
Southern Tier Emergency Medical System	Community Based Organizations											
Speziale, Nadia, Mid-Erie Mental Health Services	Community Based Organizations											



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St John Baptist Church Chapman Foundation	Community Based Organizations											
St John Christian Academy	Community Based Organizations											
St John Fruit Belf Cdc	Community Based Organizations											
St John Townhomes I	Community Based Organizations											
St John Townhomes Ii	Community Based Organizations											
St John United Fcu	Community Based Organizations											
St Phillip'S Community Center Community Outreach	Community Based Organizations											
St. Philip'S Episcopal Church Community Outreach	Community Based Organizations											
Start Program	Community Based Organizations											
Stutzman Addiction Treatment Center	Community Based Organizations											
Stuzman Addiction Treatment Center	Community Based Organizations											
Suburban Adult Servies Inc	Community Based Organizations											
Suicide Prevention And Crisis Service, Inc. Dba Crisis Services	Community Based Organizations	☑					☑	☑	☑			
Summit Educational Resources, Inc.	Community Based Organizations											
Summitt Park Pharmacy, Inc.	Community Based Organizations											
Thankful Community Development Corporation, Inc.	Community Based Organizations											
The Buffalo Center For The Arts And Technology	Community Based Organizations											
The Health Care Education Prospect	Community Based Organizations											
The Mental Health Association In Genesee County	Community Based Organizations											
The National Witness Project	Community Based Organizations	☑				☑				☑		☑
The Parent Education Program	Community Based Organizations											
The Rural Outreach Center	Community Based Organizations											
The Salvation Army	Community Based Organizations											
The Way Christian Community	Community Based Organizations											
Thoman, Marie-Eve, M.D	Community Based Organizations											
Thompson, Daniela, Mid-Erie Mental Health Services	Community Based Organizations											
Thornton, Marlon, Northpointe Council, Inc.	Community Based Organizations	☑					☑	☑				
Tlc Health Network--Brooks	Community Based Organizations											
Tlyyagura, Safish, Center For Remote Medical Management	Community Based Organizations											
Toms, Billy	Community Based Organizations											
Torge, Rn, Joyce, Community Concern Of Wny Inc	Community Based Organizations											



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Transitional Services Inc	Community Based Organizations											
Trinity Baptist Church, Inc. Buffalo	Community Based Organizations											
True Community Development Corporation	Community Based Organizations											
Turner Construction Company	Community Based Organizations											
United Healthcare	Community Based Organizations											
Unity Baptist Church, Inc. Buffalo	Community Based Organizations											
Urban Fruits And Veggies DbA Buffalo Go Green Inc.	Community Based Organizations	▼								▼		▼
Veterans One-Stop Center Of Wny, Inc.	Community Based Organizations											
Vickers, Tara, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Vincent, Kattie, Pa	Community Based Organizations	▼								▼		▼
Virginia Michigan Development Corp	Community Based Organizations											
Vona, David, Chautauqua County Chapter Nysarc Inc/DbA The Resource Center	Community Based Organizations											
Webster, Nathaniel, Buffalo Beacon Corporation,DbA Beacon Center	Community Based Organizations											
Wellsville Ymca	Community Based Organizations											
Western New York Information Network Association (Wnyia)	Community Based Organizations											
Western New York Rural Area Health Education Center Inc	Community Based Organizations	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
Western Ny Information Network Association (Wnyia)	Community Based Organizations											
Westman, Stefanie, Mid-Erie Mental Health Services	Community Based Organizations											
Wheatfield Pediatrics	Community Based Organizations											
Whipple, Sabra, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
White Rock Baptist Church, Inc.	Community Based Organizations											
Wierchowski, Jill, Chautauqua County Chapter Nysarc Inc/DbA The Resource Center	Community Based Organizations											
Wilson, Ralph, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Winkler, Carol, Np	Community Based Organizations											
Wny Information Network Association	Community Based Organizations											
Wny Law Enforcement Association	Community Based Organizations											
Wurlitzer Family Pharmacy, Inc.	Community Based Organizations											
Yerger, Kristi , Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Ymca Of The Twin Tiers	Community Based Organizations											



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Zucco, Brittany, Northpointe Council, Inc.	Community Based Organizations	▼					▼	▼				
Wydysch Deborah	All Other											
Mian Naima	All Other											
Mary Ellen Brown	All Other	▼							▼			
Simons Rebecca	All Other	▼			▼	▼			▼	▼		▼
Thomas Todd A Rpa	All Other											
Bela Ajtai	All Other											
Dy Grace	All Other											
Bethin Kathleen	All Other	▼			▼	▼			▼	▼		▼
Crosson Megan	All Other	▼			▼	▼			▼			
Mackowiak Susan	All Other	▼							▼			
Cimato Thomas Robert Md	All Other											
Parthasarathy Kondai L	All Other											
Qasaymeh Mohammad Mustafa	All Other											
Hojnacki David	All Other											
Mutty Christopher Edward	All Other											
Ma Wen Wee Md	All Other											
Pinzel Mark Derek Rpa	All Other											
Rohini Dilip Thodge	All Other	▼							▼			
Mills William Fowler	All Other	▼							▼			
Verni Christine Marie	All Other											
Walters Brian	All Other											
Schaefer-Turner Margaret	All Other											
Davis Thomas	All Other											
Beang Joseph Michael Rpa	All Other											
Western New York Medical Pc	All Other											
Gonda Cheryl Louise	All Other	▼								▼		▼
Khan Pervez Ali	All Other											
Aftercare Nursing Services Tbi	All Other											
Mcdonald Deanna	All Other	▼							▼			
Melendez Ricardo	All Other	▼				▼			▼	▼		▼



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Millennium Collaborative Care (PPS ID:48)

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Participating in Projects												
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Hillside Childrens Ctr	All Other	▼								▼		▼
Seereiter Phillip James Jr	All Other											
Kelly Mann Anp	All Other											
Wehr Matthew D Md	All Other											
Lehman Heather	All Other	▼				▼			▼	▼		▼
Singhal Pankaj Kumar Md	All Other											
Vna Home Care Services	All Other	▼			▼							
Anand Edwin J	All Other											
Burnhard Valerie Lynn Md	All Other											
Luis Alfredo Nathanie Bent-Shaw	All Other											
Collins Gregory James Md	All Other	▼							▼			
Jordan Kelly Marie Rpa	All Other											
Innovative Services Inc	All Other											
Giuseppiha Jean Kenyon Savard	All Other											
Kloosterman Kristen	All Other											
Appasamy Suresh	All Other											
Thompson Jeffrey	All Other											
Velasquez Bernardino	All Other											
Kaufman Corine Sebast	All Other											
Burke Amy J	All Other											
Gelfond Daniel Md	All Other											
John Christopher Patrick Rpa	All Other											
Gauriloff-Rothenberg Jane Birgitta	All Other											
Dym Jean-Paul Md	All Other											
Sekulovski Katie Weart	All Other	▼							▼	▼		▼
Miller Jennifer Elizabeth Md	All Other											
Smith Patricia	All Other											
Alhattab Eyad S Md	All Other											
Christiano Lori Ann	All Other											
Baez Maritza	All Other	▼				▼			▼	▼		▼
Kuczmanski Mark R Rpa	All Other											



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Falvo Mark Anthony Md	All Other											
Sisley Amy M	All Other											
Fahrbach John Md	All Other											
Franckowiak Melissa Marie Md	All Other											
Malik Khalid Saeed Md	All Other	▼							▼			
Amrusko Steven J Mdms	All Other	▼			▼	▼			▼			
Raczka Michelle C Md	All Other											
Adams Timothy Martin Md	All Other											
Strong Benjamin Waite Md	All Other											
Schofield Hm Health Care Tbi	All Other	▼			▼	▼						
Gupta Umang Md	All Other											
Gelman-Koessler Lisa Md	All Other											
Bernas Geoffrey Allen Md	All Other											
Dimopoulos Polyxeni Md	All Other	▼				▼			▼	▼		▼
Kita Joseph Thomas Md	All Other											
Zhou Xin Md	All Other											
Rozario Marcel	All Other											
Pomakov Ognian Md	All Other											
Gavin Julie Md	All Other											
Jermak Christophe	All Other											
Virtuoso Cristina Ellia	All Other											
Odrobina Michele Robin Md	All Other											
Singh Anurag Kishor Md	All Other											
Nigalye Sanil Balkrishna Dds	All Other											
Lana Rosann L Md	All Other											
Elsass Kelcy Dawn Md	All Other											
Jordan Michael	All Other	▼					▼	▼	▼			
Bhatia Ashish Md	All Other											
Kreppel Susan M Np	All Other											
Betterman Mary Jane Md	All Other											
Lopez Andre L Md	All Other											



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Hoffman Aaron Benjamin Md	All Other											
Wilkins Diana Garber Md	All Other	▼			▼	▼			▼	▼		▼
Carl Gary Hudson Md	All Other											
Symons Nicole L Md	All Other											
Rapha Family Medicine Pc	All Other	▼			▼	▼			▼	▼		▼
Exigence Hospitalist Med Svc Lewist	All Other											
Innovative Services Inc	All Other											
Johnson Rurik Carnahan Md	All Other											
Hannahoe Brigid	All Other											
Denhaese Ryan Peter Md	All Other											
Mahoney Elizabeth Laetitia Md	All Other											
Wangler Lisa M Rpa	All Other											
Marotta Kelly Np	All Other											
Strack Betsy L Rpa	All Other											
Chalupka Lee A Md	All Other											
Baum Phillip Adam Md	All Other											
Dunn Andrew Terrell Md	All Other											
Connolly Sara Md	All Other											
Mineo Michael J Md	All Other											
Cheng Yijun Md	All Other											
Dzielski Deborah L	All Other											
Danilovich Nadezhda Md	All Other											
Teller Amy	All Other	▼							▼			
Liu-Chen Xinyue Md	All Other											
Neely Cheryl Lynn Do	All Other											
Main Buffalo Pediatrics Llp	All Other											
Phillians Lisa A Rpa	All Other											
Dosluoglu Hasan	All Other											
Conley Danielle	All Other	▼				▼			▼	▼		▼
Bagnarello Carola E Md	All Other											
Khan Irfan Ali Md	All Other											



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Printup Elizabeth Np	All Other											
Yosuico Victor Ernesto David Md	All Other											
Pagano Christina M Rpa	All Other											
Murchison Kristin D Rpa	All Other											
Merchant Shehzad Md	All Other											
Leilabadi Shahriyar A Md	All Other											
Ramsdell Robert James Md	All Other											
Lamothe P Henri Md	All Other											
Balaya Farkad Md	All Other											
Guo Weidun Alan Md	All Other											
Chaudhry Eram Md	All Other											
Silva April Ann Md	All Other											
Farzana Habib	All Other											
Balluz Rula	All Other											
Ippolito Loraine	All Other											
Leonard Jr. Glenn Md	All Other											
Stoffman Michael Md	All Other											
Pawlowski Jill M Md	All Other											
Olean Medical Group	All Other											
Fried Allyson J Np	All Other	▼			▼	▼			▼	▼		▼
Darling Scott Robert Md	All Other											
Roger Eric Paul Md	All Other											
Trask Jennifer Louise Md	All Other	▼							▼			
Lesh Charles J Md	All Other											
Chun Penelope Su Jung Md	All Other											
Penvose-Yi Jan Ruth Md	All Other											
D'Angelo Michael Md	All Other	▼							▼			
Yi Won S Md	All Other											
Higman Meghan	All Other											
Guru Lubna	All Other	▼				▼			▼	▼		▼
Difonzo Carolyn	All Other	▼					▼	▼	▼			



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Wolentarski Kimberly	All Other	▼				▼			▼	▼		▼
Duff Michael Md	All Other											
Lee Karen J Np	All Other											
Kanaley Justin C Md	All Other											
Pietrzyk Maryann K Np	All Other											
Jung Hoon	All Other											
Pierce David Lee Md	All Other											
Williams Emily Fleming Md	All Other											
Burstein Gale R Md	All Other	▼							▼	▼		▼
Stowell K Jeannine Np	All Other											
Clark Scott D Np	All Other											
Banas Michael Donald Md	All Other											
Osman Magda Gamal Md	All Other											
Tlc Health Network Act Rc	All Other	▼			▼	▼			▼	▼		▼
Dorsaneo Danielle Marie Md	All Other											
Panesard Mandip Md	All Other											
Eastern Niagara Obstetrics & Gyn	All Other	▼								▼		▼
Fries Lynne Rpa	All Other											
Schonour Christine Marie Np	All Other											
Slater Michael D Do	All Other	▼							▼			
Rood Patrick Rpa	All Other											
Kingsley Khristeena Cnm	All Other											
Lawrence Lynn	All Other											
Siddiqui Adnan Hussain	All Other											
Depaul Dev Services Day	All Other											
Tenney Emily F Md	All Other											
Jayaselvi Kolli Md Pc	All Other	▼							▼	▼		▼
Roswell Park Cancer Institute Corp	All Other	▼							▼	▼		▼
Garimella Sudha Md	All Other	▼			▼	▼			▼	▼		▼
Salcedo Daniel Meneses Md	All Other											
Riemer Sara Np	All Other	▼				▼			▼	▼		▼



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Bianca Melissa A Rpa	All Other											
Cattaraugus Co Aging Day	All Other											
Miller Paula M Rpa	All Other											
Zent Christopher John Np	All Other											
Bloom Peter Donal Md	All Other											
Bakhai Smita X	All Other	▼							▼			
Cantalician Ctr Learn Day	All Other											
Aspire Df Why Inc Day	All Other											
Wong William Joseph Md	All Other											
Meltser Henry Mark Md	All Other											
Eberl Margaret Mary Md	All Other	▼			▼	▼			▼	▼		▼
Warthling Christa R Rpa	All Other											
Baker Victory Services Nd 3	All Other											
Davis Steven Ward Md	All Other											
Tobin Katherine D Md	All Other											
Feldman Donna A Md	All Other	▼							▼	▼		▼
Elliott Frederick M Md	All Other											
Khan Mehdi A Md	All Other											
Eckhert Kenneth Harry Iii Md	All Other											
Mukkamala Krishna Prasad Md	All Other											
Melotti Michelle Karen Md	All Other											
Lin Lin Md	All Other											
Mcgrath Timothy	All Other											
Bessey Phyllis C Np	All Other	▼			▼	▼			▼	▼		▼
Kim Mark Md	All Other	▼							▼			
Sharma Vishal Md	All Other											
Kaleida Health	All Other	▼							▼	▼		▼
Flores Tessa F Md	All Other	▼					▼		▼			
Lee Henry Christopher Md	All Other											
Earl Mary E	All Other											
Agrons Geoffrey Ansel	All Other											



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New Vision Services Inc Tbi	All Other											
Symons Andrew B Md	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Adams Cristine Marie Md	All Other											
Covey Andrew Jason Md	All Other											
Khan Toseef Muzaffur	All Other											
Lajeunesse Suzette Marie Md	All Other											
Thurlow Juliane M Md	All Other	▼			▼	▼			▼	▼		▼
Prasad Dheerendra Md	All Other											
Edelson Jonathan Md	All Other											
Zelenov Victor Md	All Other											
Fourtner Shannon H	All Other	▼			▼	▼			▼	▼		▼
Cloud Samuel David Do	All Other											
Shaffrey Julie Kathleen Md	All Other											
Pecorella Laura Ann	All Other	▼								▼		▼
Lauffer Angelina Maria	All Other											
Durandetto Lisa Ann	All Other											
Bink Melanie Alissa	All Other											
Pickhardt Donald F Md	All Other	▼				▼			▼			
Koneru Suchitra	All Other	▼							▼			
Dagher Christiane Harfouche	All Other	▼			▼	▼	▼		▼	▼		▼
Watt Stacey Ann Md	All Other											
Robillard Kevin Md	All Other											
Price Katherine Elaine	All Other											
Diaz-Reyes Gustavo Adolfo Md	All Other											
Peterman Arkady Md	All Other	▼							▼			
Olivia Smith-Blackwell Md Pc	All Other											
Younger Charles M Md	All Other											
Brewer Thomas J Md	All Other											
Pfalzer Aaron M Md	All Other											
Tinnesz Michael D	All Other											
Vigna Franco E Md	All Other											



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Gray Michael A	All Other											
Weisenborn Linda S Rpa	All Other											
Pease Christopher M Rpa	All Other											
Burroughs-Smith Amy-Jo L Rpa	All Other											
Prem Kathryn M	All Other											
Hurd James A Rpa	All Other											
Rassman Jeffrey S Rpa	All Other											
Woods Kara A	All Other											
Shields Gregory Scott Md	All Other											
Falkner Catherine Marie Md	All Other											
Luisi Andrew Md	All Other											
Mazurczak Matthew J Rpa	All Other											
Gioia Joseph	All Other											
Rajeswary Jyotsna	All Other	▼							▼			
Raber James	All Other											
Kieliszek Karen	All Other											
Sharma Nisha Md	All Other	▼							▼			
Mastrandrea Lucy Diane Md	All Other	▼				▼			▼	▼		▼
Judkiewicz Sarah Ann	All Other											
Haim Robert	All Other											
Lamb Anna Marie Do	All Other											
Salerno Kilian E Md	All Other											
Jobes Ann Marie Md	All Other											
Aspire Of Wny Fr St Fsr 1	All Other											
Aspire Of Wny Hrly Rsp	All Other											
Braun Amy E Md	All Other											
Saxton Sarah J	All Other											
Berenji Farid Md	All Other											
Fells Daniel A Rpa	All Other											
Visco Jeffrey John Md	All Other											
Southern Tier Community Hlth	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼



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Lashbrook Lorie Ann Md	All Other	▼							▼			
Fisher Chandra Marie Do	All Other											
Figueroa Jeanette L Md	All Other	▼			▼	▼			▼	▼		▼
Jones Donna	All Other											
Conley James Jason	All Other											
Treutlein Scott Md	All Other											
Ralbovsky Michael	All Other	▼				▼			▼			
Reamer Pamela J Np	All Other											
Tato Young H	All Other											
Sheikh Tariq Aziz Md	All Other											
Almyroudīs Nikolaos Md	All Other											
Daniel-Sanders Andrea Np	All Other											
Stoeckl Andrew	All Other											
Ritter Christopher Md	All Other											
Jobes Gregory Alan Md	All Other	▼							▼			
Myers Jeffrey W Md	All Other											
Reimer Tara Lin Md	All Other	▼							▼			
Sheehan Daniel W Md	All Other	▼				▼			▼	▼		▼
Lukan James K	All Other											
Certo Elizabeth A	All Other											
Facer Jeffery Todd Md	All Other											
Green Nichole T Rpa	All Other	▼								▼		▼
Levy Elad I Md	All Other											
Pietrantonι Celestino Md	All Other											
Rinaldi James Jude Md	All Other											
Watson Erin Lynn Md	All Other	▼							▼			
Patterson Daniel John Do	All Other											
Tripathy Anil Kumar Md	All Other											
Kang Minsoo Md	All Other											
Tomaszewski Garin Michael Md	All Other											
Iyer Vijay Sankar Md	All Other											



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Mcdonnell Kevin M Md	All Other											
Shea Patricia M	All Other	▼							▼			
Bush Linda L	All Other											
Mason Laura L	All Other											
Guay Jennifer M Cnw	All Other											
Kirst Patricia	All Other	▼			▼	▼			▼	▼		▼
Dugan Bonnie S	All Other											
Salzmann Pamela Teresa Do	All Other	▼			▼	▼			▼	▼		▼
Wlock Vicki M	All Other											
Chaudhuri Jayanta Md	All Other	▼							▼			
Rozmus Grzegorz Przemyslaw Md	All Other											
Horn Steven Joseph Md	All Other											
Zakrzewski Susan M	All Other											
Eaton Pamela A	All Other	▼			▼	▼			▼	▼		▼
Ryan Michael D Rpa	All Other											
Heinlen Stephanie S Md	All Other											
Ehlinger Angela R	All Other											
Zhang Lixin Md	All Other											
Perese Kerime L	All Other	▼				▼			▼	▼		▼
Ahuja Karuna	All Other											
Blake Jane Rennie	All Other	▼			▼	▼			▼	▼		▼
Roller Jennifer Lynn Md	All Other	▼				▼			▼	▼		▼
Loefke Melinda L	All Other	▼				▼			▼			
Sawyer Rita M Np	All Other	▼				▼			▼	▼		▼
Herberger Cindy M	All Other	▼			▼	▼			▼	▼		▼
Lally Annmarie M	All Other	▼					▼		▼			
Lindfield Vivian Leslie Md	All Other											
Rymarczyk Cheryl L	All Other											
Inhelder Miriam G	All Other											
Lenz Rebecca A Rpa	All Other											
Tkacik James E Rpa	All Other											



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Ciechoski Mary J	All Other											
Lillis Ann F	All Other											
Callanan Vincent Patrick Md	All Other											
Ross Lynne S Md	All Other											
Hua Shuman Md	All Other	▼							▼			
Sheron Molly	All Other											
Henry Ashraf Fekry Md	All Other											
Baughman Renee T Md	All Other	▼							▼	▼		▼
Kleiman Natasha	All Other	▼							▼	▼		▼
Waffner Eric J Md	All Other	▼							▼			
Guidot Charles A Md	All Other											
Mclellan-Desai Mary A Md	All Other											
Rossito Racheal Dds	All Other											
Kaleida Health	All Other	▼							▼	▼		▼
Notino Anthony Gene Md	All Other											
Saleeb Samuel	All Other											
Stegemann Maureen	All Other											
Wang Eunice Sue Md	All Other											
Thierman Eric J Md	All Other	▼							▼			
Stack Catherine C	All Other											
Southard Amy L	All Other											
Sisson Josie Teresita Rpa	All Other											
Riegel Brian James Md	All Other											
Loehfelm Robyn	All Other											
Stilb Valerie A Rpa	All Other											
Nienhaus Mary K	All Other											
Martin Jared D Rpa	All Other											
Lee Paul Jong Hyuk Md	All Other											
Haitz Nancy	All Other											
Fisher David M	All Other											
Dybalski Andrew M	All Other											



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Dean Eric E Rpa	All Other											
Conley Charlene L	All Other											
Arbabzadeh Massoud Md	All Other											
Anken Lori A	All Other											
Amabile Christene M	All Other	▼							▼			
Steinacher Robyn Sara	All Other											
Chaudhuri Anita Barua Md	All Other											
Mason Paul J	All Other											
Krabill Keith	All Other											
George Mary	All Other											
Niagara Falls Mem Med Ctr	All Other	▼					▼	▼	▼	▼	▼	▼
Jajkowski Mark R Md	All Other											
Pastore John Vincent Md	All Other	▼							▼			
Fan Liang Md	All Other											
Cloud Marsilia Seiwel	All Other											
Oo Geemson	All Other											
Abeles Jennifer Susan Md	All Other	▼							▼			
Kenyon Mark Anthony Md	All Other											
Yunker Jennifer L Md	All Other	▼							▼			
Baggett Michael Allen Md	All Other											
Caring Enterprises Inc Tbi	All Other											
Achey Seth Patrick	All Other											
Aftuck Robin Cnm	All Other	▼								▼		▼
Buffalo Ultrasound Idtf Inc	All Other											
Bartels Matthew	All Other											
Hernandez Ilizaliturri F Md	All Other											
Mehboob Shahid Md	All Other											
Emborsky Mary Ellen Md	All Other											
Gorman Gerald R Md	All Other											
Mohler James Lloyd Md	All Other											
Weslowski Jennifer	All Other											



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Harris El Shanteashi	All Other												
Hsi Amy Sing-Ling	All Other												
Phelps Rachael Heather Md	All Other												
Mangano Anthony Robert Md	All Other												
Ismail Mahmoud Ismail Md	All Other												
Wind William Michael Md	All Other												
Doyle Carolyn Sue	All Other												
Eddib Abeer Md	All Other												
Cosico Felixberto Ison	All Other												
Noukla Shahera Azmi Md	All Other	▼							▼				
Mental Health Serv Se Corp V	All Other												
Kolesnikov Sergei Md	All Other												
Blondell Richard D Md	All Other	▼			▼	▼			▼	▼		▼	
Tollini Lisa Ann Md	All Other	▼							▼				
Ostolski Penelope Lyn Rpa	All Other												
Wolf Judi Lettman	All Other												
Mascaro Frank J Md	All Other												
Schuler Marianne L	All Other	▼							▼	▼		▼	
Beecher Michael Stephen Md	All Other												
Lindsley Amy B	All Other												
Bennett Susan M	All Other												
Watson Marion R	All Other												
Alexander Laurie T	All Other												
Hamlin Deborah J	All Other												
Loomis Diane M	All Other	▼			▼	▼			▼	▼		▼	
Pucci David A	All Other												
Demmy Todd L Md	All Other												
Polowy Patricia K	All Other	▼			▼	▼			▼	▼		▼	
Bingeman Dawn Marie Md	All Other												
Burkhard Gregory A Rpa	All Other												
Munro Amy J	All Other												



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Manka Jennifer Ann	All Other											
Kurtz Kathy Anne	All Other											
Borton Jason A Md	All Other											
Suffoletto Heidi Narins Md	All Other											
Savoy Nancy A	All Other											
Remington Kelly S Rpa	All Other											
Boyd Norine Constance	All Other											
Sheppard Mary T	All Other											
Smith Barbara A Np	All Other											
White Cheryl A	All Other											
Roche Angela Jean	All Other	▼					▼	▼				
Patino Erica Ann J	All Other											
Ralabate Monica L	All Other											
Kissel-Maute Susan B	All Other											
Carbone Theresa Jean	All Other											
White Jason Todd Dpm	All Other											
Laplante Brian Patrick Rpa	All Other											
Scime Christine E Np	All Other	▼			▼	▼			▼	▼		▼
Schmidt Julie Lynn Rpa	All Other											
Mascia Christopher C	All Other											
Bernat Sherrie H	All Other											
Anderson Inger C Np	All Other											
Pierino Mark P	All Other											
Haefner Joanne E	All Other	▼			▼	▼			▼	▼		▼
Badgley Roger F	All Other											
Iacovitti Patricia A	All Other	▼			▼	▼			▼	▼		▼
Parsons David W	All Other											
Ellsworth Prashula P Rpa	All Other											
Brahmabhatt Vikram N	All Other											
Elsigan Julie Ann Rpa	All Other	▼							▼	▼		▼
Knight Timothy C	All Other											



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Participating in Projects												
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Stansberry Andrew J	All Other											
Danaher Haag Patricia Joan Md	All Other	▼							▼			
Burnett Jeffrey Orlando Md	All Other	▼							▼			
Pawlowski David Anthony Md	All Other	▼							▼			
University At Buffalo Surgeon	All Other											
Eloudi Nadiha M	All Other											
Kane John Md	All Other											
Hassenfratz Jay Thomas Dpm	All Other											
Drabik Cheryl	All Other											
Valvo Laurie Cohen	All Other	▼				▼			▼	▼		▼
Cherr Gregory S Md	All Other											
Tracy Jerry Joseph Iii Md	All Other											
Oconnor Tracey	All Other											
Ostempowski Michael James Md	All Other											
Campbell Andrew B Md	All Other											
Nylander Emmekunla Karen Md	All Other											
Dexter Elizabeth Md	All Other											
Sullivan Nancy Lee	All Other											
Nadler Dennis Md	All Other											
Daniels Johnathan D Md	All Other	▼			▼	▼			▼	▼		▼
Elmer Thomas R Jr Md	All Other											
Bulczak Dariusz Piotr Md	All Other											
Heary Blanka Rpa	All Other											
Montesanti David Paul Md	All Other											
Mulawka John	All Other	▼				▼			▼	▼		▼
Berndtson Jeffrey William Md	All Other											
Khan Abdur Rauf Md	All Other											
Kuvshinoff Boris W Md	All Other											
Brown Jennifer Md	All Other											
Manka Michael Anthony Jr Md	All Other											
Khan Mohammad Asghar Md	All Other											



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Lerman Jerrold Md	All Other	▼				▼			▼			
Bowman Lori Anne Md	All Other											
Dyson Kathleen Marie Md	All Other											
Mojica Wilfrido	All Other											
Miller David	All Other											
Trevett Millicent Hope Md	All Other											
Snell-Garus Karen Angela Md	All Other											
Wen Hongyu	All Other	▼							▼			
Mamnoon Sameer Shamoan Md	All Other											
Wandass Joseph H Iii Md	All Other											
Karaszewski Brian	All Other											
Violanti Paul Joseph	All Other	▼			▼	▼			▼	▼		▼
Emerson Claudia Janice	All Other	▼			▼	▼			▼	▼		▼
Paczos Tamera A Md	All Other											
Kaplan Leonard Do	All Other											
Pieczonka Sheila M Md	All Other											
Aspire Of Why Pop	All Other											
Koenig Benjamin Otto Md	All Other											
Usen Joshua Michael Do	All Other	▼							▼			
Halsted Mark J Md	All Other											
Noor Sonya S Md	All Other											
Crawley Anita M	All Other											
Denardin Ann	All Other											
Fisher Michele Cuddy Rpa-C	All Other											
Fanwei Meng	All Other											
Ferrick Michael R Md	All Other											
Desmarais Margaret Ann	All Other	▼							▼			
Burgess Laura Jeanne Cnm	All Other											
Patel Nikhil C Md	All Other											
Kurek Carlos Jacobo Md	All Other											
Alam Hyder Md	All Other	▼							▼			



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Knorz David William Md	All Other											
Szarzanowicz Thaddeus E Md	All Other											
White Gloria J	All Other											
Manning Karen Webb	All Other											
Horizon Health Services Mh	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Mcternan Thomas R Md	All Other	▼							▼			
Piwko Jennifer Gennuso	All Other	▼							▼			
Szafranski Julia Rpa	All Other											
Abbasi Israr A Md	All Other	▼					▼	▼				
Alfaro-Franco Carino M	All Other											
Shapiro David I Md	All Other											
Ebling Nancy C Do	All Other											
Redhead Antonia J Md	All Other	▼							▼			
Turaif Najat Abdulaziz	All Other											
Treverton Patricia Lynn	All Other											
Chen Daxin Md	All Other											
Center For Ambulatory Surgery	All Other											
Zionts Michael Evan Md	All Other	▼								▼		▼
Khawar Sarwat Md	All Other	▼							▼			
Trock Daniel Md	All Other	▼							▼			
Pathways Inc	All Other											
Aspire Of Why Hcbs 8	All Other											
Dombrowski Jacqueline Md	All Other											
Schaeffer Christopher Md	All Other	▼							▼			
Cantalian Ctr For Learn Smp	All Other											
Orleans Ct Chapter Nysarc Smp	All Other											
Aspire Of Why Smp	All Other											
Frank Gretchen A Rpa	All Other											
Springer Christopher R Md	All Other	▼				▼				▼		▼
Keelty Kelly M	All Other											
Jain Rajiv K Md	All Other											



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Participating in Projects												
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Green Dawn J Rpa	All Other											
Roland Jayson Md	All Other											
Blessios George Md	All Other											
Sciolino Melissa Nancy Md	All Other	▼			▼	▼			▼	▼		▼
Schenk Thomas Edgar Md	All Other	▼							▼			
Szumigala Julie A Md	All Other	▼							▼	▼		▼
Chaudhuri Ajay Md	All Other											
Pierce Natalie Nicole Pa	All Other											
Michael Lori A Md	All Other											
Mack Cindy Jane Cnm	All Other	▼				▼			▼	▼		▼
Odunsi Adekunle Md	All Other											
Behar Philomena Mufalli Md	All Other											
Zorich Daniel Wayne Md	All Other	▼							▼			
Galpin Robert D Md	All Other											
Rauh Michael Alfred Md	All Other											
Pollina John Md	All Other											
Mallone-Stead Susan Marie	All Other											
Grucza Lynn Marie	All Other	▼							▼			
Talal Andrew Henry Md	All Other											
Link Robert Eric Rpa	All Other											
Mid Erie Mental Health Svc	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Mure Maureen Ann	All Other											
Perry Mark Franklyn Md	All Other											
Parentis Michael A Md	All Other											
Krabak Michael J Md	All Other											
Ablove Tova Stram Md	All Other											
Deschamps Jacqueline Mary	All Other											
Medina Rafael Md	All Other											
Smith Beth M	All Other	▼							▼			
Syed Masroor Ahmed Md	All Other											
Kwakye-Berko Danielle R Md	All Other	▼			▼	▼			▼			



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Participating in Projects												
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Krolczyk Steven Rpa	All Other											
Swain Deborah Rose	All Other											
Dent Neurologic Group Llc	All Other											
Murphy Joseph A Md	All Other											
Lavin Deborah Kay	All Other											
Stokoe Gail Elizabeth Md	All Other											
Liu-Helm Aries Yuan-Perng Md	All Other											
Fitzpatrick Lorna K.Md	All Other	▼			▼	▼			▼			
Baker Robert Denio Md	All Other	▼			▼	▼			▼			
Filice Michael Md	All Other											
Genewick Tiffany B Md	All Other											
Szimonisz Susan Marie Md	All Other	▼			▼	▼			▼	▼		▼
Difrancesco Gregory Md	All Other											
Desai Ravi Kumar Md	All Other											
Aiad Shahir Elfred Md	All Other											
Patel Vinod Md	All Other	▼			▼	▼			▼	▼		▼
Mohamed Naureen A Md	All Other											
Badgley Barbara Kim	All Other											
Buzzard Tami Lynn	All Other	▼							▼	▼		▼
Zambron Mark Richard Md	All Other	▼			▼	▼			▼	▼		▼
Patti John P Jr Md	All Other	▼							▼			
Williot Pierre Emile Md	All Other	▼				▼			▼	▼		▼
Silliker Michelle A	All Other	▼							▼	▼		▼
Singh Ranjit Md	All Other	▼			▼	▼			▼	▼		▼
Dziulko Amey Rose Pa	All Other											
Meyer Jennifer Rpa	All Other											
Ervolina Tammy B Rpa	All Other											
Singh Ashok Md	All Other	▼							▼			
Arnold Jo Anne Md	All Other											
Popat Saurin Rajnikant Md	All Other											
Oberkircher Adam Pa	All Other											



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Sinha Ravi Nandan Md	All Other	▼							▼			
Larsson Richard D Rpa	All Other	▼								▼		▼
Butler Bryan Nelson Md	All Other											
Srinivas P Thandla	All Other	▼			▼	▼			▼	▼		▼
Wagdy Ghaly Md Pc	All Other											
Gbadamosi Fatai Adesina Md	All Other	▼			▼	▼			▼	▼		▼
Wnuk William Joseph Md	All Other											
Rosenbloom Stephen Md	All Other											
Perry Jesslyn Louise Md	All Other	▼			▼	▼			▼	▼		▼
Karimi Mumtaz	All Other	▼			▼	▼			▼	▼		▼
Rykert-Wolf Mary Md	All Other											
Smith Kirsten Adelle	All Other	▼							▼	▼		▼
Comm Hlth Ctr Buffalo Inc	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Testa Lisa M	All Other											
Schroeder Eileen Margaret	All Other											
Mcguire Charles Douglas	All Other											
Maxwell Deborah L	All Other											
Keleher Michael Thomas	All Other											
Cominsky Katherine Dwight	All Other											
Barclay Nancy Ann Np	All Other											
Cihak William Garrity Ii	All Other	▼							▼	▼		▼
Ziomek Kathleen Ann	All Other											
Ali Basharat Md	All Other											
Bass Kathryn Dirkes Md	All Other	▼			▼	▼			▼			
Vargo Edward Richard Jr Rpa	All Other											
Ibrahim Helen N Dds	All Other	▼							▼	▼		▼
Chadha Sunita Md	All Other											
Mclaughlin Kathleen B Rpa	All Other											
Lewis Mary Beth Hoppe	All Other											
Hyde Michael J Rpa	All Other											
Caring Enterprises Inc.	All Other											



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Nwogu Chukwumere	All Other											
Kuettel Michael	All Other											
Shanthi Rajendran Phys Pc	All Other	▼							▼			
Sokolofsky Denise K Md	All Other											
Bruno Maria Delores	All Other											
Venuto Lisa A Rpa	All Other											
Tyo John Marshall Md	All Other											
Schultz Douglas Allen Md	All Other	▼							▼			
Caring Enterprises Inc	All Other											
Anain Paul Michael Md	All Other											
Szumigala Maxine Elizabeth Md	All Other	▼							▼			
Maheshwari Yogesh Md	All Other											
Lorenz Vincent Edward Ii Pa	All Other											
Wittmann Joseph Carl Jr Md	All Other	▼							▼			
Khalil-Ibrahim Mofid Md	All Other											
Morrison Diane	All Other											
Shea Kevin Md	All Other											
Kessler Marie	All Other											
Dao Tinh	All Other	▼			▼	▼	▼		▼			
Smith Mary M	All Other											
Langan Marsha	All Other	▼							▼	▼		▼
Zitzka Wendy Elaine Cnm	All Other	▼				▼			▼	▼		▼
Fineberg Marc Steven Md	All Other											
Cah Heritage Christian Servic	All Other											
Nasca Maureen Sullivan	All Other											
Spiropoulos Constantina	All Other	▼			▼	▼			▼	▼		▼
Sadiq Riffat Md	All Other	▼							▼			
Segal Brahm	All Other											
O'Donnell Katherine Anne Md	All Other											
Kowalski Joseph Martin	All Other											
Hughes Thomas Francis	All Other											



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Juliano Melissa J	All Other											
Beney Christopher E M.D.P.C.	All Other	▼							▼			
Silber Michael S Md	All Other											
Karamanoukian Hratch L Md	All Other											
Turecki James A Md	All Other											
Castiglia Gregory J Md	All Other											
Carnevale Frank P Md	All Other											
Yasin Ghous A Md	All Other	▼							▼			
Hughes Deborah Connor	All Other	▼							▼	▼		▼
Venkatedwara Rao Kolli	All Other											
Wegman Theresa M Md	All Other	▼							▼			
Grover Julie Lyn	All Other											
Reinstein Craig E Pt	All Other											
Finnegan Sarah G Md	All Other	▼			▼	▼			▼	▼		▼
Munir Adnan Md	All Other	▼			▼	▼	▼		▼	▼		▼
Hurley Colleen Ann	All Other											
Balos Lucia L Md	All Other											
Hughes David P Md	All Other											
Gupta Alok Deep Md	All Other											
Aspire Of Why Hcbs 6	All Other											
Soniwala Saifuddin Md	All Other											
Ireland Alma Cnm	All Other											
Shutts Gregg Lincoln	All Other											
Siaw Patrick A Md	All Other	▼							▼			
Warner Andrew W Md	All Other											
Phillips Emilia	All Other											
Romanowski Marcus Richard Md	All Other											
Lates Christian	All Other											
Dibella Michael David P Md	All Other											
O'Neil Mary Margaret Md	All Other											
Basior Jeanne Marie Md	All Other											



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Yu Taechin Md	All Other	▼							▼	▼		▼
Defazio Christian R Md	All Other											
Brown Karen Sue	All Other	▼				▼			▼	▼		▼
Pesono Sharon Lynn	All Other											
Bielinski Michelle Ann	All Other											
Murawski Susan	All Other											
Tan Vivian Chua Md	All Other											
Gonzalez-Fernandez Federico	All Other											
Littler Susan J Md	All Other											
Kolli Jayaselvi Md	All Other											
Weinstock Arie L Md	All Other	▼				▼			▼	▼		▼
Loftus Randall J Md	All Other											
Belote Scott J Md	All Other											
Thornton Sharon Elaine Rose	All Other	▼			▼	▼			▼	▼		▼
Osula Collins O Md	All Other	▼				▼			▼	▼		▼
Bayoumi Ahmed G M Md	All Other											
Ehlenfield Daryl R Md	All Other											
Qutubuddin K Dar	All Other	▼							▼			
Armstrong James B Md	All Other											
Capaccio David	All Other											
Schlehr Frank	All Other											
Callahan John	All Other											
Mcmichael Bonnie Md	All Other	▼							▼			
Teuscher Josette A Md	All Other											
Igoe Gerald Md	All Other											
Stevens Pamela	All Other											
Meaney-Elman Nora	All Other	▼							▼			
Roehmholdt John	All Other											
Krol Lawrence Charles Md	All Other											
Segal Barbara A Md	All Other	▼			▼	▼			▼	▼		▼
Dzik Darlene Ann Md	All Other											



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Potempa Michele A Md	All Other	▼							▼			
Ablove Robert H Md	All Other											
Paterson M.D. J.	All Other											
Sands M.D. Amy	All Other											
Ruh Jennifer Marie Md	All Other											
Prumbs Louis Md	All Other											
Snitzer Joel A	All Other	▼							▼			
Hrab Dawn Patricia Md	All Other											
Zimmermann Annmarie Md	All Other	▼			▼	▼			▼	▼		▼
Manka-Black Michele Md	All Other											
Khawar Muhammad Khalid Md	All Other	▼							▼			
Antfleck Alan M Md	All Other	▼							▼			
Innovative Services Inc	All Other											
Daetsch Metz Eileen	All Other											
Bagnall David L Md	All Other											
Fattouch Hany Md	All Other											
Haq Nadeem UI Md	All Other											
Douglas Winston George	All Other	▼			▼	▼			▼	▼		▼
Golubski Julie Ann	All Other	▼			▼	▼			▼	▼		▼
Tymchak Gregory T Md	All Other											
Stoll Howard Lester Iii Md	All Other											
Pervez Yasmin Md	All Other											
Huckell Cameron Bruce Md	All Other											
Bennett Mary K Md	All Other											
Edwards Shelby	All Other											
Newfane Rehab & Hcc Corp	All Other	▼			▼	▼						
Joslyn David Harold	All Other											
Ostolski Michael John	All Other											
Cantalician Ctr Learn Hcbs2	All Other											
Brown Robert Kevin Md	All Other											
Eastern Niagara Radiology	All Other											



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Gibbons William J	All Other											
Alberico Ronald A Md	All Other											
Pechenik Boris Md	All Other											
Penque Michelle	All Other											
Lipford Benita P Md	All Other											
Chugh Dennis Brian	All Other											
Thomas Richard D Md	All Other											
Wells Gastroenterology Llp	All Other											
Vonfricken Kurt Md	All Other											
Sheriff Fuad Habib Md	All Other											
Palma Alessandra Mulle Md	All Other	▼							▼			
Tetro Andrew Marc Md	All Other											
Paolini Raymond Vincent Jr Md	All Other											
Gadawski Robert John Md	All Other	▼			▼	▼			▼	▼		▼
Griswold Kim Strong Md	All Other	▼			▼	▼			▼	▼		▼
Phillips Matthew J Md	All Other											
Derr Robert Michael Md	All Other											
Hines Candace Kinal	All Other											
Chung Charles Jihun Md	All Other											
Smith Blackwell Olivia Md	All Other	▼							▼			
Rifkin Daniel I Md	All Other											
Jehrio Gregory Thomas Md	All Other	▼							▼			
Ilustre Ricardo Pesigan Md	All Other	▼			▼	▼			▼	▼		▼
Hourihane John Maurice Md	All Other											
Buchlis John G Md	All Other	▼			▼	▼			▼	▼		▼
Bisson Leslie J Md	All Other											
Stathopoulos Nicholas A Md	All Other											
Vivekanandan Nallasivam Md	All Other											
Snyder Glenn Justin Md	All Other											
Grande Jon Walter Md	All Other											
Golding Douglas James Md	All Other											



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Frech Michele Holly Md	All Other	✓				✓			✓	✓		✓
Roetzer Gloria Maria	All Other											
University Gyn & Ob Inc	All Other	✓							✓	✓		✓
Zerbe Daniel Lee Md	All Other											
Sanfilippo Diane Marie Md	All Other											
Sindoni Frank Thomas Md	All Other											
Grimm Kathleen T Md	All Other	✓							✓	✓		✓
Farkash Gil Michael Md	All Other											
Everett Charles Willard Md	All Other											
Aronica Michael Joseph Md	All Other	✓			✓	✓			✓			
Dice William Howard Md	All Other											
Chazen Mark David Md	All Other											
Family Medicine Faculty Assoc	All Other											
Donohue Julie Madejski Md	All Other											
Avino David Md	All Other											
Ricottone Anthony R Md	All Other											
Rich Ellen Paige Md	All Other	✓							✓			
Capote Horacio A Md	All Other											
University Emergency Med Svcs	All Other											
Iqbal Azher Md	All Other											
Lapoint Paul Justin Md	All Other											
Lee-Kwen Peterkin Md	All Other											
Nagy Mark Leopold Md	All Other											
Rabice Michael D Md	All Other	✓							✓			
Notaro Rietz Saralyn	All Other											
Aids Community Ser Wny	All Other	✓	✓			✓	✓	✓	✓	✓		✓
Miqdadi Jihad Ahmad Md	All Other											
Glick Myron Lynn Md	All Other	✓			✓	✓			✓	✓		✓
Ferguson Gail Hana	All Other	✓			✓	✓			✓	✓		✓
Hall John David Md	All Other	✓							✓			
Elizabeth D Ditonto	All Other											



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Millennium Collaborative Care (PPS ID:48)

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Participating in Projects												
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Boyd Barry Charles Dmd	All Other											
Khan Nasir Mahmood Md	All Other	▼							▼			
Emerson Ronald P Md	All Other											
Stube Keith Charles Md	All Other											
Sheikh Zia Mohammed	All Other	▼							▼			
Mucciarella Rosalba Md	All Other											
Laudico Robert R	All Other											
Baczkowski Sheri Lynn Md	All Other											
Ambrus Julian L Jr Md	All Other											
Flaherty Leayn Terese	All Other											
Yacobucci Dean Vincent Md	All Other											
Dilamarter Jr. Thomas I	All Other											
Milling David Andrew Md	All Other	▼							▼			
Houck James Patrick Md	All Other											
Mitchell Michael Joseph Md	All Other											
Wadhvani Jai G Md	All Other											
Lall Shashi Md	All Other											
Sulaiman Rosalind Nolan	All Other	▼					▼		▼			
Ferguson Michael Scott	All Other											
Carlson David E	All Other											
Constantine Jeffrey C Obgyn P	All Other											
Friary Patrick Michael Md	All Other	▼							▼			
Ouweleen Kevin Michael Md	All Other											
Bartolone Christopher J Md	All Other											
Shafik Ihab Mahmoud Md	All Other											
Leone Anthony Michael Md	All Other											
Divan Nita Kumari Md	All Other											
Cleary Kevin G Md	All Other	▼							▼			
Oliverios Roseanne Md	All Other											
Mccarthy Philip Louis Jr Md	All Other											
Azaula Melissa Anne Md	All Other											



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Pell Michael Anthony Md	All Other											
Guterman Lee Rand Md	All Other											
Fretz Stephanie Hobika Md	All Other											
Lanighan Kevin W Md	All Other											
Najdzionek Jan Stanley Md	All Other											
Heard Christopher Michael B M	All Other											
Watt Courtenay C Md	All Other											
Ehrlich Anne D Md	All Other											
Boon-Sabo Cathy J	All Other											
Dzik John Alexander Md	All Other											
Frost Marc Steven Md	All Other											
Holmes Lucy C-Y H Md	All Other	▼							▼	▼		▼
Newman Jay L Md	All Other											
Barcomb Alan James Md	All Other											
James David Michael Md	All Other											
Sorley-Mastrodomenico Rebecca	All Other											
Khalaf Mohamed Abdel H Md	All Other	▼							▼			
Dandona Paresh Md	All Other											
Oleszak Debora A	All Other	▼								▼		▼
Conroy Elizabeth A Md	All Other											
Capote Eileen D Md	All Other	▼			▼	▼			▼	▼		▼
Cavaliere Morris Maurizio Md	All Other											
Addagatla Sujatha Md	All Other											
Albrecht Friedrich Joachim Md	All Other											
Piscatelli James J Md	All Other											
Holmes David Michael Md	All Other	▼			▼	▼			▼	▼		▼
Serghany Joseph Emile Md	All Other											
Landi Michael K Md	All Other											
Canty John M Jr Md	All Other											
Mireles Ramiro Md	All Other											
Shah Dhiren K Md	All Other											



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Kansal Sarita Md	All Other											
Heyden Timothy Michael Md	All Other											
Lieberman Jeffrey L Md	All Other											
Wellness Medical Practice Pllc	All Other											
Trzaska Susan M	All Other	✓							✓			
Fayyaz Mohammad Md	All Other											
Burns Terrence Robert Md	All Other											
Krutchick Karen Lyn Md	All Other											
De Zastro Timothy G Md	All Other											
Kalra Tejinder Md	All Other	✓							✓			
Packianathan Emmanuel Md	All Other											
Helm Thomas N Md	All Other											
Marino Michael B Md	All Other											
London Pamela Vida Md	All Other											
Wilson Michael F Md	All Other											
Academic Medicine Services	All Other											
Sridhar Nagaraja R Md	All Other	✓							✓			
Chan-Lam Patrick D Md	All Other											
Kua Alfredo Uy Md	All Other	✓							✓			
Kim Chee Hoon Md	All Other											
Lewis Dwight Danovan Md	All Other	✓			✓	✓			✓	✓		✓
Weinberg Michael B Md	All Other											
Assoc Anes Finger Lakes Llp	All Other											
Novotny Margaret Md	All Other											
Molnar Rebecca Elizabeth Md	All Other	✓							✓			
Kanaan Camille M Md	All Other											
Harris Linda M Md	All Other											
Chia Kimbo Basibang Md	All Other											
Hamill Christopher L Md	All Other											
Billittier Anthony Joseph Iv Md	All Other											
Chatrath Kapil Md	All Other											



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Roth Carl Do	All Other											
Zimmer Wendy E Md	All Other											
Ram Raghu	All Other											
Bruno Jr August Andrew Md	All Other											
James Lawrence Md Pc	All Other											
Notaro John C Md	All Other											
Dryjski Maciej L Md	All Other											
Surace Barbara Ann	All Other											
Samadi Dilara E Md	All Other											
Dusse Jon L Md	All Other											
Patel Malti Jairam Md	All Other											
Skomra Christopher J Md	All Other											
Sands Robert P Jr Md	All Other											
Le Nga Thi Thanh Md	All Other											
Steinig Jeffrey Paul Md	All Other											
Bedmutha Shantikumar D Md	All Other											
Joy-Pardi Judyann V Md	All Other											
Lopat-Winter Mary Beth	All Other											
Fenzl Mark W Md	All Other											
Mattimore Colleen Anne Md	All Other	▼							▼			
Siedlecki Andrew Joseph Md	All Other											
Poje Christopher P Md	All Other											
Mh Svc Erie Northwest Cor-Scm	All Other	▼				▼						
Bassig Edgar B	All Other	▼							▼			
Hermogenes Alicia W Md	All Other											
Aspire Of Wny Inc	All Other											
Iqbal Vaseem Md	All Other											
Fenstermaker Robert Md	All Other											
Botsoglou Nikolaos K Md	All Other											
Mccormack Robert F Md	All Other											
Singh Sonjoy Md	All Other	▼							▼			



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Participating in Projects												
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Derkatz Danuta Teresa Md	All Other	▼							▼			
Hallasey-Roberts David Lance	All Other											
Abialmouna Jihad Hassan Md	All Other											
Moscato Ronald Md	All Other											
Paris Joseph A Md	All Other											
Miletich Robert S Md	All Other											
Talhok Akram S Md	All Other											
Hage Douglas David Md	All Other											
Reubens Harold Vernon Md	All Other	▼							▼			
Burkard Paula Grant Md Phd	All Other											
Huckell Graham Richmond Md	All Other											
Orie Joseph D Md	All Other											
Ortman-Nabi Judith A Md	All Other											
Heritage Pk Hcc Snf	All Other	▼			▼	▼						
Heritage Green Hcc Snf	All Other	▼			▼	▼						
Zuccala Scott Jeffrey Do	All Other											
Calkins Joan Grosvenor Md	All Other											
Nagalla Rajeswara Rao Md	All Other	▼							▼			
Wetzler Meir Md	All Other											
Sillart Douglas R Md	All Other											
Oconnor Gale Lauren Md	All Other											
Kozlowski Lisa C Md	All Other											
Gilbert Richard N Jr Md	All Other											
Dougherty David R Do	All Other	▼							▼	▼		▼
Sutter Diane J Md	All Other	▼							▼			
Vergos Katherine A Md	All Other											
Purizhansky Polina Md	All Other	▼							▼			
Baker Victory Services Hcbs	All Other											
Watson Eileen Md	All Other											
Pochatko David John Md	All Other											
Kuruvilla Philip Md	All Other											



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Participating in Projects												
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Rush Theresa A Md	All Other	▼							▼			
Luzi Frank A Jr Md	All Other											
Awner Steven Md	All Other											
Romanowski Roslyn R Md	All Other											
Highgate Medical Group Pc	All Other											
Chevli K Kent Md	All Other											
Pinski John Valentine Md	All Other											
Fraas Burns Loriann Md	All Other											
Farghaly Ayman A Md	All Other	▼			▼	▼			▼	▼		▼
Wirth Paul B Md	All Other											
Pace Sheila M	All Other											
Rabadi Nashat H Md	All Other											
O'Neill Elizabeth Ann Md	All Other	▼							▼			
Kaufman Heather L Md	All Other	▼							▼	▼		▼
Goodman Gail R Md	All Other											
Kahn Douglas G Md	All Other											
Nebbia Stephan P Md	All Other											
Hoebel Robin Sue Md	All Other											
Moreland Douglas B Md Pc	All Other											
Deberny David Robert Md	All Other											
Roehmholdt Sheliah J Md	All Other											
Crane John K Md	All Other											
Schaefer Turner Margaret M	All Other											
Clerk Harnath Balendra Md Pc	All Other	▼							▼			
Suddaby Loubert S Md	All Other											
Heidelberger Edwin Md	All Other											
Hong Michael Joseph	All Other											
Campagna Angelo Joseph Md	All Other											
Vienne Richard P Jr Do	All Other											
Gomez Ellis Eugenia Md	All Other	▼			▼	▼			▼	▼		▼
Dale Priscilla K Md	All Other	▼							▼			



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Mcgrath Brian E Md	All Other											
Mcmahon Colin James Md	All Other	▼							▼			
Flaschner Steven Md	All Other	▼							▼			
Sasankan Krishnakanthan Md	All Other	▼							▼			
Kelly James Joseph Do	All Other											
Dougherty Susan E	All Other	▼							▼			
Hicks Wesley L Jr Md	All Other											
Newberger David Scott Md	All Other	▼			▼	▼			▼	▼		▼
Dimitroff Grace D Md	All Other											
Johnson Michael A Md	All Other											
Comm Mission Niagara Frontier	All Other	▼			▼	▼				▼		▼
Gibbons Kevin J Md	All Other											
Orleans Co Hlth Dept Psshsp	All Other											
Longbine Debra Rpa	All Other											
Freundel Anthony D Md	All Other											
Everett Sandra Md	All Other											
Conifer Park	All Other											
Hampton William R Md	All Other											
Bhayana Ranjan Md	All Other											
Greco Joseph M Md	All Other											
Damiani Amy L Md	All Other	▼							▼			
Condino Dalinda A Md	All Other	▼							▼	▼		▼
People Home Hlth Serv Certi	All Other	▼			▼	▼			▼	▼		▼
Landis Andrew J Md	All Other	▼							▼			
Luzi Lori Md	All Other	▼							▼			
Spangenthal Edward J Md	All Other											
Mattern Ruth M Md	All Other											
Bogner Thomas Bernhard Md	All Other											
Lauria Philip G Md	All Other											
Costich Theodore G Md	All Other	▼			▼	▼			▼	▼		▼
Pepe Marjorie Md	All Other	▼							▼			



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Taraboletti Lynn M Md	All Other	▼							▼			
Vilardo Michael L Md	All Other											
Hogan Harriette F	All Other											
Smith Brian Gary Md	All Other											
Madejski Thomas J Md	All Other	▼							▼			
Health Assc Of Niagara Cnty I	All Other											
Krackow Kenneth A Md	All Other											
Putnam Thomas A Md	All Other	▼			▼	▼			▼			
Kitchen Timothy M Md	All Other	▼							▼			
Castro Othoniel Jr Md	All Other	▼							▼	▼		▼
Baumann Louis R Md	All Other											
Kopp Christopher F Md	All Other											
Mcdaniel Timothy Md	All Other	▼							▼			
Schwartz Stanley A Md	All Other											
Torre Joseph John Md	All Other											
Chandan Komal Md	All Other	▼							▼			
Chockalingam Selvakumar Md	All Other											
Kerr Susan L Md	All Other	▼				▼			▼	▼		▼
Buffalo School District	All Other	▼							▼	▼		▼
Anillo Sergio J Md	All Other											
Vazquez Raul Md	All Other	▼			▼	▼			▼	▼		▼
Casey Martin A Md	All Other											
Kartha Krishnan Md	All Other											
Feld Gregg I Md	All Other											
Peters Nancy J Md	All Other											
Southard Eric R Md	All Other	▼							▼			
O'Neill Catherine P Md	All Other	▼							▼			
Penn Howard Aron Dpm	All Other											
Haddad George Anis Md	All Other	▼							▼			
Sunday Bonnie Md	All Other											
Castaldo Richard S Md	All Other	▼					▼		▼			



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Reed Pamela Diane Md	All Other	▼							▼			
Weissman Mark A Md	All Other											
Pundt Mark R Md	All Other											
Campbell Lucy A Md	All Other											
Shah Siddhartha S Md	All Other											
Sundquist Janet C Md	All Other	▼							▼			
Mas Eddie Md	All Other											
Harris Hill Nursing Facility	All Other	▼			▼	▼						
Grisanti Joseph Md	All Other											
Gosy Eugene J Md	All Other											
Mariano Kathleen Np	All Other	▼			▼	▼			▼	▼		▼
Schamann Mary E Md	All Other	▼							▼			
Brar Mandeep K Md	All Other											
Orleans Co Chap/Nysarc	All Other	▼			▼	▼						
Grand Walter Md	All Other											
Lillis Kathleen A Md	All Other											
Slough James Alan Md	All Other											
Waz Wayne R Md	All Other	▼				▼			▼	▼		▼
Janicke David Michael Md	All Other											
Bishop Gerald Jay Md	All Other	▼							▼			
Weppner Dennis M Md	All Other	▼							▼			
Oconnor Terence P Md	All Other	▼							▼			
Cole Linda E	All Other											
Fabian John A Md	All Other	▼							▼			
Home Care And Hospice	All Other											
Osborn Kenneth Mark	All Other											
Westner Thomas G Md	All Other											
Szalkowski Thomas J Md	All Other	▼							▼			
Presutti Michael F Rpa	All Other	▼								▼		▼
Dunne Gail G	All Other											
Jacobson Sig-Linda Md	All Other											



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Panzarella James John Do	All Other	▼							▼			
Barker Marilyn A Md	All Other											
Flynn William J Jr Md	All Other											
Katz Michael Ethan	All Other											
Toms Bill R Md	All Other											
Yale Sandra D Do	All Other	▼			▼	▼			▼	▼		▼
Anain Joseph Marcel Jr Dpm	All Other											
Davis Elizabeth Md	All Other											
Zizzi Joseph Anthony Jr Md	All Other											
Vona David Paul Dpm	All Other											
Braen George Richard Md	All Other											
Levinsky Leon Md	All Other											
Sherif Sherif M Md	All Other											
Pizzuto Michael P Md	All Other											
Hohensee James E Md	All Other	▼					▼	▼	▼			
Kuehning William Robert Md	All Other	▼							▼			
Schueler William C Do	All Other	▼							▼			
Burns Daniel Anthony Md	All Other											
Klocke Mark R Md	All Other	▼							▼			
Snyder Ob-Gyn Pc	All Other											
Smolinski Robert J Md	All Other											
Marzo John M Md	All Other											
Kaye Robert David Md	All Other											
Fine Edward J Md	All Other											
Gulati Ashvani K M D P C	All Other											
Garson David S Md	All Other											
Wood Michael W Md	All Other											
Jehle Dietrich V Md	All Other											
Lampasso James G Md	All Other											
Neu Jeffrey R Md	All Other											
Abu-Sitta Moeen I Md	All Other											



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Pearson Kenneth D Md	All Other											
Bartholomew Anthony O Md	All Other											
Carlson Richard A Jr Md	All Other											
Myers David P Md	All Other											
Wacker Timothy R Md	All Other											
Lane Patsy Hemink Ms Np	All Other											
Soh Andrew Young Hoon Md	All Other											
Ellis David G Md	All Other											
Giardino Karen Francis Md	All Other											
Zielinski Robert M Md	All Other											
Kaplan Robert Edward Md	All Other											
Massucci Joanne M Md	All Other											
Fudyma John R Md	All Other	▼							▼			
Hom Jennie Md	All Other											
Plunkett Robert J Jr Md	All Other											
Khalil Moneer Md	All Other											
Leonard Dolores C Md	All Other											
Shulman David S Md	All Other	▼							▼	▼		▼
Mazur Paula Marie	All Other											
Mcdonell Mary Jo Md	All Other	▼				▼			▼	▼		▼
Burruano James C Dpm	All Other											
Levin Terry L Md	All Other											
Gunawardane Cyril Md	All Other											
Cameron Melinda S Md	All Other	▼			▼	▼	▼		▼	▼		▼
Rothman Ilene L Md	All Other											
Moy Owen James Md	All Other											
Erk Susan Catherine Md	All Other											
Mahl Thomas C Md	All Other											
Vetrano Anthony T Md	All Other	▼							▼			
Collier James Thomas Md	All Other											
Todoro Carmen M Md	All Other											



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Plotkin Scott N Md	All Other											
Battaglia Michael J Md	All Other											
Marfurt Jeanann M Md	All Other	▼							▼	▼		▼
Rasmusson Timothy R Md	All Other											
Aftercare Nursing Service	All Other											
Barcos Maurice P Md	All Other											
Hurley John P Dpm	All Other											
Buffalo Beacon Corp	All Other											
Forte Kenton E Md	All Other	▼			▼	▼			▼	▼		▼
Gugino Lawrence J Md	All Other											
People Home Health Care Svcs	All Other											
Kaplan Richard D Md	All Other											
Perelstein David Michael Dpm	All Other											
Oehman Donna M Md	All Other	▼							▼	▼		▼
Klein Michael Md	All Other											
Griswold John J Md	All Other											
Diaz Ordaz Albert Jose Luis	All Other											
Wopperer Paul Md	All Other											
Kowalski Peter Frederick Md	All Other	▼				▼			▼	▼		▼
Gelormini Joseph L Md	All Other	▼							▼			
Summit Pediatrics Pc	All Other	▼								▼		▼
Reidy James J Md	All Other											
Muscarella Joseph L Jr Md	All Other	▼							▼			
Krause Richard S Md	All Other											
Genesee Cty Mh	All Other	▼			▼	▼						
Sadler Laurie Md	All Other	▼				▼			▼	▼		▼
Wang Raphael Piu-Si Md	All Other	▼							▼			
Erbe Richard W Md	All Other											
Reden Peter J Md	All Other											
Flanigen Diane Therese	All Other	▼							▼			
Juette Paul Henry Md	All Other	▼							▼			



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Vna Of Western Ny Inc Lthhcp	All Other	▼			▼	▼			▼	▼		▼
Anders Mark Jeffrey Md	All Other	▼							▼			
Parmington Martha Jane Md	All Other	▼							▼	▼		▼
Haar Michael Samuel Md	All Other											
Graham Susan Perkins Md	All Other	▼							▼			
Chaskes Michael J Md	All Other											
Cooley-Guth Carol Mary Md	All Other											
Guth Kenneth J Md	All Other											
Sansano Michael Jr Md	All Other											
Kucera Jon C Md	All Other	▼			▼	▼			▼	▼		▼
Cellino Michael R Md	All Other											
Sayegh Magdi E Md	All Other											
Orleans County Comm Svc Mh	All Other	▼			▼	▼						
Hamburg Pediatrics Pc	All Other											
Mechtler Laszlo L Md	All Other	▼							▼			
Erk Mehmet Md	All Other	▼							▼			
Leddy John J Md	All Other	▼							▼			
Corbelli Richard J Md	All Other	▼							▼			
Lutnick Robert Edward Md	All Other	▼							▼			
Baker Victory Services Icf	All Other											
Baker Victory Services Icf	All Other											
Simmons Edward Donald Md	All Other	▼							▼			
Farhi Eli Md	All Other	▼							▼			
Donald J Largo Jr	All Other											
Hong Frederick Md	All Other	▼							▼			
Dejneka Bohdan Md	All Other											
Lele Shashikant B Md	All Other											
Hinds Ralph W Iii Md	All Other	▼							▼			
Lewis Paul Jeffrey Md	All Other	▼							▼			
Corasanti James G Md	All Other	▼							▼			
Giotis Margarita K Md	All Other	▼							▼			



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Millennium Collaborative Care (PPS ID:48)

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Participating in Projects												
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Gelia Maurice M Md	All Other	▼							▼			
Curl G Richard Md	All Other	▼							▼			
Merhige Michael E Md	All Other	▼							▼			
Gomez Suescun Jorge A Md	All Other	▼							▼			
Levine Michael Ira Md	All Other	▼				▼			▼	▼		▼
Maher Elizabeth Md	All Other											
Pathways Davis Road Icf	All Other											
Baker Hall,Inc	All Other											
Kalb Robert E Md	All Other	▼							▼			
Dabski Christopher Md	All Other											
Voelker Frank James Md	All Other	▼							▼			
Chudy Max R Iii	All Other											
Stevens John B Iii Md	All Other	▼							▼			
Waghmarae Romanth Md	All Other	▼							▼			
Maclean Craig K Md	All Other											
Antalek Matthew Md	All Other	▼							▼			
Brecher Martin Md	All Other	▼							▼			
Healy William Michael Md	All Other	▼							▼			
Mcnally G Lawrence Md	All Other											
Lippes Howard A Md	All Other	▼							▼			
Barnes Steven Edmund	All Other	▼							▼			
Perfetto Carlo Michael Md	All Other											
Dionne Pierre Eugene Md	All Other	▼							▼			
Coyne John Francis Md	All Other											
Morrison Katharine V Md	All Other											
Jain Lalit K Md	All Other											
Libby Margaret A Md	All Other	▼							▼			
Neufeld Robert J Md Pc	All Other	▼							▼			
Alvarez Carmen Adriana Md	All Other											
Cobler Joanne Lynn Md	All Other	▼							▼			
Leach Corinne L	All Other											



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Glick Philip Leon Md	All Other	▼			▼	▼			▼			
Rohrbacher Bernhard Md	All Other	▼							▼			
Gelfer Alexander Boris Md	All Other	▼							▼			
Brookhaven Hlth Care Snf	All Other											
Mcadam Frederick B Md	All Other											
Stegemann Philip Martin Md	All Other	▼							▼			
Tarfare Nathmal Shrigovind Md	All Other											
Gartner Lou Ann M Md	All Other	▼							▼			
Murray Kenneth Robert Md	All Other											
Davis Howard I Md	All Other	▼							▼			
Leberer Joseph P Md	All Other											
Stern Mont Phillip Md	All Other											
Wadhwa Arvind K Md	All Other	▼							▼			
Okeeffe David A Md	All Other	▼							▼			
Thomas David M Md	All Other	▼			▼	▼			▼	▼		▼
Bennett Gregory John Md	All Other	▼							▼			
Nelson Gary Robert Md	All Other											
Gianfagna Robert Anthony Md	All Other											
Weinhold John R Jr Md	All Other	▼							▼	▼		▼
Hocko Michael Md	All Other											
Sobie Stephen R Md	All Other	▼							▼			
Desouza Noyel Valerian	All Other	▼							▼			
Desouza Aurea Sisma Md	All Other	▼							▼			
Greco Ronald D Md	All Other	▼			▼	▼			▼	▼		▼
Meyers Suzanne J	All Other	▼							▼			
Albini Christine	All Other	▼			▼	▼			▼	▼		▼
Glover Robert Franklin Jr Md	All Other											
Hughes Thomas Md	All Other	▼							▼			
Friedan Emily Sarah Md	All Other	▼			▼	▼			▼	▼		▼
Kasnicki Laurie Md	All Other											
Spurgeon Paul S Md	All Other	▼							▼			



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Danakas George Md	All Other											
Conway James T Md	All Other											
Rosa Coplon Jewish H&I Lthhcp	All Other	▼			▼	▼						
Lim-Soh Hyun Jin	All Other											
Douglas Donald P Md Pc	All Other	▼							▼			
Weiss Steven D Md	All Other											
Regenbogen Victor S Md	All Other											
Campbell Lorne Richard Sr Md	All Other	▼			▼	▼			▼	▼		▼
Sacks Andrew Md	All Other											
Hurvitz Evelyn Deborah Md	All Other											
Robinson Luther K Md	All Other	▼			▼	▼			▼	▼		▼
Niagara Arc Cambria Icf	All Other											
Switzer Donald F Md	All Other	▼							▼			
Northwest Buffalo Comm H C	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Butler Nancy A Dpm	All Other											
Shields Peter E Md	All Other											
Miller Michael Taine Md	All Other											
Manyon Andrea Md	All Other	▼			▼	▼			▼	▼		▼
Sheridan Manor	All Other	▼			▼	▼						
Gorman Timothy Alan Md	All Other											
Koritz Sara Md	All Other											
Mclean Terrence R Dds	All Other	▼							▼			
Aliotta Philip Joseph Md	All Other											
Ellis Nitza F Md	All Other											
Wild James E Md	All Other											
Williams Aston B Md	All Other											
Anderson Dana Patrick	All Other											
White Thomas Gerard Md	All Other	▼							▼			
Mezzadri Francis C Md	All Other	▼							▼			
Yoviene Joel Md	All Other	▼			▼	▼			▼	▼		▼
Sterman Ellen Md	All Other											



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Chertack Craig S Md	All Other											
Komin Maria J	All Other	▼							▼			
Dyster John G Md	All Other	▼							▼			
Deberry John Lafayette Iii Md	All Other											
Niles Charles Ross Md	All Other											
Powalski Robert John Jr Md	All Other											
Corigliano Maria A Md	All Other	▼							▼			
Baker Susan S Md	All Other	▼							▼			
Barlog Kevin J Md	All Other	▼							▼			
Pathways Forest Drive Icf	All Other											
Riznyk Peter John Dpm	All Other											
Keating Daniel B	All Other											
Schofield Residence Non-Occup	All Other											
Schifeling Richard William Md	All Other	▼							▼			
Gallagher Susan J Md	All Other	▼							▼			
Fitzgerald James P Md	All Other	▼							▼			
Paroski Margaret W Md	All Other											
Chautauqua Arc Rsrc Chandler	All Other											
Hartrich William M Md	All Other	▼							▼			
Aquino Nicholas J Md	All Other	▼							▼			
Collins Richard L Md	All Other											
Baldassari Susan Md	All Other	▼							▼			
Schaefer Daniel P Md	All Other											
Chautauqua Arc Rsrc-Bldg B	All Other											
Sofat Suresh Md	All Other	▼							▼			
Cardone Linda Ann Md	All Other											
Kamisetti Dhananjaya Md	All Other											
Maulucci Marina A Dpm	All Other	▼							▼			
Brown Edward Ivan Md	All Other	▼			▼	▼	▼		▼	▼		▼
Kurss David I Md	All Other	▼							▼			
Wheeler Dale Robert Md	All Other	▼							▼			



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Lana Steven Joseph Md	All Other	▼							▼	▼		▼
Kaul Tej N Md	All Other	▼			▼	▼			▼	▼		▼
Anderson Galvin D Md	All Other	▼							▼	▼		▼
Shehata Nady Md	All Other											
Jain Naresh K Md	All Other	▼							▼			
White Laurel M Md	All Other	▼							▼			
Hospice Buffalo Inc	All Other											
Hudzinski Lori D Md	All Other	▼							▼			
Cruz Lourdes F Md	All Other											
Heimerl Michael Joseph Md	All Other											
Finkelstein Mark S Dpm	All Other	▼							▼			
Lahoti Dinesh	All Other	▼							▼			
Cattaraugus Cnty Alchl&Sub Ab	All Other	▼			▼	▼						
Northpointe Council, Inc	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Downey Dorothea Ann Md	All Other											
Chi Yong Baek Md	All Other											
Jammal Roger George Md	All Other	▼							▼			
Bojedla Vijay K	All Other											
Chemung Co Nys Arc Children'S	All Other	▼			▼	▼		▼	▼	▼		▼
Ten Brock Eric Md	All Other	▼							▼			
Zirna Harry I Dpm	All Other	▼							▼			
Gerald L Peer	All Other	▼							▼			
Niagara Cnty Hlth Dept Lthhpc	All Other	▼			▼	▼			▼	▼		▼
Pierce William S Dpm	All Other	▼							▼			
Kinkel Peter R Md	All Other											
Home For Aged Blind Adhc/Aadc	All Other											
Mannone Antonino Md	All Other	▼							▼			
Sickels Eric Md	All Other	▼							▼			
Fortman Diane H Dpm	All Other	▼							▼			
Witte Gilbert N Md	All Other	▼							▼	▼		▼
Sfeir Norman John Md	All Other											



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Clarke Ronald Jay Do	All Other	▼							▼			
Morris William Md	All Other	▼							▼			
Schofield Residence Lthcp	All Other	▼			▼	▼						
Schenk Gregory P Md	All Other	▼			▼	▼			▼	▼		▼
Baron Stone Judith L Md	All Other											
Ulatowski Jerome J li	All Other	▼			▼	▼			▼	▼		▼
Bezbatchenko Mark Md	All Other											
Welliver Josephine R	All Other	▼							▼			
Terranova Michael David Md	All Other	▼							▼			
Persaud Andre A Md	All Other											
Stone Steven Md	All Other	▼							▼			
Robinson Donald W Md	All Other											
Panek William Nicholas Dpm	All Other	▼							▼			
Pietrusik Michael Joseph Dpm	All Other											
Pietrak Stanley James Md	All Other											
Marchetti David L Md	All Other											
Lauria Gerald A Md	All Other											
Czyrny James J Md	All Other	▼							▼			
Stubenbord John C Md	All Other											
Bax Joseph A Md	All Other	▼							▼			
Scrivani Stephen P Md	All Other	▼							▼			
Francemone Charles J Md	All Other											
Hall Richard Everett Dds	All Other											
Wojcik Thaddeus S Md	All Other	▼							▼	▼		▼
Calabrese Michael D Md Pc	All Other	▼				▼			▼	▼		▼
Child And Family Services	All Other											
Nasca Paul C Dpm	All Other											
Baker Trudy R Md	All Other											
Weisbrot Aaron Dpm	All Other											
Matthews George E Md	All Other	▼							▼			
Bartels Edward Kelly Md	All Other											



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Will Care Inc	All Other	▼			▼	▼			▼	▼		▼
Greenfield Saul Philip Md	All Other	▼			▼	▼			▼	▼		▼
Andres Jerome Collins Md	All Other	▼							▼			
Burnett George J Md	All Other											
Najar Gulam Mohmad Md	All Other	▼							▼			
Sullivan Philip R Md	All Other											
Patel Arun P	All Other	▼							▼	▼		▼
Chautauqua Opportunities Inc	All Other											
Bansal Pratibha Md	All Other											
Kaul Usha Md	All Other	▼				▼			▼	▼		▼
Ridge View Manor	All Other											
Genesee Council On Alcoholism	All Other	▼			▼	▼						
Leary Daniel A Md Pc	All Other											
Montgomery Paul Md	All Other	▼							▼			
Berger Roseanne Md	All Other	▼			▼	▼			▼	▼		▼
Boepple Hartwig O Md	All Other											
Morelli Daniel J Md	All Other	▼			▼	▼			▼	▼		▼
Billing Lee D Dpm	All Other	▼							▼			
Albanese Umberto Md	All Other	▼							▼			
Montgomery Maureen Eimer Md	All Other											
St Marie Mark S Md	All Other											
Hewson Robert A Dpm	All Other											
Rutkowski Thaddeus C Md	All Other											
Dougherty Thomas E Md	All Other	▼							▼			
Ucp Nys Reg 1 #05 Medina St	All Other											
Tambar Prem K Md	All Other											
Greene Arthur S Md	All Other	▼							▼	▼		▼
Snow Irene Sharon Md	All Other	▼							▼			
Niswander Philip R Md	All Other											
Chouchani Adel E Md	All Other											
Raiken Deborah Faye Md	All Other	▼				▼			▼	▼		▼



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Aquino Michael D Dpm	All Other											
Sheth Gaurang S Md	All Other	▼			▼	▼			▼	▼		▼
Santilli Mario Donato Md	All Other											
Lewis Fred H Md	All Other	▼							▼	▼		▼
Reino David L Md	All Other											
Silverstein David Md	All Other	▼							▼			
Balon Walter Md	All Other	▼							▼			
Schreck Frank Thomas Md	All Other	▼							▼			
Dsouza Marcelino Fabian	All Other											
Bauers John C Md	All Other	▼							▼			
Wellsville Manor Care Center	All Other											
Balti Mubeena Md	All Other											
Penepent Philip A Jr Md	All Other											
Siddiqui Mohamed Yusuf A Md	All Other											
Makhija Jasbeer S Md	All Other											
Lafountain Richard Md	All Other	▼							▼			
Tiberia Nicholas Dpm	All Other											
Bangsil Edgar Lacson Md	All Other	▼							▼			
Small Thomas C Md Pc	All Other											
Stahl David D Md	All Other											
Rajan Gulati Physician Pc Md	All Other	▼							▼	▼		▼
Bloom Michael J Md	All Other	▼							▼			
Curran Richard Russell	All Other											
Berke Robert Md	All Other	▼			▼	▼				▼		▼
Benjamin Linda Lazarus	All Other											
Kawinski Bohdan Jerzy Md	All Other	▼							▼			
Berger Andrew J Md	All Other	▼							▼			
Eggleston Gary E Md	All Other											
Rzepakowski Neal Richard Md	All Other	▼							▼			
Mogavero Herman S Jr Md	All Other											
University Pediatric Assoc	All Other	▼							▼	▼		▼



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Early Amy Md	All Other											
Sinatra Lawrence Thomas Md	All Other	▼							▼			
Bates Vernice E Md	All Other											
Conley James George Md	All Other											
Deahn Dale L Md	All Other	▼							▼			
Brass Corstiaan Md	All Other	▼							▼			
Varallo Nicholas Md	All Other	▼							▼			
Perry Mark D Md	All Other											
Siegel Myron Md	All Other	▼							▼			
Krawczyk Justine A Md	All Other											
Klein Roger Allan Md	All Other	▼			▼	▼			▼	▼		▼
Tuoti Raymond Joseph Md	All Other	▼							▼			
Conti David R Md	All Other											
Sperry Howard E	All Other	▼							▼			
Chautauqua Arc Resource Ctr I	All Other											
Min Inkee Md	All Other	▼							▼			
Schlisserman Albert Md	All Other											
Toufexis George Md	All Other	▼							▼			
Faden Howard Md	All Other	▼			▼	▼			▼	▼		▼
Lombardo Thomas A Jr Md	All Other											
Campione Peter A Md	All Other											
Michalski Stanley R	All Other	▼							▼			
Kaprove Robert E Md	All Other											
Wright Susan Marie Dpm	All Other											
Paul James Julius Md	All Other											
Masud A R Zaki Md	All Other											
Tambar Indra Md	All Other											
Egnatchik James G Md	All Other											
Sufrin Gerald Md	All Other	▼							▼			
Schulman Robert J Md	All Other											
Naik Ashok P Md	All Other	▼							▼	▼		▼



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Cumbo Thomas John Md	All Other											
Rasalingam M Md	All Other											
Tirone Charles Salvatore Md	All Other											
Anthone Kenneth D Md	All Other											
Visco John Patrick Md	All Other	▼							▼			
Community Concern Of Wny	All Other	▼				▼				▼		▼
Lake Shore Behavioral Hlth In	All Other	▼				▼	▼	▼	▼	▼		▼
Yates Ferdinand D Jr Md	All Other	▼			▼	▼			▼			
Perillo Frank B Dpm	All Other											
Kumar Asha Md	All Other											
Shenoy Sadashiv S Md	All Other	▼							▼			
Logan Rodney D Md	All Other	▼							▼			
Williamsville Suburban	All Other	▼			▼	▼						
Mcaloon Margaret Honora Md	All Other	▼							▼			
Cattaraugus Cnty Doh Lthhcp	All Other	▼			▼	▼						
Mh Svc Erie Southeast Corp V	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Gatewood Robert P Jr Md	All Other	▼							▼			
Schoene Karen Ruth Md	All Other											
Freer Jack P Md	All Other	▼							▼			
Eluard Alain Md	All Other											
Fazili Mohamad Y Pc Md	All Other											
Vaughan Russell S Md	All Other	▼							▼			
Fugitt Robert G Md	All Other											
Barron Martin Md	All Other	▼							▼			
Rudewicz Robert J Dpm	All Other											
Menchini John P Md	All Other	▼							▼			
Leslie Joyce Ruth Md	All Other											
Shin In Sook Jeong Md	All Other	▼			▼	▼			▼			
Maneyapanda Bidappa G Md	All Other	▼							▼			
Dashkoff Neil Md	All Other											
Singh Amarjit Md	All Other											



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Elibol Tarik Md	All Other											
Tanhehco Meliton L Md	All Other	▼				▼	▼	▼	▼	▼		▼
Patel Raman R	All Other											
Obrien Matthew J Md	All Other	▼							▼			
Maggioli Albert J Md	All Other											
Cozza Thomas F Md	All Other											
Complete Homecare	All Other											
Moore Michael C Md	All Other	▼							▼			
Nys Arc (Chautauqua Cnty)	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Blum Craig E Md	All Other											
Dale Association, Inc The	All Other											
Wild Daniel R Md	All Other											
Hirsh Fredric M Md	All Other											
Godfrey Peter Md	All Other	▼							▼			
Bodkin John J Md	All Other	▼							▼			
Cattaraugus Cnty Mntl Hlth Sv	All Other											
Burdick James P Md	All Other											
Sahaf Ashraf M	All Other	▼							▼			
Zornek Nicholas Frank Jr Md	All Other	▼							▼	▼		▼
Giambartolomei Alessandro A	All Other											
Brautigam Donald F Md	All Other	▼							▼			
Sirkin Sara Rachel G Md	All Other											
Nemeth Lawrence J Md	All Other											
Pranikoff Kevin Md	All Other	▼							▼	▼		▼
Kraden Arnold Od	All Other											
Menon Vijayan A Md	All Other											
Ruth Willard Dale Pc Do	All Other	▼					▼		▼			
Genesee County Nh Non Occupan	All Other											
Beg Mirza Muzaffer Ali Md	All Other											
Patel Kalpana D Md	All Other											
Somayaji Prabhakara Md	All Other	▼							▼			



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Winiecki Dennis G Dpm	All Other											
Legarreta Edward A Md	All Other											
Erie County Public Health Lab	All Other											
Hellriegel John C Jr Md	All Other	▼				▼			▼	▼		▼
Kinkel William R Md	All Other											
Niagara Cnty Mntl Hlth N Fall	All Other	▼			▼	▼			▼	▼		▼
Allegany Council On Alcohol	All Other	▼			▼	▼			▼			
Mango Martin Md	All Other	▼							▼			
Derosas Juan Facundo Md	All Other	▼							▼			
Panchal Narhari M Md	All Other	▼							▼			
Nathan Sathia V Md	All Other	▼							▼			
Koreishi Faruk M	All Other											
Varma Chelikani P Md	All Other	▼							▼			
Sifontes Lionel Anthony Pc Md	All Other	▼							▼			
Ignatius Patrick M Md	All Other	▼							▼			
Kozower Michael Md	All Other	▼							▼			
Contino Carl A Md	All Other	▼							▼			
Chouchani Gabriel E Md	All Other											
Campagna Franklyn N Md	All Other	▼							▼			
Lee Keun Yong Md	All Other											
Chen C James Md	All Other											
Chary Kandala Krishna Md	All Other											
Swiantek Philip A Pc Md	All Other	▼							▼			
Storm Donald F Md	All Other											
Chopra Prem K Md	All Other											
Gayles Kenneth L Md	All Other	▼			▼	▼			▼	▼		▼
Dippert Paul C Do	All Other	▼							▼			
Lillie David B Md	All Other	▼							▼			
Choi Hee K Md	All Other											
Haq Syed Ejaz UI Md Pc	All Other											
Milazzo Richard T Jr Md	All Other	▼							▼			



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Fazili Abdul Q Md	All Other	▼							▼			
152460alhumadi Adil H Md	All Other	▼							▼	▼		▼
Kuritzky Paul Md	All Other											
Gordon Frederick Comstock	All Other	▼							▼			
Patel Dilipkumar J Md	All Other											
Knapp Russell George Jr Md	All Other											
Dyster Melvin B Md	All Other	▼							▼			
Baier William J Md	All Other	▼			▼	▼			▼	▼		▼
Canavan J William Md	All Other											
Defrancis Roy Dpm	All Other											
Gilkar Nazir A Pc Md	All Other	▼				▼			▼	▼		▼
Parikh Rajiv C Pc Md	All Other	▼							▼			
Lee Tat Sum Md	All Other	▼							▼			
Evans Evan J Md	All Other	▼							▼			
Press Shalom Md	All Other	▼							▼			
Hobaica Charles B Dpm	All Other											
Copley Donald Paul Md	All Other											
Bahk Benedictus Soo II Md	All Other											
Hopkins Leo Nelson Md	All Other	▼							▼			
Goldstein Kenneth Todd Dpm	All Other											
Carrel Jeffrey M Dpm	All Other	▼							▼			
Budny James L Md	All Other	▼							▼			
Gerbasi Thomas R Md Pc	All Other	▼							▼			
Tlc Hlth Network Lake Shore S	All Other	▼			▼	▼			▼	▼		▼
Mukkamala Somasekhara R Md	All Other	▼							▼			
Ferro Philip Leonard Md	All Other											
Platt Bruce L Md	All Other											
Davidson David Mark Dpm	All Other	▼							▼			
Spigel G Thomas Md	All Other	▼							▼			
Sciandra Joseph A Dpm	All Other	▼							▼			
Baliah Tadla Md	All Other											



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Reagan J Thomas Md	All Other											
Malpeso James V Md	All Other											
Lele Amol S Md	All Other	▼							▼	▼		▼
Kohli Romesh K Md	All Other	▼							▼			
Hoffman David E Md	All Other	▼							▼			
Nenno Donald Joseph li	All Other	▼							▼			
Briody Health Care Facility	All Other	▼			▼	▼						
Schofield Residence	All Other	▼			▼	▼						
Niagara Lutheran Hm & Rehab C	All Other	▼			▼	▼						
Beechwood Homes	All Other	▼			▼	▼						
Garden Gate Hlth Cr Facility	All Other	▼			▼	▼						
Planned Parenthood Of Niag Co	All Other	▼				▼			▼	▼		▼
Niagara County Health Dept	All Other											
Aspire Of Western New York In	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Hemophilia Ctr Of West Ny Inc	All Other											
Erie County Health Dept	All Other	▼			▼	▼			▼	▼		▼
Cattaraugus County Doh	All Other	▼			▼	▼			▼	▼		▼
Ruckert G Theodore Md	All Other											
Rosenthal Thomas Md	All Other	▼				▼			▼	▼		▼
Fox Chester H Md	All Other	▼			▼	▼			▼	▼		▼
Neiman Joseph Bruce Md	All Other											
Rosa Coplon Jewish Home Inf	All Other	▼			▼	▼						
Millard Fillmore Hospitals	All Other	▼										
Planned Prthd Rochstr/Syracus	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Buffalo General Hosp	All Other	▼			▼	▼			▼	▼		▼
Womens & Childrens Hsp Buffal	All Other	▼			▼	▼			▼	▼		▼
Child And Adolescent Psy Cl	All Other	▼			▼	▼				▼		▼
Gateway Longview	All Other											
Heritage Village Reh & Skilled Nrs	All Other	▼			▼	▼						
Cuba Memorial Hos Snf Inc	All Other	▼			▼	▼						
Wyoming County Dept H H A	All Other											



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Genesee Cnty Snf Batavia	All Other											
Genesee County Health Dept	All Other	▼			▼	▼						
Orleans County Doh Hha	All Other											
Olean General Hosp Main	All Other	▼			▼	▼			▼	▼		▼
Niagara Falls Mem Med Ctr	All Other	▼			▼	▼	▼	▼	▼	▼	▼	▼
Lockport Memorial Hospital	All Other	▼			▼	▼			▼	▼		▼
Cuba Memorial Hsp Inc	All Other	▼			▼	▼			▼	▼		▼
Vna Of Western Ny Inc	All Other	▼			▼							
Luthern Retirement Home	All Other											
Wyoming County Comm Hosp Snf	All Other	▼			▼	▼						
Brothers Of Mercy Nurs & Reha	All Other	▼			▼	▼						
Erie County Home	All Other	▼			▼							
Wyoming Community Hosp Co	All Other	▼			▼	▼				▼		▼
Erie County Medical Ctr	All Other	▼		▼	▼	▼			▼	▼		▼
Kilbury Taylor Laurie L Do	All Other	▼							▼			
Hartley-Mcandrew Michelle Elena Md	All Other	▼			▼	▼			▼	▼		▼
Betstadt Sarah	All Other											
Gualtieri Joseph	All Other											
Shepherd Chad	All Other											
Martinez Anthony	All Other	▼							▼			
Barone Steven Michael Md	All Other											
Paul Sucharita	All Other											
Claddagh Commission Inc Fsr 2	All Other											
Provost Karin	All Other											
Fanton Melissa Mary Rpa	All Other											
Caring Enterprises Inc Nhtd	All Other											
Ana Maria Stoica	All Other											
Fitzpatrick Edward	All Other											
Jackson Kimberly	All Other	▼			▼	▼			▼	▼		▼
Erie County Medical Ctr Corporation	All Other	▼							▼	▼		▼
Kiadum Cletus Suten	All Other	▼			▼	▼			▼	▼		▼



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Mattson David Michael Kawananakoa	All Other											
Ondracek Theodore	All Other											
Wolslau Hans Johann Do	All Other											
Taylor Karen Anne Rpa	All Other											
Gajewski Casey Marie Np	All Other	▼			▼	▼				▼		▼
Sawyer Robert Newell Jr	All Other											
Yosha Amanat Miglani	All Other											
Salman Nasir Abbasey	All Other											
Youra Lauren Adele Rpa	All Other											
Thomas Eunice Louise	All Other											
Jody Leonardo Md	All Other											
Rana Muzamil	All Other											
Kozielski Rafal	All Other											
Queenan Emily	All Other											
Bitikofer Kristin Marie Pa	All Other											
Cox Matthew	All Other	▼							▼	▼		▼
Yosha Assaf	All Other											
Dymond Melissa	All Other											
John R Raabe	All Other											
Liu Hong Md	All Other											
Miller Meagan Mary Pa	All Other											
Pili Roberto Md	All Other											
Hunt Patricia	All Other											
Musial Wanda Marie	All Other	▼				▼			▼	▼		▼
Clemency Brian Michael Md	All Other											
Michael J Wiewiorski	All Other											
Gyves-Ray Katherrine	All Other											
Bula Melania	All Other											
Page Brian John Md	All Other											
Jeffrey Wade Martinez	All Other											
Aftercare Nursing Services Nhtd	All Other											



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Halabi Safwan	All Other											
Siddiqui Majeed	All Other											
Cicchetti Michael Scott	All Other											
Bender Cindrea Denise	All Other											
Sieminski Mark Matthew	All Other											
Cassel Kerry P	All Other											
Carr Anna Marie	All Other											
Dann Sara Kate	All Other											
Shaman Majid Md	All Other	▼				▼			▼	▼		▼
Poppenberg Kristin Elizabeth	All Other	▼							▼			
Mcgee Kevin Richard	All Other											
Silvestri Nicholas Joseph	All Other											
Zhan Su	All Other											
Medicor Associates Inc	All Other											
Simkins Jennifer Lyn	All Other											
Mcdermott Brian	All Other											
Hemmingson Daniel Thomas	All Other											
Rutecki Amy Lynn	All Other											
Luczkiewicz Debra Lynn	All Other	▼							▼			
Jared Corbett Browning	All Other											
Gupta Anju	All Other											
Amabile Kristin	All Other											
Dupont Paul G Md	All Other											
Diehl Courtenay Laryssa	All Other											
Dawn Nichelle Delavallade	All Other											
Chen Hongbin	All Other											
Justicia-Linde Faye Elizabeth	All Other	▼				▼			▼	▼		▼
Ventry Kathleen Susan	All Other	▼					▼		▼			
Olsen Erica	All Other											
Siddiqui Abrar	All Other	▼			▼	▼			▼			
Peterson Andrew Craig	All Other											



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Magno Rebecca	All Other											
Schlesinger Michelle L	All Other											
Weber Ryan	All Other											
Gupta Puneet	All Other											
Siddiqi Attiya	All Other											
Annie Mathai	All Other	▼							▼			
Justis Gina Brigitte	All Other											
Goradia Dhawal Arun	All Other											
Saikali Nicolas P	All Other											
Patel Sangita Pankajkumar	All Other											
Keech Kelly Ann	All Other	▼								▼		▼
Gothgen Nicole Marie Md	All Other											
Bouton Scott Michael	All Other											
Cornell Heidi A	All Other											
Schulte Mark	All Other											
Attuwaybi Bashir	All Other											
Singh Baljinder	All Other											
Steven Sattler	All Other											
Meyer Sabrina Zanowick	All Other	▼				▼			▼	▼		▼
Glass Kathleen Zillner	All Other											
Schwaab Thomas	All Other											
Fishkin Zair	All Other											
Dhillon Rajwinder	All Other											
Hsu Bernard	All Other											
Caldemeyer Kar	All Other											
Toothman Richa	All Other											
Radovic Marija	All Other	▼							▼			
Merlino Talia Grace Rpa	All Other											
Henna M Sheikh	All Other	▼							▼	▼		▼
Griffiths Elizabeth Alice	All Other											
Christa L Zenoski	All Other	▼							▼	▼		▼



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Comerford Emily Anne	All Other	✓			✓	✓			✓	✓		✓
John L Ob Butsch	All Other											
Jao-Velasquez Michelle Agana Md	All Other											
Young Karisa	All Other	✓							✓	✓		✓
Hlubik Patrick	All Other											
Vasquez Elizabeth	All Other											
Bonnevie Danielie Lynn	All Other											
Sarah Thompson	All Other											
Tonawanda Manor Assisted Living Pro	All Other											
Suburban Adult Services Inc Spt	All Other											
Rapha Family Medicine Pc	All Other											
Rein Jason	All Other	✓			✓	✓			✓	✓		✓
Nebbia Robin Lee	All Other											
Kelly Mallory L	All Other											
Brenda Mertsock	All Other											
Aspire Of Western New York Inc Ptl	All Other											
Cathcart Jennifer Jynn	All Other											
Makdissi Antoine	All Other											
Tlchcs Of Erie Niagara Llc	All Other											
Ji Young Lee	All Other											
Nixon Eleanor Bridget	All Other	✓			✓	✓			✓	✓		✓
Tutwiler Tara Lynn	All Other											
Cipolla David Patrick	All Other											
Pericak Jason Robert	All Other											
Scott J Wilkowski	All Other											
Lamarca Jillian Concetta	All Other											
Wall Robbie Daniel	All Other											
Clark Lindsey Dolan	All Other											
Quinn Heather Ann	All Other	✓			✓	✓			✓	✓		✓
Roosa Christina Patricia	All Other	✓			✓	✓			✓	✓		✓
Rivera Colin Ruqayyah	All Other											



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Leonard Takesha	All Other	✓			✓	✓			✓	✓		✓
Jeffrey James Brewer	All Other											
Fernando Sandra Mary	All Other											
Duquin Thomas Richard	All Other											
General Physician Pc	All Other											
Pillai Anita K	All Other											
Bath Shelley Singh	All Other											
Warriner Walter H	All Other											
Moberg Amos Michael	All Other	✓							✓			
Gambacorta Peter	All Other											
Bolnick Jay	All Other											
Hennon Teresa	All Other											
Kauderer Mary Catherine Md	All Other											
Hennon Mark William	All Other											
Clark Coleen Marie	All Other											
Burke Mark Steven	All Other											
Pal Amandeep	All Other	✓							✓			
Smith Shajuana Takia	All Other	✓								✓		✓
Werthman-Ehrenreich Amanda Anne	All Other											
Wiech Carolyn Anne Md	All Other											
Chopko Michael	All Other											
Blochle Raphael	All Other											
Wymer Dana Lynn Do	All Other	✓							✓			
Ratnakaram Ramakrishna	All Other											
Sobieraj Scott Robert Md	All Other											
Gambacorta Katherine Anne	All Other											
Joseph V Mure Md	All Other	✓			✓	✓			✓			
Fabiano Andrew Joseph	All Other											
Rachala Sridhar Reddy	All Other											
Saby George	All Other											
Frederick Peter Jonathan Md	All Other											



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Jordan Kross Md	All Other											
Arora Nitin	All Other	▼					▼		▼			
Ahmed Qadeer	All Other											
Madhusudanan Mohan	All Other											
Rozmus Zuzanna Maria	All Other	▼				▼			▼	▼		▼
Nina Marie Strollo	All Other											
Mancl Tara Beth	All Other											
Blymire William Warren Jr	All Other	▼			▼	▼			▼	▼		▼
Yoganathan Pradeepa	All Other											
Chelsea Renee Denn	All Other											
Elizabeth Ann Munson	All Other											
Chopra Anita	All Other											
Doerr Mark	All Other											
Murphy Timothy	All Other											
Reiner Bruce	All Other											
Uytana Vinson	All Other											
Selvadurai Deepan	All Other											
Mallela Rajitha	All Other											
Zang Michael Clark	All Other											
Ucpa Of Niagara County Inc	All Other	▼				▼			▼	▼		▼
General Physician Sub I Pllc	All Other											
Fernandez Stanley F	All Other											
Flint Jessica Marie	All Other											
Afshan Samad	All Other											
Colern Gerald	All Other											
Parkey Joe	All Other											
Marchetti Elizabeth	All Other											
Devine Debora Ann	All Other											
Mcvige Jennifer Williams	All Other											
Erie County Nysarc Inc	All Other	▼				▼			▼	▼		▼
Khan Jameela Yasmeen	All Other											



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Pyzikiewicz Laura Ann	All Other											
Frustino Jennifer Limina	All Other											
Donnelly Megan Christina	All Other											
Boorman Victoria Elizabeth	All Other											
Womens Medicine Of Niagara Pllc	All Other											
Azadfard Mohammadreza	All Other	▼			▼	▼			▼	▼		▼
Turner James	All Other											
Osborne Thomas	All Other											
Hueftle Mark	All Other											
Niedermayer Cathleen Marie Np	All Other											
Argentieri Jennifer Ann	All Other											
Crawford Kristen Marie	All Other											
Merino Ronald	All Other	▼							▼			
Erie County South East Corp V	All Other											
Salis Robertus J	All Other	▼			▼	▼			▼	▼		▼
Morais Joshua	All Other											
Hark Tiffany	All Other											
Sabharwal Gauravi	All Other											
Singh Kamaljot	All Other											
Jenkins Samantha Mildred	All Other											
Frederick Carla A	All Other											
Cattaraugus Co Chap Nysarc Hcbs 11	All Other											
Warner Place Adhc	All Other											
La Duca Emily	All Other	▼				▼			▼	▼		▼
Hurt Christophe	All Other											
Giyamani Ravi	All Other											
Burkholz Kimberly	All Other											
Snyder Kenneth V Md	All Other											
Levine Entela Pone	All Other											
Capote Nicole Eileen	All Other	▼							▼			
Vohwinkel Stacy Ann	All Other											



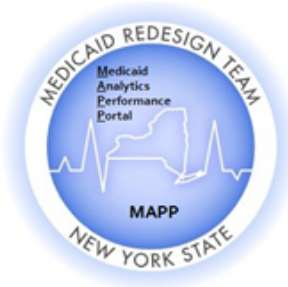
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Brynildsen Michael R	All Other											
Kirstein Ruta Marie	All Other											
Lynch Joshua Jeremiah	All Other											
Morrell Joseph	All Other											
Aikawa Taro	All Other											
Boyce Jennifer	All Other	▼			▼	▼			▼			
Thomas Bridget	All Other	▼			▼	▼			▼	▼		▼
Meesala Mrinalini	All Other											
Gliss Lindsay	All Other											
Baker Hall Inc DbA Baker Victory Se	All Other											
Debacco Laura Marjorie	All Other	▼							▼	▼		▼
King Stella O	All Other	▼				▼			▼	▼		▼
Rambarran Brian David	All Other											
Mersereau Margaret R	All Other											
Bierbrauer Mary D	All Other											
Park Sun	All Other											
Morotchie Cristi Morgan	All Other											
Tallman Jacob	All Other											
Goel Nimit	All Other											
Raza Shafi	All Other	▼							▼	▼		▼
Elderwood Assisted Living At Heathw	All Other											
Smyers Kristen L	All Other											
Rojek Jennifer L	All Other											
Thatigotla Bala Gangadhara Reddy	All Other											
Hurley Peter	All Other											
Gurske-Desperio Jennifer	All Other											
Schaus Benjamin	All Other											
Weingarten Michael	All Other											
Silva Meliton	All Other											
Sherban Ross	All Other											
Chautauqua County Chapter Of Nysarc	All Other	▼							▼			



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Patnaik Priyanka	All Other	▼			▼	▼			▼			
Khadim Haider Ali	All Other											
Eileen T Stocum	All Other											
Jones Joshua Md	All Other											
Vali Kaveh	All Other											
Marthia Vanessa Elizabeth	All Other	▼							▼			
Lema Gareth Mark Czamara	All Other											
Ahmad Misbah	All Other											
Harrington Amy	All Other											
Stahl Balaban Celeste	All Other											
Nixon Kerri	All Other											
Novick Michael	All Other											
Degraff Memorial Hospital	All Other	▼			▼	▼			▼	▼		▼
Diaz Del Carpio Roberto O	All Other	▼							▼			
Mckenna Peter Francis	All Other	▼				▼			▼	▼		▼
Bhat Seema Ali Md	All Other											
Sheehan-Schreck Pamela Marie	All Other											
Wyoming County	All Other											
Bucello Margaret Ann	All Other											
Sodhi Vikram	All Other											
Brogan Michael M	All Other											
Tisdale Britton	All Other											
Vacanti Victor Jude	All Other											
Ratliff David	All Other											
Patel Sonal	All Other											
Coppola Alyson Lynn	All Other											
Reddington Madonna Marie	All Other	▼			▼	▼			▼	▼		▼
Damon Colby A	All Other											
Scirto Kirk Anthony	All Other	▼			▼	▼			▼	▼		▼
Peerzada Maajid M Md	All Other											
Nehme Elie Antoine	All Other	▼							▼			



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Simmons Brynn Louise	All Other											
Banifatemi Reza	All Other											
Decastro Jody	All Other	▼					▼		▼			
Nyardo Stanley	All Other											
Cavazos Cristina	All Other											
Rojas Luisa F Md	All Other											
Keicher Mallorie Lynn	All Other											
Niagara Falls Kidney Care Center	All Other											
Miller Tashana Chaniece	All Other											
Dolensek Christian	All Other	▼			▼	▼			▼	▼		▼
Palliative Home Care Of Niagara Inc	All Other											
Olean General Hospital	All Other											
Johnson-Clark Katelyn Elizabeth	All Other	▼				▼			▼			
Gupta Sangeeta	All Other											
Fassihi Amir	All Other											
Ladner Christo	All Other											
Derosa Daniela	All Other											
Cruz Dessialis	All Other	▼							▼			
Ip Vicki Md	All Other	▼			▼	▼			▼	▼		▼
Packianathan Nalini Bridget	All Other											
Corliss Jennifer M Md	All Other	▼			▼	▼			▼	▼		▼
Wild Christine A	All Other	▼							▼	▼		▼
Tomaszewski John	All Other											
Saeed Mohammad Arshad	All Other	▼					▼	▼				
Okazaki Saburo	All Other	▼			▼	▼			▼			
Merza Hussein	All Other											
Ozcan Cevher	All Other											
Rutkowski John M Md	All Other											
Peer Matthew Gerard	All Other											
Riedy Nicole	All Other	▼							▼			
Adomako Angela Asiedua Md	All Other	▼								▼		▼



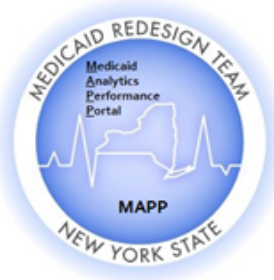
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Samuel Natasha	All Other											
Mountain Emily Margaret	All Other											
Bart Joseph Aaron	All Other											
Ibrahim Ameer Md	All Other											
Highpointe On Michigan Hlth Cr Fac	All Other	▼			▼	▼						
Majumdar Indrajit	All Other											
Poreda Andrew Robert	All Other											
Bordonaro Samantha F	All Other											
Brotka Marti Lange	All Other	▼							▼	▼		▼
Behrens Torsten	All Other											
Wilson Juliana E	All Other											
Dominguez Ivan	All Other											
Jeyapalan Gerald Rajish	All Other											
Fogel Jonathan T	All Other											
Pugh Jennifer	All Other											
Lajko Jennifer	All Other											
Adragna Michael S	All Other	▼			▼	▼			▼	▼		▼
Peyser Michael Bardo	All Other											
Martin Susan G	All Other	▼							▼			
Preferred Physician Care Pc	All Other											
Talevski Julie	All Other	▼				▼			▼	▼		▼
Akers Stacey Nicole	All Other											
Kathryn Convissar Korff	All Other											
Fu Philip David	All Other											
Arora Gautam	All Other											
Dsouza Caroline Ann	All Other											
Leiser Elizabeth A	All Other											
Boscarino Martin Anthony	All Other											
Cozza James	All Other											
Bond Virginia Kathryn	All Other											
Chouchani Christian P	All Other											



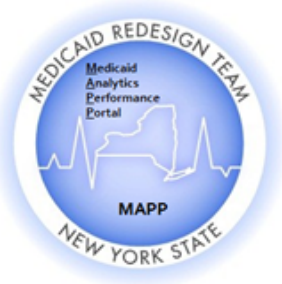
New York State Department Of Health
 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Saravanan Rohith	All Other	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Kaufman Rachel Beth	All Other											
New Vision Services Inc Nhtd	All Other											
Laura Ford-Mukkamala	All Other											
Mango Laura Janeen	All Other	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			
Andrea Sturniolo Pa	All Other											
Sood Prerna	All Other											
Song Jinhwa	All Other	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Palliative Home Care Of Niagara Inc	All Other											
Khulpateea Beman Roy	All Other											
Steeprock Shelley Dawn	All Other											
Speta Kathleen	All Other											
Yang Min	All Other	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Ghazi Muhammad Ahmad	All Other	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grewal Amarpreet	All Other	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Yu Jeffrey John	All Other	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Allen Amy Jeanne	All Other											
Mccolgin Sterling Wayne	All Other											
Roswell Park Cancer Inst	All Other	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Kasuba Khristina	All Other											
Jarvis James	All Other											
Brathwaite Lisa Michelle	All Other	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Gu Eugene Yuejie	All Other											
Chautauqua County Department Of Mh	All Other	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Jo Joo Kyeong	All Other											
Keystone Medical Services Of Niagar	All Other											
Alkhoury Razan H	All Other											
Canale Megan Marie	All Other											
Matier Brian	All Other											
Kuruvilla Elizabeth	All Other	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			
Melanson Julia Diane	All Other											



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Domnisch Frank Joseph	All Other											
Barnabei Vanessa Marie	All Other	▼							▼	▼		▼
Huff Devon Michael	All Other											
Christie Jordan Kail	All Other											
Farooq Osman	All Other	▼			▼	▼			▼	▼		▼
Nguyen Toan Thien	All Other											
Caterina Anthony Michael	All Other	▼							▼	▼		▼
Savo Anthony Michael	All Other											
People Inc Csz38	All Other	▼			▼	▼			▼	▼		▼
Fuller Linda Marie	All Other	▼							▼			
Zmuda Joyce Leanne	All Other	▼							▼			
Vincent Kattie Jane	All Other	▼								▼		▼
Mayle Ryan W	All Other											
Grupka Adam Gerard	All Other											
Riga Peter John	All Other											
Rule John	All Other											
Kataria Nitu	All Other	▼							▼			
Community Services For The Dd Fsr 1	All Other	▼			▼	▼	▼	▼		▼		▼
Aspire Of Wny Ics	All Other											
Persaud Amanda	All Other	▼							▼	▼		▼
Trillizio Jennifer P	All Other											
O'Mara Sarah Anne	All Other											
Richardson Valerie Rose	All Other											
Small Lolita S	All Other											
Hanahan Laura Jane	All Other											
Pihblad Matthew	All Other											
Kallash Mahmoud	All Other											
Beck Hiroko	All Other											
Hernandez Evette M	All Other											
Imbrogno Vincent Michael	All Other											
Niagara County Department Of Health	All Other											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Zhang Mei	All Other	▼							▼			
Banerjee Sara	All Other											
Petroziello Michael	All Other											
Shepard Daronda Larithea	All Other											
Yacob Gabriel E	All Other											
Hildick Jill Anne	All Other	▼			▼	▼			▼	▼		▼
Territo Heather M	All Other	▼							▼			
Bradfield-Mcgee Kristina	All Other											
Dembski Jennie Lynn	All Other	▼							▼	▼		▼
Kruzel Kelli Jean	All Other											
Willis Misty L	All Other	▼					▼		▼			
Danforth Teresa Louise	All Other											
Kirakosyan Armen Artashovich	All Other											
Rebecca Jean Beardsley	All Other	▼			▼	▼			▼	▼		▼
Dang Neha	All Other											
Kuhadiya Nitesh D	All Other											
Wadhawan Sachin	All Other											
Pequeen Theresa	All Other											
Batra Manav	All Other											
Liu Weiguo	All Other											
Krzystek Marc A	All Other											
Rayner Laura Jean	All Other											
Al-Atrash Fida	All Other											
Rivershore Ics	All Other											
Paolucci Patrice Renee	All Other											
Borke Jesse Abraham	All Other											
Reynolds Renee M	All Other											
Herbst Brian Alan	All Other	▼							▼			
Ezzo Megan Deanna	All Other											
Mata Brian	All Other											
Sajdak Ashley A	All Other	▼							▼			



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Barrett Matthew James	All Other											
Lau Anna Louise	All Other											
Park Etern	All Other											
Eckler Justin	All Other											
Patel Janki Ashok	All Other											
Roorda Cheri L	All Other	▼					▼	▼				
Cattaraugus Rehabilitation Center I	All Other	▼			▼	▼						
Perry Gregory Collin	All Other											
Scarbinsky Aislinn Marie	All Other											
Eastern Niagara Hospital Inc	All Other	▼								▼		▼
Raja Quratul Ain	All Other	▼							▼			
Andera Kari Jo	All Other	▼								▼		▼
Wang Yubao	All Other	▼							▼			
Rosario Stephanie	All Other											
Worczak Marianna	All Other	▼							▼			
Bajwa Rajinder Pal Singh	All Other	▼							▼			
Burke Megan Elizabeth	All Other											
Sharma Umesh C	All Other											
Rogers Jennifer Lynn	All Other											
Reynolds Jeffrey Mullin	All Other											
Raisor Eva K	All Other											
Shirani Peyman	All Other											
Moore Molly Elizabeth	All Other											
Fasanello Joseph Francis	All Other	▼							▼			
Taylor Martina	All Other											
Satra Ankita	All Other	▼							▼			
Rong Rong	All Other											
Pecherzewski Brad	All Other											
Lance Nancy Mordan	All Other											
Bell Lauren Rae	All Other	▼							▼	▼		▼
Resource Center Chautauqua Arc Ics	All Other											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Auerbach Samantha Laine	All Other											
Nowak Heidi	All Other	▼							▼	▼		▼
Sohal Kunwardeep	All Other											
Faliszek James	All Other											
Przybelinski Krista	All Other											
Beckwith Michael Gregory	All Other	▼							▼	▼		▼
O'Connell Kevin Anthony	All Other											
Ajay Narhari Panchal	All Other											
Kossow Ronald Jay	All Other											
Elkin Peter L	All Other	▼							▼			
Kuchuk Robert	All Other	▼							▼			
Walsh Andrea Hendrika	All Other	▼								▼		▼
Kandel Amatya Sirisa	All Other											
Michel Sandra J	All Other											
Wajid Faiza	All Other											
Kim Eugene	All Other											
Kindzia Amanda Jean	All Other											
Schwarz Colleen Michelle	All Other											
Wlodarek Beth R	All Other											
Anderson KerENZA Anne	All Other											
Johnson Jeffrey Richard	All Other	▼							▼	▼		▼
The Chautauqua Center Inc	All Other	▼	▼		▼	▼	▼	▼	▼	▼		▼
Rudloff Mary Elizabeth	All Other											
Kovalenko Oleg Georgievich	All Other											
Hansen Renee L	All Other											
Nilam Sridhar	All Other	▼				▼			▼	▼		▼
Harmon Carroll McWilliams	All Other											
Nazareth Michael	All Other											
Karpie John	All Other											
Parente Julianne	All Other											
Barcena Merlie M	All Other											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Coloprisko Sara Ann	All Other											
Griffin Shane P	All Other											
Jabi Feraas	All Other											
Dargout Shelia	All Other											
Chen William Chun-Ying	All Other											
Riester Heather C	All Other											
Miller Nicole E	All Other											
Wasson Allison Leigh	All Other	▼							▼			
Seager Tiffany Lynn	All Other											
Urban Family Practice Pc	All Other	▼							▼			
1818 Como Park Blvd Operating	All Other	▼			▼	▼			▼			
4459 Bailey Ave Operating Co Llc	All Other	▼			▼							
4800 Bear Road Operating Co Llc	All Other											
Singh Shipra	All Other											
Husted Tracie M	All Other	▼							▼			
Varma Anjali	All Other											
Walsh Nancy Rita	All Other											
Salazar Moreno Wayra Ysi	All Other	▼							▼			
Kakish Khalid Salem	All Other											
Matteliano Andrea M Pa-C	All Other											
Nazareth Helen Marie	All Other											
Zlotnick David Michael	All Other											
Doak Jeremy Paul	All Other											
Chou Joli Chien-Ya	All Other											
Devgun Ravinder Kaur	All Other											
Vattipally Vikram Reddy	All Other											
Oneill Jenna Lyn	All Other											
225 Bennett Road Operating Co Llc	All Other	▼			▼	▼			▼			
Arnold Ryan Christopher	All Other											
Henderson Jennifer Gayle	All Other											
Safarzadeh-Amiri Sara	All Other	▼							▼	▼		▼



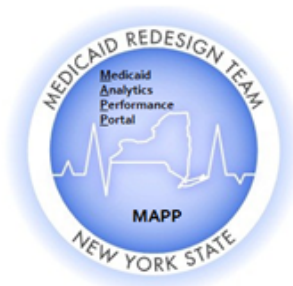
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Vallone Marisa Ann	All Other											
Olson Douglas P	All Other											
Greenberg Katherine Blumoff	All Other											
Jericho Road Ministries	All Other	▼			▼	▼	▼	▼	▼	▼		▼
Lyon Cheryl	All Other	▼							▼			
Brebner Angelle Avian Denise	All Other											
Freitas Michael	All Other											
O'Hara Andrew Lawrence	All Other											
Christopher Andrea	All Other	▼							▼	▼		▼
Jordan Jeffrey Michael	All Other											
Malik Shaveta	All Other											
Cooper Clairice	All Other											
Liu Cici	All Other											
Lugo Robert	All Other	▼							▼			
Yampikulsakul Pojchawan	All Other											
Wilson Victoria A	All Other											
Armstrong Robert	All Other											
Malhotra Saurabh	All Other											
Gleason Kirstin	All Other											
Petras Melissa	All Other											
Rothstein David	All Other											
Frisch Nora	All Other											
Swenson Krista Marie	All Other											
Pratt Rebecca E	All Other											
Leszak Paula White	All Other	▼							▼			
Sorkin Grant C	All Other											
Szczepanski Jamie Lynn	All Other											
Jeganathan Rajkumar	All Other	▼							▼	▼		▼
Sullivan Heather	All Other											
Dlugosz Michael	All Other	▼							▼			
Gerhardt Tina	All Other	▼							▼			



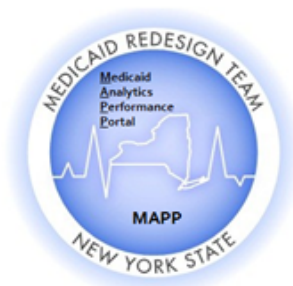
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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Desai Sonal	All Other											
Mangat Simmanjeet	All Other	▼					▼		▼			
Wolf Lauren Ashley	All Other											
Grates Sciarrino Alexis Anne	All Other											
Silverman Jessica Amy	All Other											
Hare Katie Lynne	All Other											
Fiddlers Green Manor Nh	All Other	▼			▼	▼						
200 Bassett Road Operating Company	All Other	▼			▼	▼			▼			
Amandeep Pal Md Pllc	All Other											
Zhang Nan	All Other											
Harloff Erika	All Other	▼							▼	▼		▼
Vaillancourt Tylor R	All Other											
Siracuse Kristen Marie	All Other	▼							▼	▼		▼
Sultana Razia	All Other											
Cantie Shawn Michael	All Other											
King Kathleen P	All Other											
Dennison Patrick R	All Other	▼							▼	▼		▼
5775 Maelou Drive Operating Company	All Other	▼			▼							
Watson Nicholas Joseph	All Other											
2850 Grand Island Blvd Operating Co	All Other	▼			▼	▼			▼			
37 North Chemung Street Operating C	All Other											
2600 Niagara Falls Blvd Operating C	All Other	▼			▼	▼			▼			
Sticht Rebecca M	All Other											
Delaware Heights Receiver Llc	All Other	▼			▼							
Drake Nicole L	All Other											
Henley Jewell Ann	All Other	▼							▼	▼		▼
Krolikowski Allana	All Other	▼								▼		▼
O'Leary Ronan Daniel	All Other	▼							▼	▼		▼
Falco Ashley Nicole	All Other											
Ward Mallory K	All Other											
Wolfley Amanda Marie	All Other											



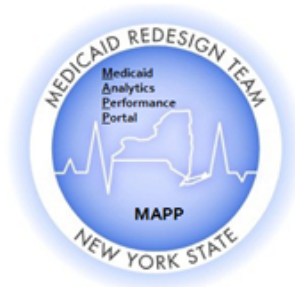
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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Young Janelle Kathryn	All Other											
Gosine Deepa K	All Other	▼							▼			
Biondolillo Christopher Charles	All Other	▼							▼	▼		▼
Kumar Malini	All Other											
Ludwig Carrie A	All Other	▼							▼	▼		▼
Colquhoun Janelle	All Other	▼					▼		▼			
Heathwood Assisted Living At Willia	All Other											
Lutkoff Rebekah	All Other	▼								▼		▼
Khatod Elaine	All Other											
Omrdd/Baker Victory Services	Uncategorized											
Innovative Services Inc	Uncategorized											
Total Senior Care Pace	Uncategorized											
Child/Family Ser Of Erie Co B2h	Uncategorized											
Erie County Chapter Nysarc Inc B2h	Uncategorized											
Tonawanda Pediatrics - Robinson Rd	Uncategorized											
Varga, Margaret,	Uncategorized	▼					▼	▼				
Partell, Lisa, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Scorsone, Carol, Lcsw	Uncategorized											
Housing Crsi	Uncategorized											
Mosher, Rebekah,	Uncategorized											
Jaus, Samantha, Pa	Uncategorized											
Mazur, Tom, Psyd	Uncategorized											
Niagara Geriatric Center	Uncategorized											
Melton, Michelle, Bswmba	Uncategorized	▼					▼	▼				
Perkowski, Stefan,	Uncategorized											
Borkowski, Nicole,	Uncategorized											
Hejna, Temperance, Casact	Uncategorized	▼					▼	▼				
Leinweber, Sandra, Rn	Uncategorized											
Center For Remote Medical Management	Uncategorized											
Rotta, Alexandre, Md	Uncategorized											
Jones, Vanessa,	Uncategorized											



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Hennessy, Kevin, Nurseprac	Uncategorized											
Evans, Sydney, Cattaraugus County Department Of Community Services	Uncategorized											
Kraska, Ronald, Otr	Uncategorized	▼					▼	▼				
Kolasinski, Joseph, Cattaraugus County Department Of Community Services	Uncategorized											
Mendyk, Heather,	Uncategorized	▼					▼	▼				
Blatchley, Jessica, Cattaraugus County Department Of Community Services	Uncategorized											
Frigon, Christopher, Lcsw	Uncategorized											
Erie County Health Dept - Special Needs Preschool Program	Uncategorized											
Middlebrooks, Quilette,	Uncategorized											
Tender Loving Family Care, Inc.	Uncategorized											
Gazzoli, Nicholas,	Uncategorized	▼					▼	▼				
Scozzaro, Corinna, Niagara Cerebral Palsy	Uncategorized											
Brown, Candyce, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Preschool Supportive Health Service, , Genesee County Health Department	Uncategorized											
Milella, Gina, Crna	Uncategorized											
Wilson, Ralph	Uncategorized	▼					▼	▼				
Hawkins, Erin, Mscasac	Uncategorized											
Wielbon, Edna,	Uncategorized											
Grimmer, Michele,	Uncategorized											
O'Keeffe, Shannon	Uncategorized											
Erie County Dept. Of Health	Uncategorized											
Marcolini, Courtney	Uncategorized											
Hammond, Jacqueline,	Uncategorized											
Harris, Peter, Chautauqua County Chapter Nysarc Inc/Db a The Resource Center	Uncategorized											
Kenneth L. Gayles, M.D., P.C.	Uncategorized											
Hoffman, Karen, Np	Uncategorized											
Mclure Dental Services	Uncategorized											
Burgess, Catherine, Chautauqua County Health Department	Uncategorized											



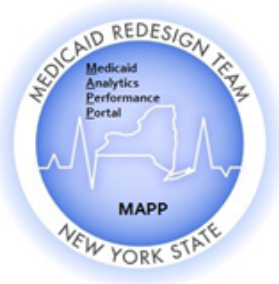
New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i	
Stange, Tracy,	Uncategorized	▼					▼	▼					
Rothman, Alyssa,	Uncategorized												
Jaffray, Rachel,	Uncategorized												
George, Mary Lou, Lcsw	Uncategorized												
Muraca, Molly,	Uncategorized	▼					▼	▼					
Sulewski, Joanne, Md	Uncategorized												
Krishna, Chandan, Md	Uncategorized												
Bradley, Joshua, Horizon Health Services, Inc.	Uncategorized												
Goodwin, Jennie	Uncategorized												
Rivera, Lisa, Fnp	Uncategorized												
Safire Rehabilitation Of Northtowns	Uncategorized												
Brown, Lawler, As	Uncategorized												
Seaner, Lauren, Center For Ambulatroy Surgery Inc	Uncategorized												
Forstadt, David	Uncategorized												
New Directions Youth & Family Services Inc	Uncategorized												
Colangelo, Leigh, Niagara Cerebral Palsy	Uncategorized												
Marker, David, Crna	Uncategorized												
Notaro, Julie, Casac	Uncategorized	▼					▼	▼					
Mcghee, Mary, Ba	Uncategorized												
Redick, Robert, Otr	Uncategorized	▼					▼	▼					
Baker Victory Services	Uncategorized												
Freeman, Connie,	Uncategorized												
Desantis, Stephanie, Ms	Uncategorized	▼					▼	▼					
Lapi, Joseph, Ms	Uncategorized	▼					▼	▼					
Cordero, Diana,	Uncategorized												
Lusk, Allison,	Uncategorized	▼					▼	▼					
Hole, Elizabeth,	Uncategorized	▼					▼	▼					
Hawkins, Nichole, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼					
Ho-Laumann, Nancy, Md	Uncategorized												
Community Services For The Developmentally Disabled, Inc	Uncategorized	▼					▼	▼					
Carutis, Alexis, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼					



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Grant, Jean, Casac	Uncategorized											
Nasrin, Deixy, Crna	Uncategorized											
Radice, Christina	Uncategorized											
Bucholtz, Corinne	Uncategorized											
Santana, Karen,	Uncategorized											
Orchard Manor Inc.	Uncategorized											
Raimondo, Jennifer, Niagara Cerebral Palsy	Uncategorized											
Crestwood Health Care Center Inc.	Uncategorized											
Mcguire, Rosemarie, Np	Uncategorized											
Stiglmeier, Jessica, Lmsw	Uncategorized											
Proctor, Dannielle, Cattaraugus County Department Of Community Services	Uncategorized											
Cranston, Thomas, Msed	Uncategorized											
Linton, Melissa,	Uncategorized											
Garrison, Tracy, Casac	Uncategorized	▼					▼	▼				
O'Connor, Belinda, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Glover, Cassidy, Cattaraugus County Department Of Community Services	Uncategorized											
Malhotra, Mona, Crna	Uncategorized											
Neilson, Barbara, Np	Uncategorized											
Kott, Stephanie, Pa	Uncategorized											
Dugan, Kelsey, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Wilson, Genesta,	Uncategorized											
Carlson, Roni, Crna	Uncategorized											
Wood, Beatrice, Phd	Uncategorized											
Bennett, Megan	Uncategorized											
Karemba-Hayes, Farai, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Morris, Rachael, Horizon Health Services, Inc.	Uncategorized											
Kelley, Sara,	Uncategorized	▼					▼	▼				
White, Arianna	Uncategorized											
Botsford, Shannyn	Uncategorized											



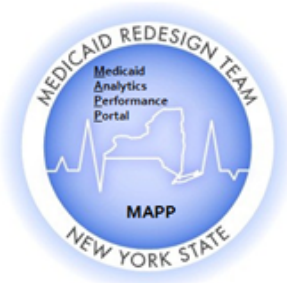
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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Simpson, Robyn,	Uncategorized											
Steinhaus, Beth, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Hughes, Alicia, Ms	Uncategorized											
Mcelrath, James, Lcsw	Uncategorized											
Boucounis, Jennifer, Ms	Uncategorized											
North Tonawanda City School District	Uncategorized											
Colburn, Dawn, Cattaraugus County Department Of Community Services	Uncategorized											
Hanson, Kevin	Uncategorized	▼					▼	▼				
Romero, Ricardo, University Psychiatric Practice, Inc.	Uncategorized											
Wells, Jennifer, Lcswr	Uncategorized											
Cercone, Dawn, Pnp	Uncategorized											
Fonti, Linda, Rn	Uncategorized											
Goltz, Hollani,	Uncategorized	▼					▼	▼				
Luhr Johnson, Mary, Crna	Uncategorized											
Riley, Jean, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Comerford, Patrick, Gbuahn	Uncategorized											
Vera, Molly,	Uncategorized											
Majewski, Katie,	Uncategorized											
Farris, Colleen,	Uncategorized	▼					▼	▼				
Schultz, Heather, Crna	Uncategorized											
Niagara Falls City School District	Uncategorized											
Gamble, Lisa, Lmsw	Uncategorized											
Mccree, Maxine, Rn	Uncategorized											
O'Brien, Catherine, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Turning Point House Crsi	Uncategorized											
Arani, Djavad, Md	Uncategorized											
Boneberg, Richard, Crna	Uncategorized											
Dinezza, Gary, Phd	Uncategorized											
Thornton, Marlon	Uncategorized	▼					▼	▼				
Rivett, Joseph,	Uncategorized	▼					▼	▼				
Act Risperdal, , Spectrum Human Services	Uncategorized	▼					▼	▼				



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Page, Scott, Niagara Cerebral Palsy	Uncategorized											
People Inc	Uncategorized											
New Beginnings Crsi	Uncategorized											
Connor, Michael,	Uncategorized											
Corey, Leidenfrost, University Psychiatric Practice, Inc.	Uncategorized											
Turner, William, Crna	Uncategorized											
Polechetti, Karen, Crna	Uncategorized											
Johnson, Seabron, Ms	Uncategorized											
Conant, Douglas, Phd	Uncategorized											
Devantier, Gail,	Uncategorized											
Granger, Carl, Md	Uncategorized											
Banach, Brenda, Lmswcasa	Uncategorized											
Smith, Karen, Lmsw	Uncategorized	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Monahan, Meghan, Cattaraugus County Department Of Community Services	Uncategorized											
Southworth, Lori , Niagara Cerebral Palsy	Uncategorized											
Schug, Loretta, Niagara Cerebral Palsy	Uncategorized											
Jasinski, Carly,	Uncategorized	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Hastings, Brittany,	Uncategorized	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Dry, Joshua, Cattaraugus County Department Of Community Services	Uncategorized											
Hollingdrake, Elizabeth,	Uncategorized											
Shvarts, Svetlana, Ms	Uncategorized											
Machado, Sandra, Md	Uncategorized											
Pensero, Ali, Crna	Uncategorized											
Dusel, Helen, Dds	Uncategorized											
Peperone, Joanne , Horizon Health Services, Inc.	Uncategorized	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Cattaraugus County	Uncategorized											
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Brown, Melissa, Horizon Health Services, Inc.	Uncategorized	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Morreale, Marilyn, Niagara Cerebral Palsy	Uncategorized											
Ivy House Crsi	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Meyer, Matthew, Crna	Uncategorized											
Mccullough, Kecia,	Uncategorized	▼					▼	▼				
Fazzino, Jeffrey,	Uncategorized											
Norton, Nicole, Bscasac	Uncategorized											
Admoz, Lord	Uncategorized	▼					▼	▼				
Erie County Medical Center Corporation	Uncategorized											
Cellini, Dominique,	Uncategorized	▼					▼	▼				
Staffield, Jillian,	Uncategorized											
Powell, Cathrine, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
May, Mindi,	Uncategorized											
Bower, Karen, Pt	Uncategorized											
Erie County Medical Center Corporation	Uncategorized											
Janiszewski, Mary, Niagara Cerebral Palsy	Uncategorized											
Bell, Christian, Lcsw	Uncategorized											
Valvo, Krystal, Casac	Uncategorized	▼					▼	▼				
Catanzaro, Danielle,	Uncategorized	▼					▼	▼				
Kistner, Rebecca,	Uncategorized											
Ogilvy, Christopher, Md	Uncategorized											
Mason, Susan,	Uncategorized											
Nazario, Robert, Lmsw	Uncategorized											
Pasternak, Paul, Ms	Uncategorized	▼					▼	▼				
Grisante-Betz, Judy, Crna	Uncategorized											
Roswell Park Cancer Institute	Uncategorized											
Deeble, Debra,	Uncategorized	▼					▼	▼				
Belding, Hank,	Uncategorized											
Goodrich, Lisa,	Uncategorized											
Ouellette, Wendy, Crna	Uncategorized											
Romano, Robert, Rnfa	Uncategorized											
Trapasso, Kit, Niagara Cerebral Palsy	Uncategorized											
Schnell, Cassandra, Crna	Uncategorized											
Buras, Morgan,	Uncategorized											



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Keisic, Kaitlyn,	Uncategorized	▼					▼	▼				
Niagara Pulmonary And Sleep Medicine, P.C.	Uncategorized											
Bergman, Dennis, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Uncategorized											
Gruttadauria, Salvatore, Aud	Uncategorized											
Cogdell, Iris, Casac	Uncategorized											
Korman, Sheila, Lcswracs	Uncategorized											
Dunbar, Nicole, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Roth, Lindsey, Crna	Uncategorized											
Geschwender, Krystina,	Uncategorized	▼					▼	▼				
Stark, Christa,	Uncategorized											
Grice, Shari, Chautauqua County Health Department	Uncategorized											
Jacobs, Laurie, Pa	Uncategorized											
Maplewood Health Care Center Inc.	Uncategorized											
Pozak li, Richard, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Lake Shore Behavioral Health	Uncategorized	▼					▼	▼		▼		▼
Darner, Theresa,	Uncategorized											
Dombrowski, Fredrick, Malmhc	Uncategorized											
Walsh, Kelly	Uncategorized											
Jarrell, Meghan,	Uncategorized	▼					▼	▼				
Botticelli, Jacquelyn, Np	Uncategorized											
Fritton-Close, Lorelei,	Uncategorized	▼					▼	▼				
Stevanovic, Kristin,	Uncategorized											
Hayden, Laura, Niagara Cerebral Palsy	Uncategorized											
Smith, Michelle, Niagara Cerebral Palsy	Uncategorized											
People Inc.	Uncategorized											
Sullivan, Patricia, Crna	Uncategorized											
Chiaravalle, Michael,	Uncategorized											
Klos, Samantha,	Uncategorized	▼					▼	▼				
Rickard, Lindsey, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Krebs, Mary, Fnp	Uncategorized											
Health System Services, Ltd.	Uncategorized											



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Randolph, Karen , Absolute Care Of Allegany	Uncategorized											
Rangel-Castilla, Leonardo, Md	Uncategorized											
Meagher, Lindsay, Lmsw	Uncategorized	▼					▼	▼				
Wagner, Gina, Np	Uncategorized											
Saeva, Joseph, Casacnca	Uncategorized											
Plec, Kristen,	Uncategorized											
Isaacson, Jennifer,	Uncategorized	▼					▼	▼				
De Nisco, Dawn, Crna	Uncategorized											
Hart, Caitlin, Pac	Uncategorized											
Pates, Jessica	Uncategorized											
Salman, Najmul, Md	Uncategorized											
Martino, Robert, Crna	Uncategorized											
Orleans County Office For The Aging	Uncategorized											
Mccarty-Neveu, Tina, Casac	Uncategorized											
Dotzier, Melissa, Horizon Health Services, Inc.	Uncategorized											
O'Banion, Mallary, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Sullivan, Alyssa, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Moran, Alexandra,	Uncategorized											
Kibler, Mitchell,	Uncategorized	▼					▼	▼				
Lehman, Mark, Wayne Arc	Uncategorized											
Lewis, John, Md	Uncategorized											
Ehlert, Gary, Md	Uncategorized											
Ostapoff, Katherine, Md	Uncategorized											
Propheter, Jennifer, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Dubois, Sherita,	Uncategorized											
Acacia Family Health	Uncategorized											
Braymiller, David,	Uncategorized											
Mccarthy, Shannon, Dds	Uncategorized											
Miller, Shelley, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Jacob, Michelle, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
People Inc	Uncategorized											



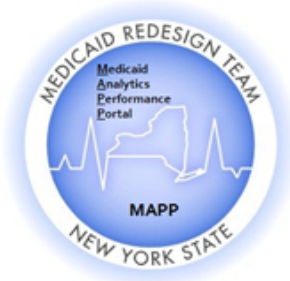
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Liutkus, Jonas,	Uncategorized	▼					▼	▼				
Burdick, Nicole, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Karemba, Felistas,	Uncategorized	▼					▼	▼				
Buncy, Lindsay,	Uncategorized											
Crowden, Katie, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Lockport Pharmacy Inc	Uncategorized											
Wheel Chair Home Inc.	Uncategorized											
Kingsbury, Eric, Casact	Uncategorized	▼					▼	▼				
Western New York Independent Living Project, Inc.	Uncategorized											
Secic, Nancy, Niagara Cerebral Palsy	Uncategorized											
Jankowski, Patricia,	Uncategorized	▼					▼	▼				
Madding, Amanda, Msw	Uncategorized	▼					▼	▼				
Woogen, Michelle, Ma	Uncategorized											
Woodman, Henri, Md	Uncategorized											
Flanagan, Kevin, Avd	Uncategorized											
Miller, Thomas, Casac	Uncategorized											
Bretzin, Maureen, Cattaraugus County Department Of Community Services	Uncategorized											
Borelli, Carol Anne, Niagara Cerebral Palsy	Uncategorized											
Metcare Rx Buffalo Inc	Uncategorized											
Total Senior Care Inc	Uncategorized											
Uebelhoer, Donna, Bs	Uncategorized											
Baker Victory Services	Uncategorized											
Hint, Kelly, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Watson, Heather, Psyd	Uncategorized											
Cazenovia Recovery Systems Inc	Uncategorized	▼								▼		▼
Briguglio, Ariel,	Uncategorized	▼					▼	▼				
The Gerry Homes	Uncategorized											
Roberts, Jodie, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Morelli, Kathy, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
White, Ann,	Uncategorized											
Erie County Department Of Senior Services	Uncategorized											



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Rizzo, Rachell	Uncategorized											
Preferred Home Care Inc.	Uncategorized											
Dabkowski, Joe, Northpointe Council, Inc.	Uncategorized	▼					▼	▼				
Blacha, Tina, Nurseprac	Uncategorized											
Tarasevich, Natalya, Pa	Uncategorized											
Kitts, Caitlyn,	Uncategorized	▼					▼	▼				
Dicara, Nicole,	Uncategorized											
Foy, Crystal, Msed	Uncategorized											
Bowback, Ann, Casac	Uncategorized											
Chipman, Julie, Lcsw	Uncategorized											
Foss, Maria, Nnp	Uncategorized											
Sommer, Tara,	Uncategorized	▼					▼	▼				
Barb Walker, Np	Uncategorized											
Lane, Michelle, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Palmer, Amanda, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Ratajczak, Amanda,	Uncategorized	▼					▼	▼				
Becker, Stephanie,	Uncategorized											
Zimmerman, Patricia,	Uncategorized											
Breckner, John,	Uncategorized											
Beatty, Cynthia, Cattaraugus County Department Of Community Services	Uncategorized											
Lackawanna City School District	Uncategorized											
Sahr, Courtney,	Uncategorized											
Complete Senior Care	Uncategorized											
Salemi, Adam,	Uncategorized											
Shields, Emily,	Uncategorized	▼					▼	▼				
Simpson, George, Md	Uncategorized											
Cummings, Dechantel, Lmsw	Uncategorized											
Anderson, Cindy, Crna	Uncategorized											
Finnegan, Michael, Msed	Uncategorized											
Quinn, Amanda, Cattaraugus County Department Of Community Services	Uncategorized											



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Munich, Stephan, Md	Uncategorized											
Lake Shore Behavioral Health Inc	Uncategorized	▼					▼	▼		▼		▼
Bell, Sandra, Fnpwhnp	Uncategorized											
Bailey, Karen, Niagara Cerebral Palsy	Uncategorized											
Rodriguez, Heidi, Lmhc	Uncategorized											
Erie County Medical Center	Uncategorized											
Sember, Jessica,	Uncategorized											
Sonig, Ashish, Md	Uncategorized											
Safire Rehabilitation Of Southtowns	Uncategorized											
Clayson, Amanda,	Uncategorized											
Zimmerman, Karen, Casac	Uncategorized	▼					▼	▼				
Burrows, Helen, Southern Tier Community Health Center Network, Inc.	Uncategorized											
Oquist, Cheryl, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Jackson, Timothy, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Peterson, Christine,	Uncategorized	▼					▼	▼				
Joshi, Anita, Gbuahn	Uncategorized											
Jaimes, Christine, Lcswr	Uncategorized	▼					▼	▼				
Roswell Park Cancer Institute	Uncategorized											
Nagel, Brooke,	Uncategorized	▼					▼	▼				
Nice, Kimberly,	Uncategorized											
Breier, Crystal, Fnp	Uncategorized											
Lupkin, Ivar, Crc	Uncategorized	▼					▼	▼				
Symonds, Sue, Ms	Uncategorized	▼					▼	▼				
Dorety, Kaitlyn,	Uncategorized											
Burdick, Rebecca, Niagara Cerebral Palsy	Uncategorized											
Harrington, Rachel, Niagara Cerebral Palsy	Uncategorized											
Krieger, Joann,	Uncategorized											
Westfield Family Physicians	Uncategorized											
Doedema, Michelle,	Uncategorized											
Wolf, Barbara, Lcsw	Uncategorized											



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Millennium Collaborative Care (PPS ID:48)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.ii	3.b.i	3.f.i	4.a.i	4.d.i
Sendker, Megan	Uncategorized											
Panzarella, Kailey, Msed	Uncategorized											
Maurer, Kelly,	Uncategorized											
Mongiovi, Jennifer, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Jaquith, Amy, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Ecker, Ashley, Northpointe Council, Inc.	Uncategorized	▼					▼	▼				
Rudolph, Mary, Np	Uncategorized											
Ross, Carol, Lcswr	Uncategorized											
Chautauqua County Department Of Health	Uncategorized											
Zemla, Vickie, Bscasac	Uncategorized	▼					▼	▼				
Barber li, Frederick, Cattaraugus County Department Of Community Services	Uncategorized											
Hayes, Dale,	Uncategorized											
Borgogelli, Lynn, Lmsw	Uncategorized	▼					▼	▼				
Gatewood, Dessie,	Uncategorized											
Barbour, Lynlee,	Uncategorized											
Connelly, Lara, Msrpc	Uncategorized											
Bosi, Renee, Horizon Health Services, Inc.	Uncategorized											
Kostelny, Nancy, Lmhc	Uncategorized											
Lawson, Daniel,	Uncategorized	▼					▼	▼				
Nielsen, Nancy, Md	Uncategorized											
Zorn, William, Phd	Uncategorized											
Child And Family Services Of Erie County	Uncategorized											
Fisher, Kristen, Lpnbsc	Uncategorized	▼					▼	▼				
Siepierski, Rebecca,	Uncategorized	▼					▼	▼				
Broom, Catherine, Mid-Erie Mental Health Services	Uncategorized											
Miliotto, Alexandra	Uncategorized											
Venture Forthe, Inc.	Uncategorized											
Dipasquale, Alicia, Bsw	Uncategorized											
Camm, Carolyn, Lmsw	Uncategorized											
Jones, Kolnae, Chautauqua County Dmh Health Home (Hhuny	Uncategorized	▼					▼	▼				



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Southern Tier)												
Vasquez, Melissa, Crna	Uncategorized											
Becht, Jane, Anp	Uncategorized											
Shaw, Jacquelyn, Horizon Health Services, Inc.	Uncategorized											
Hutchison, Erin, Casac	Uncategorized	▼					▼	▼				
Wittcop, Matthew, Anp	Uncategorized											
Norman, Kayla,	Uncategorized											
Ellis, Deanna, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Meade, Janet, Crna	Uncategorized											
Proctor, Stacey, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Buckles, Thomas, Cattaraugus County Department Of Community Services	Uncategorized											
Atkins, Lindsay,	Uncategorized											
Mary Richards, Np	Uncategorized											
Merritt, Michelle, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Meza, Caitlin,	Uncategorized	▼					▼	▼				
Sullivan, Ann,	Uncategorized											
Skillon, Jameeka,	Uncategorized											
People Inc	Uncategorized											
Johnson, Kara, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Farolino, Deborah, Md	Uncategorized											
Previglian, Tonya, Center For Ambulatroy Surgery Inc	Uncategorized											
Posluszny, Lori, Otr	Uncategorized	▼					▼	▼				
Morgan, Cindy, Rn	Uncategorized											
Hispanos Unidos De Buffalo Inc	Uncategorized											
Adornetto, Amy	Uncategorized											
Mangold, Daniel, Md	Uncategorized											
Lane, Jennifer, Niagara Cerebral Palsy	Uncategorized											
Wheeler, David,	Uncategorized	▼					▼	▼				
Denis, Catlin,	Uncategorized	▼					▼	▼				



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Shea, Colleen,	Uncategorized											
Pula, David, Center For Ambulatroyp Surgery Inc	Uncategorized											
Lakewood Health Care Center Inc.	Uncategorized											
Riverwood Health Care Center, Inc.	Uncategorized											
Brown, Vinette, Bsw	Uncategorized											
Milanoski, Lorraine, Crna	Uncategorized											
Tartick-Chudy, Janet, Erie Chapter Nysarc Inc Bda Heritage Centers	Uncategorized											
Roberts, Tracy, Bsw	Uncategorized											
Klice, Ashley, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Uncategorized											
Petrella, Dina, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Farina, Carin,	Uncategorized											
Snyder, Bradley, Md	Uncategorized											
Botzen, Sally, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Roswell Park Cancer Institute	Uncategorized											
Jericho Road Community Health Center - Genesee	Uncategorized											
Gannon, Nicole, Anp	Uncategorized											
Pope, Tylica, Casact	Uncategorized	▼					▼	▼				
Schwartz, Anna, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Brennan, Andrea, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Smith, Azizah,	Uncategorized											
Shaffer, Kristen, Cattaraugus County Department Of Community Services	Uncategorized											
Wagner, Judy, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Skolikas, Martha,	Uncategorized	▼					▼	▼				
Cress, Marshall, Md	Uncategorized											
Paradiso, Mary, Mancc	Uncategorized	▼					▼	▼				
Dotzler, Heather, Ma	Uncategorized											
Bielli, Barbara, Crna	Uncategorized											
Ertl Telban, Erika, Nnp	Uncategorized											



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Smith-Kieffer, Marcia, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Durgan, Crystal, Mft	Uncategorized	▼					▼	▼				
Burgin, Barbara,	Uncategorized											
Metzger, Mark, Cota	Uncategorized	▼					▼	▼				
Lisa, Glow, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Shepherd, Marisa, Casac	Uncategorized	▼					▼	▼				
Snyder, Laura, Niagara Cerebral Palsy	Uncategorized											
Abraham, Yolanda	Uncategorized											
Prosser, James,	Uncategorized	▼					▼	▼				
Bialy, Michele, Center For Ambulatroy Surgery Inc	Uncategorized											
Innovative Services Inc	Uncategorized											
Lowman Delles, Donna, Pt	Uncategorized											
Wyoming County Youth Bureau	Uncategorized											
Amadori, Jillian,	Uncategorized											
Capaccio, Jana,	Uncategorized											
Ventrilla, Kathleen, Northpointe Council, Inc.	Uncategorized	▼					▼	▼				
Doran, Alexandra	Uncategorized											
Gengo, Francis, Pharmad	Uncategorized											
Holynski, Camille, Anpc	Uncategorized											
Niagara County Health Department	Uncategorized											
Kahn, Brenda, Crna	Uncategorized											
Green, Roseann , Niagara Cerebral Palsy	Uncategorized											
Cimasi, Deborah, Rn	Uncategorized											
Owcarz, Matthew, Dpt	Uncategorized											
Washington, Rose, Msw	Uncategorized											
Reuss, Peter, Md	Uncategorized											
Kaiser, Kathryn,	Uncategorized	▼					▼	▼				
Lang, Elizabeth, Pnpfnp	Uncategorized											
Heritage Manor Of Ransomville	Uncategorized											
Seelbinder, Lynn	Uncategorized	▼					▼	▼				
Marsh, Diane, Casac	Uncategorized	▼					▼	▼				



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Scott, Amy, Niagara Cerebral Palsy	Uncategorized											
Verhey, Lisa, Lmsw	Uncategorized											
Cattaraugus County Department Of Aging/Ny Connects	Uncategorized											
Holbrook, Jessica	Uncategorized											
Hanson, Michael,	Uncategorized	▼					▼	▼				
Dean, Stacy, Np	Uncategorized											
Smith, Kevin, Lcswr	Uncategorized	▼					▼	▼				
Barra, Candice, Do	Uncategorized											
Thompson, Megan,	Uncategorized											
Green, Juanita	Uncategorized											
Supportive Living Crsi	Uncategorized											
Dukarm, Carolyn, Md	Uncategorized											
Kaleida Health Waterfront Health Care Center	Uncategorized											
Sixsmith, Joyce, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Meals On Wheels	Uncategorized	▼									▼	
Claffey, Greer, Niagara Cerebral Palsy	Uncategorized											
Bohne, Kim, Cpn	Uncategorized											
Halloran, Shana,	Uncategorized											
Nowak, Mark,	Uncategorized											
Dreyer, Janet,	Uncategorized											
Shallowhorn, Karl	Uncategorized											
Swanson, Justine,	Uncategorized											
Brown, Dawn,	Uncategorized											
O'Donnell, Kyle, Rpac	Uncategorized											
Norton, Amanda, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Uddin, Shajada,	Uncategorized											
Dabkowski, Stefan,	Uncategorized	▼					▼	▼				
Linwood Health Care Center, Inc.	Uncategorized											
Booth, Mary, Cattaraugus County Department Of Community Services	Uncategorized											
Winger, Denise, Niagara Cerebral Palsy	Uncategorized											



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Newton, Kim , Niagara Cerebral Palsy	Uncategorized											
Binis, Karen, Np	Uncategorized											
Roswell Park Cancer Institute	Uncategorized											
Tasca, Sara, Pa	Uncategorized											
Lackner, Jeffrey, Ubmd Internal Medicine	Uncategorized											
Wolcott, Susan, Niagara Cerebral Palsy	Uncategorized											
Lewis, Donna, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Uncategorized											
Jones, Glenda,	Uncategorized											
Armstrong, Mary, Casac	Uncategorized											
Sidoti, Michele, Niagara Cerebral Palsy	Uncategorized											
Mochrie, Timothy, Bsw	Uncategorized											
Senay, Michele, Niagara Cerebral Palsy	Uncategorized											
Mohr, Geoffrey,	Uncategorized	▼					▼	▼				
Sherman, Donna, Lcswr	Uncategorized											
Kranz, Lauren, Ma	Uncategorized											
Kuppel, Mindy,	Uncategorized											
Zimmer, Jessica, Lmsw	Uncategorized											
Hohman, Amy, Cattaraugus County Department Of Community Services	Uncategorized											
Dunn, Shannon	Uncategorized	▼					▼	▼				
Jeziorski, Jennifer	Uncategorized											
Chautauqua Opportunities, Inc.	Uncategorized											
Ward, Carrie, Ms	Uncategorized	▼					▼	▼				
Williams, Karen, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Bartz, Megan	Uncategorized											
Baker Hall Inc	Uncategorized											
Smith, Daniel, Ba	Uncategorized											
Lipp, Rebekka,	Uncategorized											
Wragge, Larissa, Ms	Uncategorized	▼					▼	▼				
Hamilton, Julie, Crna	Uncategorized											
Hillery, Bridget,	Uncategorized	▼					▼	▼				



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Grolemund, Stephanie, Crna	Uncategorized											
Prong, Cassandra, Anpbc	Uncategorized											
Dauman, Donald, Lcsw	Uncategorized											
Zimpfer, Elliot, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				
Cazenovia Manor Crsi	Uncategorized											
First Choice Health	Uncategorized											
Roswell Park Cancer Institute	Uncategorized											
Smart, Tiffany, Mhc	Uncategorized											
Kokil, Shailaja, Niagara Cerebral Palsy	Uncategorized											
Liberty Hall Crsi	Uncategorized											
Rice, Ryan, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Uncategorized											
Family Service Of The Chautauqua Region Inc	Uncategorized											
Samuelson, Teresa, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Koksal, Gulsum,	Uncategorized	▼					▼	▼				
Metcare Rx Buffalo Inc	Uncategorized											
Huntley, Gary, Crc	Uncategorized	▼					▼	▼				
Botzenhart, Janette, Casac	Uncategorized											
Bielec, Paul, Crna	Uncategorized											
Gerry Homes Inc	Uncategorized											
Mcmillan, Sandra, Niagara Cerebral Palsy	Uncategorized											
Bittles, Mark, Md	Uncategorized											
Anzalone, Adrianna, Lmsw	Uncategorized	▼					▼	▼				
Alisankus, Anton,	Uncategorized	▼					▼	▼				
Cortes, Priscilla	Uncategorized											
Anderson, Maureen, Chautauqua County Chapter Nysarc Inc/Dbas The Resource Center	Uncategorized											
Lawler, Barbara,	Uncategorized											
Wideman, Vicky,	Uncategorized											
Trautman, Mark, Dds	Uncategorized											
Cosentino, Matthew,	Uncategorized											



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Siejka, Neal, Pac	Uncategorized											
Collins, Krystle, Fnp	Uncategorized											
Mcgure, Jennifer,	Uncategorized											
Brown, Vernon, Chautauqua County Dmh Health Home (Hhuny Southern Tier)	Uncategorized	▼					▼	▼				
Lilleby, Jennifer,	Uncategorized	▼					▼	▼				
Keystone Medical Services Of New York, Pc	Uncategorized											
Meilman, Jeffrey, Md	Uncategorized											
Btnh Inc	Uncategorized											
Lee, Ramona, Casact	Uncategorized											
Snodgrass, Darress, Crna	Uncategorized											
Throm, Suzanne, Casac	Uncategorized											
Orleans County Nursing Home	Uncategorized											
Nosworthy, Elena,	Uncategorized											
Troy, Amy, Center For Ambulatroy Surgery Inc	Uncategorized											
Smith, Lamont, Casac	Uncategorized											
20/20 Optical Of Bflo, Inc.	Uncategorized											
Bayani, Soheila, Crna	Uncategorized											
Skowronski, Dawn M., Lcswr	Uncategorized											
Schoelerman, Ronald,	Uncategorized	▼					▼	▼				
Wittenberg, Christine, Lmsw	Uncategorized	▼					▼	▼				
Jemiolo, Julie-Anne, Anp	Uncategorized											
Cohen, Robert, Ddsphd	Uncategorized											
Dillon, William, Md	Uncategorized											
Fidurko (Riethmiller), Carrie, Cattaraugus County Department Of Community Services	Uncategorized											
Stabb, Kathleen, Cattaraugus County Department Of Community Services	Uncategorized											
Niagara County Treasurers Office	Uncategorized											
Griffing, Cindy, Lmhc	Uncategorized	▼					▼	▼				
Pawlik, Jason,	Uncategorized											
Miller, Melody, Horizon Health Services, Inc.	Uncategorized	▼					▼	▼				



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Pientka, Jennifer,	Uncategorized	▼					▼	▼				
Debonis, Julie	Uncategorized	▼					▼	▼				
Morrison, Melinda, Chautauqua County Chapter Nysarc Inc/Db The Resource Center	Uncategorized											
Niagara Lutheran Home And Rehabilitation Center.Inc.	Uncategorized	▼		▼	▼							
Steffen, Rebecca, Lcswr	Uncategorized											

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ethelen	Other	48_DY2Q4_PPP_OTH_2di_Additional_Providers_-_PAM_Providers_14751.xlsx	List of PAM providers involved in project 2di, PAM	05/09/2017 09:47 AM
ethelen	Other	48_DY2Q4_PPP_OTH_3fi_Additional_Providers_-_Programs_9746.xlsx	List of programs involved in project 3fi, Maternal & Child Health	04/04/2017 01:59 PM

Narrative Text :